

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>21</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Dr.</u>	FIRST <u>Jennifer</u>	MI
	NICKNAME	LAST <u>White</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>7915 Wood Ct.</u> <u>Frisco, TX 75036</u>		
	AREA CODE PHONE NUMBER EXTENSION <u>(972) 637-6713</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr.</u>	FIRST <u>Fred</u>	MI
	NICKNAME	LAST <u>Rogers</u>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>7653 Pasatiempo Dr. Frisco TX 75036</u>		
	AREA CODE PHONE NUMBER EXTENSION <u>(972) 977-9342</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      Month Day Year <u>3 / 23 / 21</u> THROUGH <u>4 / 21 / 21</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 01 / 2021</u>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>Municipal</u>
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>Frisco City Council Place 3</u>
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

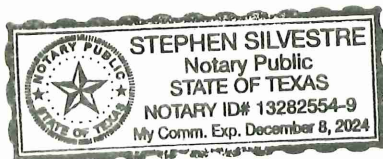
15 C/OH NAME <u>Dr. Jennifer White</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,179.49</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>11,558.43</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>21,989.27</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>7,000</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jennifer White  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by JENNIFER WHITE this the 22<sup>ND</sup> day of APRIL, 20 21, to certify which, witness my hand and seal of office.

Stephen Silvestre NOTARY  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Dr. Jennifer White

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,138.38
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 41.11
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 7000
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,558.43
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10</b>
2 FILER NAME <b>Dr. Jennifer White</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/16/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Seals</b> 6 Contributor address; City; State; Zip Code <b>11144 Windjammer Dr. Frisco TX 75036</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Ashmore</b> Contributor address; City; State; Zip Code <b>6340 Lorwood Drive Frisco, TX 75035</b>	Amount of contribution (\$) <b>\$ 10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Milholland</b> Contributor address; City; State; Zip Code <b>6050 Chamberlyne Dr. Frisco, TX 75034</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/08/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Austin Drake</b> Contributor address; City; State; Zip Code <b>1617 Carson Ln Frisco, TX 75033</b>	Amount of contribution (\$) <b>\$ 25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



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2 FILER NAME <b>Dr. Jennifer White</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/05/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Zaal</b> 6 Contributor address; City; State; Zip Code <b>8670 Turnberry Dr. Frisco, TX 75036</b>	7 Amount of contribution (\$) <b>\$300.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/28/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randi Dominick</b> Contributor address; City; State; Zip Code <b>1571 Faldo Ct. Frisco, TX 75036</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/27/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vickie Costa</b> Contributor address; City; State; Zip Code <b>10521 Chablis Lane Frisco, TX 75035</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/27/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Howard</b> Contributor address; City; State; Zip Code <b>9301 Wichita Trail Frisco, TX 75034</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Dr. Jennifer White</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melissa Tipton</b>	7 Amount of contribution (\$) <b>\$ 200.00</b>
6 Contributor address; City; State; Zip Code <b>10711 Blue Bay Dr. Frisco, TX 75035</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/24/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Cooper</b>	Amount of contribution (\$) <b>\$ 25.00</b>
Contributor address; City; State; Zip Code <b>5404 Lafayette Dr. Frisco, TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/24/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nicole Barron</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>11145 LaCantera Trail Frisco, TX 75034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/23/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Humphrey</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>3403 Challaway Lane Frisco, TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Dr. Jennifer White</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/23/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Ramirez</b> <hr/> 6 Contributor address; City; State; Zip Code <b>2247 Angel Falls Frisco, TX 75036</b>	7 Amount of contribution (\$) <b>\$20.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Debra Liva</b> <hr/> Contributor address; City; State; Zip Code <b>528 Port O'Conner Dr. Little Elm, TX 75068</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jane Anne Sellars</b> <hr/> Contributor address; City; State; Zip Code <b>3253 Castaway Ln. Frisco, TX 75036</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wayne Brito</b> <hr/> Contributor address; City; State; Zip Code <b>6405 Eaglestone Dr. McKinney, TX 75070</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Dr. Jennifer White</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Boduch</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>11125 Corsicana Dr. Frisco, TX 75035</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>03/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brandon Burden</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>13046 Cheryl Dr. Frisco, TX 75036</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve Teaff</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>2536 Sleepy Hollow Frisco, TX 75038</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leo Lamboy</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>3405 Rio Grande Little Elm, TX 75068</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Dr. Jennifer White</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Debra O'Donnell</b> 6 Contributor address; City; State; Zip Code <b>1321 Stone Mountain Pkwy Savannah, TX 76227</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Manuel Sierra</b> Contributor address; City; State; Zip Code <b>11368 Classic Ln. Frisco, TX 75033</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Connie Hudson</b> Contributor address; City; State; Zip Code <b>5913 Carroll Dr. The Colony, TX 75056</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/24/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Cooper</b> Contributor address; City; State; Zip Code <b>5404 Lafayette Dr. Frisco, TX 75035</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1: **10**

2 FILER NAME

**DR. JENNIFER WHITE**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/29/21**

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**ALDO D'AVERSA JR.**

7 Amount of contribution (\$)

**\$100.00**

6 Contributor address;

City;

State;

Zip Code

**14902 PRESTON RD SE 40495 DALLAS TX 75244**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4/01/21**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**JIM SMITH**

Amount of contribution (\$)

**\$150.00**

Contributor address;

City;

State;

Zip Code

**2535 LOCH HAVEN FRLND TX 75036**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/8/21**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**MICHAELA COCOS**

Amount of contribution (\$)

**\$20.00**

Contributor address;

City;

State;

Zip Code

**8090 ROCK BROOK ST FRLND TX 75076**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/10/21**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**WAYNE BRITO**

Amount of contribution (\$)

**\$100.00**

Contributor address;

City;

State;

Zip Code

**6405 EAGLESTONE DR TUCKER TX 75070**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME <u>Dr. Jennifer White</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>04/12/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Daphne Arnold</u> 6 Contributor address; City; State; Zip Code <u>2705 Ridge View Rd. Frisco, TX 75034</u>	7 Amount of contribution (\$) <u>\$25.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>04/18/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carol Adams</u> Contributor address; City; State; Zip Code <u>6125 Luther Ln. Ste. 245 Dallas, TX 75225</u>	Amount of contribution (\$) <u>\$1,500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>04/21/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Paul Petkoff</u> Contributor address; City; State; Zip Code <u>7914 Ruskin Circle Frisco, TX 75034</u>	Amount of contribution (\$) <u>\$25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>04/21/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Vince Lombardo</u> Contributor address; City; State; Zip Code <u>3264 Persimmon Ln. Frisco, TX 75034</u>	Amount of contribution (\$) <u>\$100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Dr. Jennifer White</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/21/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Wamhoff</b> <hr/> 6 Contributor address; City; State; Zip Code <b>1136 Churchill Dr. Frisco, TX 75036</b>	7 Amount of contribution (\$)  <b>\$138.38</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>04/21/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>April Pointer</b> <hr/> Contributor address; City; State; Zip Code <b>12774 Hollister Dr. Frisco, TX 75033</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/21/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jacqueline De Mers</b> <hr/> Contributor address; City; State; Zip Code <b>1856 Mustang Trail Frisco, TX 75033</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/21/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Jones</b> <hr/> Contributor address; City; State; Zip Code <b>1698 Granite Rapids Dr. Frisco, TX 75036</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Dr. Jennifer White</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04/21/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matthew Burden</i> 6 Contributor address; City; State; Zip Code <i>9438 Ironwood Dr. Frisco, TX 75033</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>04/21/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Lamping</i> Contributor address; City; State; Zip Code <i>11157 Creekwood Dr. Frisco, TX 75035</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>04/21/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leo Lamboy</i> Contributor address; City; State; Zip Code <i>3405 Rio Grande Little Elm, TX 75068</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>04/09/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Collin County Conservative Republicans</i> Contributor address; City; State; Zip Code <i>3109 Westview Dr. McKinney, TX 75070</i>	Amount of contribution (\$) <i>\$200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Dr. Jennifer White		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/17/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy Johnston	8 Amount of Contribution \$ \$41.11	9 In-kind contribution description food for campaign meeting
7 Contributor address; City; State; Zip Code 8101 Bobwhite Dr. Frisco, TX 75034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>7,000</u>
5 Date of loan <u>3/20/21</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <u>DR. JENNIFER WHITE</u>	9 Loan Amount (\$) <u>\$7,000</u>
6 Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <u>7915 WOOD CT. FRISCO, TX 75034</u>	10 Interest rate <u>0</u>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <u>VETERINARIAN</u>		13 Employer (See Instructions) <u>PEOPLE, PETS &amp; VETS</u>
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>6</u>		<b>2</b> FILER NAME <u>Dr. Jennifer White</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>03/23/21</u>		<b>5</b> Payee name <u>Republican Party of Texas</u>			
<b>6</b> Amount (\$) <u>\$250.00</u>		<b>7</b> Payee address; City; State; Zip Code <u>211 E. 7th St. Ste 915 Austin TX 78701</u>			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Donation made by candidate</u>		<b>(b)</b> Description <u>Donation</u>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>03/24/21</u>		Payee name <u>Hong Kong Restaurant</u>			
Amount (\$) <u>\$20.00</u>		Payee address; City; State; Zip Code <u>9055 Garland Rd. Dallas, TX 75218</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Food/Beverage expense</u>		Description <u>campaign meeting</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>04/01/21</u>		Payee name <u>Rockfish Seafood</u>			
Amount (\$) <u>\$68.67</u>		Payee address; City; State; Zip Code <u>9179 Dallas Pkwy Ste. 170 Frisco TX 75034</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Food/Beverage expense</u>		Description <u>campaign meeting</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<div style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</div>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>6</u>	<b>2</b> FILER NAME <u>Dr. Jennifer White</u>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <u>04-05-21</u>	<b>5</b> Payee name <u>Executive Press</u>				
<b>6</b> Amount (\$) <u>\$259.28</u>	<b>7</b> Payee address; City; State; Zip Code <u>1400 Presidential Dr. #110 Richardson, TX 75081</u>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</u>	<b>(b)</b> Description <u>T-shirts</u>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <u>04-09-21</u>	Payee name <u>Walmart</u>				
Amount (\$) <u>\$45.14</u>	Payee address; City; State; Zip Code <u>1721 N. Custer McKinney TX 75071</u>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Other</u>	Description <u>office supplies</u>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <u>04-12-21</u>	Payee name <u>Clean Juice</u>				
Amount (\$) <u>\$224.29</u>	Payee address; City; State; Zip Code <u>6959 Lebanon Rd. #100 Frisco TX 75034</u>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>volunteer appreciation</u>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>6</u>	<b>2</b> FILER NAME <u>Dr. Jennifer White</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>04-12-21</u>	<b>5</b> Payee name <u>Vakeroz</u>	
<b>6</b> Amount (\$) <u>\$80.41</u>	<b>7</b> Payee address; City; State; Zip Code <u>12255 Teel Pkwy Frisco TX 75033</u>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>	<b>(b)</b> Description <u>campaign meeting</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <u>04-14-21</u>	Payee name <u>Tropical Smoothie Cafe</u>	
Amount (\$) <u>\$9.07</u>	Payee address; City; State; Zip Code <u>8161 FM 423 #260 Frisco TX 75034</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>	Description <u>campaign meeting</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <u>04-15-21</u>	Payee name <u>Star Patriots</u>	
Amount (\$) <u>\$10.00</u>	Payee address; City; State; Zip Code <u>6125 Luther Ln. Ste 245 Dallas TX 75225</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Event expense</u>	Description <u>admission</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>		2 FILER NAME <b>Dr. Jennifer White</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04-19-21</b>		5 Payee name <b>Clean Juice</b>			
6 Amount (\$) <b>\$74.71</b>		7 Payee address; City; State; Zip Code <b>6959 Lebanon Rd. #100 Frisco, TX 75034</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event expense</b>		(b) Description <b>volunteer appreciation</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>04-19-21</b>		Payee name <b>In Fretta</b>			
Amount (\$) <b>\$9.65</b>		Payee address; City; State; Zip Code <b>5588 State Hwy 121 #300 Plano TX 75024</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Campaign meeting</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>04-21-21</b>		Payee name <b>What a burger</b>			
Amount (\$) <b>\$11.38</b>		Payee address; City; State; Zip Code <b>11650 Dallas Pkwy Frisco TX 75034</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Campaign meeting</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>Dr. Jennifer White</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03-25-21</b>	5 Payee name <b>First Graphics</b>	
6 Amount (\$) <b>\$1,623.75</b>	7 Payee address; City; State; Zip Code <b>229 Garvon St. Garland TX 75040</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <b>Signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>03-25-21</b>	Payee name <b>Print Place</b>		
Amount (\$) <b>\$ 439.98</b>	Payee address; City; State; Zip Code <b>1110 Avenue H Arlington TX 76011</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>push cards</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <b>03-25-21</b>	Payee name <b>1836 Group</b>		
Amount (\$) <b>\$ 8,175.00</b>	Payee address; City; State; Zip Code <b>1101 Surrey Lane Bldg 200 FlowerMound TX 75022</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Canvassing videos / YouTube ads</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>6</u>		<b>2</b> FILER NAME <u>Dr Jennifer White</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>3/23/21 - 4/21/21</u>		<b>5</b> Payee name <u>Anedot</u>			
<b>6</b> Amount (\$) <u>\$105<sup>94</sup></u>		<b>7</b> Payee address; City; State; Zip Code <u>1920 McKinney Ave. Dallas TX 75201</u>			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Fees</u>		<b>(b)</b> Description <u>Processing fees for donations</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>3/23/21 - 4/21/21</u>		Payee name <u>Square</u>			
Amount (\$) <u>\$45.22</u>		Payee address; City; State; Zip Code <u>1455 Market St San Francisco CA 94103</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Processing Fees for Donations</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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