

# 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: <b>59</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mrs</b> <b>Angelia</b> <b>E</b> NICKNAME LAST SUFFIX <b>Pelham</b>		<b>OFFICE USE ONLY</b>  Date Received  <b>RECEIVED</b>  <b>MAY 27 2021</b> <b>4:47 PM A.C.</b> <b>CITY SECRETARY'S OFFICE</b>  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>11323 Lenox Ln Frisco Tx 75033</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(214) 878 3746</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mrs Wendi</b> <b>W</b> NICKNAME LAST SUFFIX <b>McGowan-Ellis</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>4941 Kessler Drive Frisco Tx 75033</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(214) 212-4055</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input 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    THROUGH    Month Day Year <b>4 / 22 / 21</b> <b>5 / 27 / 21</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>6 / 5 / 21</b> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>FRISCO CITY COUNCIL PLACE 3</b>	
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

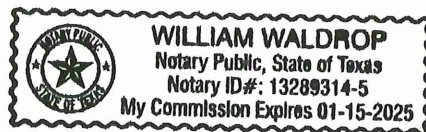
<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,306.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 40,066.17
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 239.83
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

*Angelica E Pelham*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Angelica Pelham this the 27<sup>th</sup> day of May,

20 21, to certify which, witness my hand and seal of office.

*William Waldrop*

*William Waldrop*

*P. Banker*

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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,306
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1556.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,323.77
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 18,742.40
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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: <div style="text-align: center;">39</div>
2 FILER NAME <div style="font-size: 1.2em;">Angelia Pelham</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">5/2/21</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Robert Cox</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">\$100</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">robcoxfrisco@gmail.com</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <div style="font-size: 1.2em;">5/2/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Cindy Hons</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$50</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">cindy.hons@hotmail.com</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="font-size: 1.2em;">5/2/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Matthew Posner</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$20</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">matthewp1974@yahoo.com</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="font-size: 1.2em;">5/2/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">KD Warach</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$100</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">Kwarach@gmail.com</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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

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2 FILER NAME <b>Angelina Pelham</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dan &amp; Ashley Peril</b> <hr/> 6 Contributor address; City; State; Zip Code <b>danperil@me</b>	7 Amount of contribution (\$) <b>\$100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>5/2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Debra Nelson</b> <hr/> Contributor address; City; State; Zip Code <b>dKaynelson@gmail.com</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>5/3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tammi Tysell</b> <hr/> Contributor address; City; State; Zip Code <b>snickers1965@sbcglobal.net</b>	Amount of contribution (\$) <b>\$20</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>5/3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lesley Greer</b> <hr/> Contributor address; City; State; Zip Code <b>lesleyslunches@gmail</b>	Amount of contribution (\$) <b>\$20</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Angelica Pelham</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">5/3/21</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Jan Thorburn</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$200</div>
6 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">jan.thorburn@att.net</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">5/3/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">John &amp; Leslie Keating</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$5000.00</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">jpkstar@sbcglobal.net</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">5/3/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Meghan Green</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$30</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">mnallen79@hotmail.com</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">5/3/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Richard Thomas</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$100</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">rtthomas_satx@yahoo.com</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <div style="font-size: 1.2em;">Angelia Pelham</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">5/3/21</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Keith Britton</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">\$500</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">Keith.britton@gmail.com</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="font-size: 1.2em;">5/3/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Denise Basden</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$100</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">dobmk2@gmail.com</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em;">5/4/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Barbara Fasola</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$1000</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">priscillas@careington.com</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em;">5/4/21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Ken Tysell</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$500</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">tysell@sbcglobal.net</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <u>Angelina Pelham</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/5/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jim Newman</u>	7 Amount of contribution (\$) <u>\$1000</u>
6 Contributor address; City; State; Zip Code <u>newmanjimr@yahoo.com</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/5/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sarah Nailk</u>	Amount of contribution (\$) <u>\$10</u>
Contributor address; City; State; Zip Code <u>ses335@nyu.edu</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/5/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brian Heathman</u>	Amount of contribution (\$) <u>\$25</u>
Contributor address; City; State; Zip Code <u>brianhtx75035@gmail.com</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/6/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Fred Lusk</u>	Amount of contribution (\$) <u>\$125</u>
Contributor address; City; State; Zip Code <u>flusk@tx.rr.com</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <b>Angelica Pelham</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/7/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dotty Bolner</b>	7 Amount of contribution (\$) <b>\$400</b>
6 Contributor address; City; State; Zip Code <b>dandotty@sbcglobal.net</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/7/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris &amp; Beth Bengis</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>cbengis@yahoo.com</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lesley Greer</b>	Amount of contribution (\$) <b>\$125</b>
Contributor address; City; State; Zip Code <b>lesleyslunches@gmail.com</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pamela Matthis</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>pammathis@gmail.com</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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1 Total pages Schedule A1: 39

2 FILER NAME

Angelica Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/9/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mark Williams

6 Contributor address;

City;

State;

Zip Code

markwill89@yahoo.com

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/9/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

William Langford

Contributor address;

City;

State;

Zip Code

wlangford86@att.net

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Stacy Gale-Levin

Contributor address;

City;

State;

Zip Code

stacybell70@yahoo.com

Amount of contribution (\$)

\$30

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

NIKKI Harper

Contributor address;

City;

State;

Zip Code

tlcqueen2019@gmail.com

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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2 FILER NAME <b>Angelica Pelham</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/10/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shannon Hammond</b> <hr/> 6 Contributor address; City; State; Zip Code <b>shannon@hammondhomehealth.com</b>	7 Amount of contribution (\$)  <b>\$100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>5/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Kirby</b> <hr/> Contributor address; City; State; Zip Code <b>bromleylisa17@gmail.com</b>	Amount of contribution (\$)  <b>\$50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>5/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Matthis</b> <hr/> Contributor address; City; State; Zip Code <b>jamesmatthis@gmail.com</b>	Amount of contribution (\$)  <b>\$50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>5/11/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Skip Middleton</b> <hr/> Contributor address; City; State; Zip Code <b>skipang@aol.com</b>	Amount of contribution (\$)  <b>\$100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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4 Date <b>5/11/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donald Braun</b>	7 Amount of contribution (\$) <b>\$500</b>
6 Contributor address; City; State; Zip Code <b>dbraun@hallgroup.com</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/11/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rick &amp; Karen Abram</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>resok76r2@yahoo.com</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/11/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Walen</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>jwhalen@whalenlawoffice.com</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/11/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Webb</b>	Amount of contribution (\$) <b>\$2000</b>
Contributor address; City; State; Zip Code <b>jwebb433@gmail.com</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 39
2 FILER NAME <b>Angelia Pelham</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/12/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arlene Green</b> 6 Contributor address; City; State; Zip Code <b>arleneg2014@gmail.com</b>	7 Amount of contribution (\$) <b>\$50</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dr. Timothy &amp; Pam Pringle</b> Contributor address; City; State; Zip Code <b>pamela@pringlevascular1.com</b>	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jan Thorburn</b> Contributor address; City; State; Zip Code <b>jan.thorburn@att.net</b>	Amount of contribution (\$) <b>\$50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kenneth Cross</b> Contributor address; City; State; Zip Code <b>Kencross@aol.com</b>	Amount of contribution (\$) <b>\$250</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.		

# 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>39</b>
2 FILER NAME <b>Angelina Pelham</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/12/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rachel Frey</b>	7 Amount of contribution (\$) <b>\$50</b>
6 Contributor address; City; State; Zip Code <b>Creativebydesign1@gmail.com</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>5/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Katie Haun</b>	Amount of contribution (\$) <b>\$20</b>
Contributor address; City; State; Zip Code <b>Katiehaun22@gmail.com</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>5/13/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alex Nestor</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>quietjazzguitar.com</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>5/13/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alana Miller</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>atjohnson2216@gmail.com</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 39

2 FILER NAME

Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/13/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brintha Devadoss

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

bdevadoss@yahoo.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/13/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rhonda Merchant

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

rhondam1908@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/13/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lynn Slaney Silguero

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

lynnslaney@ebby.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Scott Boxer

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

scott.boxer@smartventuresp.com

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: 39

2 FILER NAME

Angeliza Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/14/21

5 Full name of contributor

Sharon Tobin

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$25

6 Contributor address;

City;

State;

Zip Code

sharon@ciscodet.net

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/14/21

Full name of contributor

Muhammad Saeed

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1000

Contributor address;

City;

State;

Zip Code

mazfarsaeed@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/21

Full name of contributor

Rodney Schaefer

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

rodschaefer@prodigy.net

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/21

Full name of contributor

Nicholas Brown

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

nbrown2507@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1: 39

2 FILER NAME

Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/14/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Maureen Schwabe

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

Schwabe sells dallas@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tamara Gardner

Amount of contribution (\$)

\$60

Contributor address;

City;

State;

Zip Code

tamara.lynn.gardner@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Daurelle & Kevin Westfield

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

Westfield1459@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

D.E. Maddox

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

deemad dox1@gmail.com

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: 39

2 FILER NAME

Angelina Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/14/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jeanine LaShon

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

jeaninelashon@yahoo.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Nadeem Zaman

Amount of contribution (\$)

\$1,500

Contributor address;

City;

State;

Zip Code

nadeem.k.zaman@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Matthew Posner

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

matthewp1974@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jenny Morgan

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

Pine 6284@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 39

2 FILER NAME

Angelica Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/14/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jan Thorburn

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

jan.thorburn @att.net

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#:

Lisa & Kent Montgomery

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

all about family @me.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#:

Sanjita Datta

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

datta.financial@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#:

Buddy Minett

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

buddy.minett@sbcglobal.net

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: 39

2 FILER NAME

Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/19/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jane + Louise

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

+xlogues@sbcglobal.net

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/19/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Mckee

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

michael-mckee@artexrisk.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Grant Thorburn

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

grant-c-thor@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tondala Fowler

Amount of contribution (\$)

\$150

Contributor address;

City;

State;

Zip Code

latrece.f@yahoo.com

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: 39

2 FILER NAME

Angelica Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/14/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Nathan Bennette

7 Amount of contribution (\$)

\$ 50

6 Contributor address;

City;

State;

Zip Code

nathan@bennettes.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

James Hutchins

Amount of contribution (\$)

\$ 300

Contributor address;

City;

State;

Zip Code

jhutchins2007@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Taura Smith

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

Kmommie77@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kevin Burrell

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

kburrell001@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 39

2 FILER NAME

Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/14/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

James Lewis

7 Amount of contribution (\$)

\$250

6 Contributor address;

City;

State;

Zip Code

lewismarketing@aol.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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: 39

2 FILER NAME

Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/19/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kimberly Doyle

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State;

Zip Code

kcdoyle@me.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/15/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michelle Blackwell

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

mblackwell17@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Frances Silver

Amount of contribution (\$)

\$36

Contributor address;

City;

State;

Zip Code

franr silver@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Helene Marlinski

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

hmarlins@earthlink.net

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>39</b>
2 FILER NAME <b>Angelia Pelham</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/15/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deepa and Janardhan Reddy</b> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>\$ 200</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A. Ashwani</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Neeraji &amp; Satish Kuppachi</b> Contributor address; City; State; Zip Code <b>SKUPPACHI @ gmail . com</b>	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hari &amp; Radhika Chakka</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$25</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>39</u>
2 FILER NAME <u>Angelia Pelham</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/15/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LIZ KNOOP</u> <hr/> 6 Contributor address; City; State; Zip Code <u>liz.knoop@gmail.com</u>	7 Amount of contribution (\$)  <u>\$20</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/15/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GK Reddy</u> <hr/> Contributor address; City; State; Zip Code <u>laxmi frisco@gmail.com</u>	Amount of contribution (\$)  <u>\$100</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/15/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Laxmi Tummala</u> <hr/> Contributor address; City; State; Zip Code <u>laxmi frisco@gmail.com</u>	Amount of contribution (\$)  <u>\$100</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/15/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Veton Krasniqi</u> <hr/> Contributor address; City; State; Zip Code <u>veton.krasniqi@hotmail.com</u>	Amount of contribution (\$)  <u>\$5,000</u>
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.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>39</b>
2 FILER NAME <b>Angelia Pelham</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/16/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Hogan</b> 6 Contributor address; City; State; Zip Code <b>James p col 1 @mac.com</b>	7 Amount of contribution (\$) <b>\$100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/16/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gregory Pelham</b> Contributor address; City; State; Zip Code <b>Pelham 44 @aol.com</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Kelly</b> Contributor address; City; State; Zip Code <b>edkelly 0999 @yahoo.com</b>	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy &amp; Sam Roach</b> Contributor address; City; State; Zip Code <b>Jmarsee @sbcglobal.net</b>	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 39

2 FILER NAME

Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/17/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Barbara Fasola

7 Amount of contribution (\$)

\$250

6 Contributor address;

City;

State;

Zip Code

PriscillaS@careington.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/17/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Christopher Douglas

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

cdouglas218@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/17/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Laxmi Tummala

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

laxmi frisco@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/17/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Claudia & Jimmy Laferney

Amount of contribution (\$)

\$300

Contributor address;

City;

State;

Zip Code

Jlaferney@outlook.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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>39</b>
2 FILER NAME <b>Angelia Pelham</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/17/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eunice &amp; Walter Silverberg</b> 6 Contributor address; City; State; Zip Code <b>eunicess@yahoo.com</b>	7 Amount of contribution (\$) <b>\$250</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anand chellapa</b> Contributor address; City; State; Zip Code <b>canand7@gmail.com</b>	Amount of contribution (\$) <b>\$50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Cox</b> Contributor address; City; State; Zip Code <b>rcox64@yahoo.com</b>	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gopal Ponangi</b> Contributor address; City; State; Zip Code <b>Gopalponangi@gmail.com</b>	Amount of contribution (\$) <b>\$250</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.		

# 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: <u>39</u>
2 FILER NAME <u>Angelia Pelham</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/17/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shanna &amp; sheffield Kadane</u> 6 Contributor address; City; State; Zip Code <u>shanna@kadane.com</u>	7 Amount of contribution (\$) <u>\$250</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard Roder</u> Contributor address; City; State; Zip Code <u>rroder@cmtworld.com</u>	Amount of contribution (\$) <u>\$1,000</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard Roder</u> Contributor address; City; State; Zip Code <u>rroder@cmtworld.com</u>	Amount of contribution (\$) <u>\$1,000</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sumara &amp; shanzad Mirza</u> Contributor address; City; State; Zip Code	Amount of contribution (\$) <u>\$250</u>
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.		



**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: 39

2 FILER NAME

Angelia peiham

3 Filer ID (Ethics Commission Filers)

4 Date

5/17/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ron Fry

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

ronfrydallas cowboys 1@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/17/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Vaughn and Phil Lohec

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/17/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Venu shagyanagar

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/17/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Linda Jones

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

linda.jo44@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 39

2 FILER NAME Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date 5/17/21

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Zia Mehar

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

\$250

Zia mehar @ gmail . com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

5/17/21

Kirsten Lile

Contributor address; City; State; Zip Code

\$ 200

Kn lile @ gmail . com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

5/17/21

Lisa & Kent Montgomery

Contributor address; City; State; Zip Code

\$ 250

all about family @ me . com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

5/17/21

Kenneth Frank

Contributor address; City; State; Zip Code

\$250

Kenny Frank @ gmail . com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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: 39

2 FILER NAME

Angelica pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/17/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ann Collins

6 Contributor address;

City;

State;

Zip Code

anncollins dc @ gmail . com

7 Amount of contribution (\$)

\$ 500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/17/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kirsten Lile

Contributor address;

City;

State;

Zip Code

knlile @ gmail . com

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Meghan Green

Contributor address;

City;

State;

Zip Code

Mn allen 79 @ hotmail . com

Amount of contribution (\$)

\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Candida Romanelli

Contributor address;

City;

State;

Zip Code

cromanelli 8 @ gmail . com

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# 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: 39

2 FILER NAME Angelica Pelham

3 Filer ID (Ethics Commission Filers)

4 Date 5/18/21

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
James "Jim" Minyard

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
jim @ minyard.com

\$500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 5/18/21

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Phil Crimmins

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
Phil C9293 @icloud.com

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/19/21

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Robert Grimmer

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
bobgrimmer@icloud.com

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/19/21

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Barbara Fasola

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
priscillas @careington.com

\$1 500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1: 39

2 FILER NAME Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date 5/19/21

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Troy Johnson

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

\$ 200

TFJCPA@aol.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

5/20/21

Ronald Pelham

\$ 500

Contributor address; City; State; Zip Code

r Pelham sr@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

5/20/21

Ken Tyrell

\$ 200

Contributor address; City; State; Zip Code

tyrell@sbcglobal.net

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

5/20/21

Sadaf Haq

\$ 250

Contributor address; City; State; Zip Code

Sadaf.haq@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 39

2 FILER NAME

Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/20/21

5 Full name of contributor

Dave Wilcox

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 250

6 Contributor address;

City;

State;

Zip Code

dave @ the wilcox co . com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/20/21

Full name of contributor

JOSH Feferman

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250

Contributor address;

City;

State;

Zip Code

josh @ Primary media . com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/21/21

Full name of contributor

Rick Burnett

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 25

Contributor address;

City;

State;

Zip Code

rick burnett a maj @ gmail . com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/21

Full name of contributor

Peter Burns

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250

Contributor address;

City;

State;

Zip Code

Peter burns 3 @ att . net

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 39

2 FILER NAME

Angelica Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/22/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ramona Thompson

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

ramona.thompson@gtt.net

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/22/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rosemary Calderon

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

rcsings@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kathleen Blackstock

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

krstocklog@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rick Thomas

Amount of contribution (\$)

\$40

Contributor address;

City;

State;

Zip Code

rthomas\_satx@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 39

2 FILER NAME  
Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date  
5/22/21

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
John Dinneen

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
john.dinneen@att.net

\$ 50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
5/22/21

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Ann Brugger

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
annbrugger@gmail.com

\$ 20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5/22/21

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Bob French

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
r f @ stardustcelebrations.com

\$ 40

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5/22/21

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Cathy Taylor

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
rkcaylor3@aol.com

\$ 25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 39

2 FILER NAME

Angelia pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/22/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Candy Mann

7 Amount of contribution (\$)

\$20

6 Contributor address;

City;

State;

Zip Code

Crmmx6@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/22/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lianne Friedel

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

lianfriedel@aol.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Linda Reagor

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

linda reagor@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Wayne Caswell

Amount of contribution (\$)

\$40

Contributor address;

City;

State;

Zip Code

wayne caswell@att.net

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# 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: 39

2 FILER NAME

Angelica Peinam

3 Filer ID (Ethics Commission Filers)

4 Date

5/22/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kay Kitchen

7 Amount of contribution (\$)

\$ 25

6 Contributor address;

City;

State;

Zip Code

Kayhopkins2018@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/22/21

Full name of contributor

☐ out-of-state PAC (ID#:

Carole & John Ide

Amount of contribution (\$)

\$ 20

Contributor address;

City;

State;

Zip Code

jackhhi12@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/21

Full name of contributor

☐ out-of-state PAC (ID#:

Janette Ansola Behere

Amount of contribution (\$)

\$ 50

Contributor address;

City;

State;

Zip Code

janisola behere@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/21

Full name of contributor

☐ out-of-state PAC (ID#:

Marie & George Gibson

Amount of contribution (\$)

\$ 50

Contributor address;

City;

State;

Zip Code

megibson7042@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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: 39

2 FILER NAME

Angelica Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/22/21

5 Full name of contributor

Paul Cheng

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City;

State;

Zip Code

paul @ usa iinvest ments .com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/22/21

Full name of contributor

Char Wiest

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

cawiest @ gmail .com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/21

Full name of contributor

Ginni Scott

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

Ginni mercer @ hotmail .com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/21

Full name of contributor

Debra shavers

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

d + shavers @ verizon .net

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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: <u>39</u>
2 FILER NAME <u>Angelica Pelham</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/24/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marie &amp; Don Walters</u> 6 Contributor address; City; State; Zip Code <u>dr-marie.walters@gmail.com</u>	7 Amount of contribution (\$) <u>\$ 250</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/25/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Will Shaddock</u> Contributor address; City; State; Zip Code <u>wshaddock@shaddockdev.com</u>	Amount of contribution (\$) <u>\$ 250</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		



# 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: 39

2 FILER NAME

Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

5/21/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Texas Association of REALTORS Political action committee

7 Amount of contribution (\$)

\$ 3,500

6 Contributor address;

City;

State;

Zip Code

P.O. Box 2246, Austin, Texas, 78768-2246

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## 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: <div style="text-align: center; font-size: 2em;">1</div>	
2 FILER NAME <div style="text-align: center; font-size: 1.5em;">Angelica Pelham</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <div style="text-align: center; font-size: 2em;">0</div>	
5 Date <div style="text-align: center; font-size: 1.5em;">5/17/21</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.5em;">Jeff &amp; Dana Cheney</div>	8 Amount of Contribution \$ <div style="text-align: center; font-size: 1.5em;">1,556.00</div>	9 In-kind contribution description <div style="text-align: center; font-size: 1.5em;">Fundraiser</div>
7 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.5em;">3612 Silver Oaks Ln Frisco Tx 75033</div>		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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## 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>9</b>	2 FILER NAME <b>Angelica Pelham</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/23/21</b>	5 Payee name <b>PMT</b>	
6 Amount (\$) <b>4325.53</b>	7 Payee address; <b>PO BOX 698</b> City; State; Zip Code <b>Mariana FL 32447</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Text messaging/reports</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>5/11/21</b>	Payee name <b>Eventi/Verona Villa</b>	
Amount (\$) <b>\$1685.25</b>	Payee address; City; State; Zip Code <b>7511 Main Street Frisco TX 75034</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Food / Campaign Rally</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>5/13/21</b>	Payee name <b>Christa's Cookies</b>	
Amount (\$) <b>\$500</b>	Payee address; City; State; Zip Code <b>PO Box 852 Garland TX 75844</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Bev</b>	Description <b>Campaign Cookies</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**

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

## 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>9</u>		<b>2</b> FILER NAME <u>Angelia Pelham</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>5/14/21</u>		<b>5</b> Payee name <u>Tyler Earwood</u>			
<b>6</b> Amount (\$) <u>89.00</u>		<b>7</b> Payee address; City; State; Zip Code <u>5976 Hidden Creek Frisco TX 75034</u>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Solicitation</u>		<b>(b)</b> Description <u>Blockwalker</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>5/14/21</u>		Payee name <u>Donovan Armistead</u>			
Amount (\$) <u>94.00</u>		Payee address; City; State; Zip Code <u>892 Crystal Lake Dr Frisco TX 75034</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Solicitation</u>		Description <u>Blockwalker</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>5/17/21</u>		Payee name			
Amount (\$) <u>255.00</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>EVENT Expense</u>		Description <u>DJ @ Rally</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

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

### 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: <u>9</u>		2 FILER NAME <u>Angelica Pelham</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5/17/21</u>		5 Payee name <u>Marky Martin</u>			
6 Amount (\$) <u>\$262</u>		7 Payee address; City; State; Zip Code <u>1920 Sandstone Dr Frisco TX 75034</u>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>Solicitation</u>		(b) Description <u>Blockwalkers</u>		
	(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 <u>5/17/21</u>		Payee name <u>Hunter Albrecht</u>			
Amount (\$) <u>\$212</u>		Payee address; City; State; Zip Code <u>5893 Coral Ridge Ct Frisco TX 75034</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Solicitation</u>		Description <u>Blockwalkers</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>5/18/21</u>		Payee name <u>Verona Villa /Eventi</u>			
Amount (\$) <u>\$840</u>		Payee address; City; State; Zip Code <u>7511 Main street Frisco TX 75034</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <u>(Food) Campaign Rally</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					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## 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: <div style="text-align: center;">9</div>	<b>2</b> FILER NAME <div style="text-align: center;">Angelica Pelham</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center;">5/11/21</div>	<b>5</b> Payee name <div style="text-align: center;">Donovan Armistead</div>	
<b>6</b> Amount (\$) <div style="text-align: center;">\$ 300.00</div>	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center;">892 Crystal Lake Dr Frisco Tx 75034</div>	
<b>8</b>  <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Solicitation</div>	
	<b>(b)</b> Description <div style="text-align: center;">Blockwalker</div>	
	<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 <div style="text-align: center;">5/11/21</div>	Payee name <div style="text-align: center;">Tyler Earwood</div>	
Amount (\$) <div style="text-align: center;">\$ 99.00</div>	Payee address; City; State; Zip Code <div style="text-align: center;">5976 Hidden Creek Frisco TX 75034</div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Solicitation</div>	
	Description <div style="text-align: center;">Blockwalker</div>	
	<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 <div style="text-align: center;">5/11/21</div>	Payee name <div style="text-align: center;">Hunter Albrecht</div>	
Amount (\$) <div style="text-align: center;">\$125</div>	Payee address; City; State; Zip Code <div style="text-align: center;">5893 Coral Ridge Dr Frisco TX 75034</div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Solicitation</div>	
	Description <div style="text-align: center;">Blockwalker</div>	
	<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**

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

## 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>9</b>		2 FILER NAME <b>Angelica Pelham</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>5/18/21</b>		5 Payee name <b>Donovan Armistead</b>			
6 Amount (\$) <b>\$303</b>		7 Payee address; City; State; Zip Code <b>892 Crystal Lake Dr Frisco TX 75034</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation</b>		(b) Description <b>Block walker</b>		
	<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>5/18/21</b>		Payee name <b>Hunter Albrecht</b>			
Amount (\$) <b>\$365</b>		Payee address; City; State; Zip Code <b>5893 Coral Ridge Dr Frisco TX 75034</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation</b>		Description <b>Blockwalker</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>5/19/21</b>		Payee name <b>Jack Young</b>			
Amount (\$) <b>\$254</b>		Payee address; City; State; Zip Code <b>4408 Linden Wood Dr Frisco TX 75034</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation</b>		Description <b>Blockwalker</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**

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

## 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: 9	2 FILER NAME Angelica Pelham	3 Filer ID (Ethics Commission Filers)
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4 Date 5/19/21	5 Payee name Mulhollands Custom Printing
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6 Amount (\$) \$378.88	7 Payee address; PO BOX 470697 Ft worth TX 76147	City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs/T-shirts
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/19/21	Payee name Mulhollands Custom Printing
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Amount (\$) 768.58	Payee address; PO BOX 470697 Ft. Worth TX 76147	City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description signs/T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/19/21	Payee name Mulhollands Custom Printing
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Amount (\$) 454.65	Payee address; PO BOX 470697 Fort Worth TX 76147	City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description signs/T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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**

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

## 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: 9	2 FILER NAME Angelica Pelham	3 Filer ID (Ethics Commission Filers)
---------------------------------	---------------------------------	---------------------------------------

4 Date 5/19/21	5 Payee name Mulhollands Custom Printing
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6 Amount (\$) 115.09	7 Payee address: PO BOX 470697 Ft Worth TX 76147	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description signs/T-shirts
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/19/21	Payee name Mulhollands custom printing
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Amount (\$) \$344.53	Payee address: PO BOX 470697 Ft Worth TX 76147	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description signs/T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/19/21	Payee name Frisco style Publishing Group LLC
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Amount (\$) 1,147.50	Payee address: PO BOX 1676 FRISCO TX 75034	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Magazine Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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**

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

## 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>9</b>	2 FILER NAME <b>Angelina Pelham</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/19/21</b>	5 Payee name <b>Mulholland's Custom Printing</b>	
6 Amount (\$) <b>\$476.30</b>	7 Payee address; <b>PO BOX 470697 Ft Worth TX 76147</b> City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>signs/T-shirts</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>5/21/21</b>	Payee name <b>Frisco Lakes Golf Club</b>		
Amount (\$) <b>\$2142.39</b>	Payee address; <b>7170 Anthem Dr Frisco TX 75034</b> 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 Candidate / Officeholder name Office sought Office held			

Date <b>5/21/21</b>	Payee name <b>Frisco Lakes Golf Club</b>		
Amount (\$) <b>\$536.56</b>	Payee address; <b>7170 Anthem Dr Frisco TX 75034</b> City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Food / Beverage</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**

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

## 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>9</b>	2 FILER NAME <b>Angelia Pelham</b>	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---------------------------------------	---------------------------------------

4 Date <b>5/21/21</b>	5 Payee name <b>AC Printing</b>
--------------------------	------------------------------------

6 Amount (\$) <b>\$3208.13</b>	7 Payee address; <b>3400-1 S Raider Dr Euless, TX 76040</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Printing/postage</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	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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<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	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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

## EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4:

7

2 FILER NAME

Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date

4/22/21

6 Payee name

Post Card Mania

7 Amount (\$)

\$1959.30

8 Payee address;

2145 sunnydale  
Blvd

City;

clearwater

State;

FL

Zip Code

33765

9 TYPE OF EXPENDITURE



Political



Non-Political

10

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Expenses

(b) Description

Mailers/postage

(c)



Check if travel outside of Texas. Complete Schedule T.



Check if Austin, TX, officeholder living expense

11

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

4/22/21

Payee name

Facebook (Marketing)

Amount (\$)

\$125

Payee address;

1 Facebook way

City;

Menlo Park, CA 94025

State;

Zip Code

TYPE OF EXPENDITURE



Political



Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising

Description

ads



Check if travel outside of Texas. Complete Schedule T.



Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 7 2 FILER NAME Angelina Pelham 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date 5/25/21 6 Payee name Vista Print

7 Amount (\$) \$233.92 8 Payee address; 275 Wyman Street City; Waltham State; MA Zip Code 02451

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) advertisement (b) Description pushcards

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 4/24/21 Payee name Premiere Political

Amount (\$) \$4252.05 Payee address; 4805 Woodview Avenue City; Austin, TX State; TX Zip Code 78756

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) advertising Description Text messages / phone lists

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: <div style="text-align: center; font-size: 1.5em;">7</div>	<b>2</b> FILER NAME <div style="font-size: 1.2em;">Angelica Pelham</div>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<div style="font-size: 1.5em;">\$</div>			
<b>5</b> Date <div style="font-size: 1.2em;">4/26/21</div>	<b>6</b> Payee name <div style="font-size: 1.2em;">Facebook</div>				
<b>7</b> Amount (\$) <div style="font-size: 1.2em;">\$175</div>	<b>8</b> Payee address; City; State; Zip Code <div style="font-size: 1.2em;">Facebook Way Menlo Park, CA 94025</div>				
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
<b>10</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">advertising</div>	<b>(b)</b> Description <div style="font-size: 1.2em;">ads</div>			
	<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

<b>Date</b> <div style="font-size: 1.2em;">4/29/21</div>	<b>Payee name</b> <div style="font-size: 1.2em;">FedEx office</div>				
<b>Amount (\$)</b> <div style="font-size: 1.2em;">\$138.35</div>	<b>Payee address; City; State; Zip Code</b> <div style="font-size: 1.2em;">5062 Mainstreet Frisco Tx 75033</div>				
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">advertising</div>	<b>Description</b> <div style="font-size: 1.2em;">Printing</div>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: <div style="text-align: center; font-size: 1.5em;">7</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">Angelia Pelham</div>	<b>3</b> Filer ID (Ethics Commission Filers)				
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<div style="text-align: center; font-size: 1.5em;">\$</div>				
<b>5</b> Date <div style="text-align: center; font-size: 1.2em;">5/19/21</div>	<b>6</b> Payee name <div style="text-align: center; font-size: 1.2em;">Postcard Mania</div>					
<b>7</b> Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$2992.05</div>	<b>8</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2145 sunnydale blvd clearwater, FL 33765</div>					
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political					
<b>10</b> PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>(a)</b> Category (See Categories listed at the top of this schedule)  <div style="text-align: center; font-size: 1.2em;">advertising</div> </td> <td style="width: 50%; vertical-align: top;"> <b>(b)</b> Description  <div style="text-align: center; font-size: 1.2em;">Mailers / postage</div> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <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             </td> </tr> </table>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">advertising</div>	<b>(b)</b> Description <div style="text-align: center; font-size: 1.2em;">Mailers / postage</div>	<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>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">advertising</div>	<b>(b)</b> Description <div style="text-align: center; font-size: 1.2em;">Mailers / postage</div>					
<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

<b>Date</b> 5/24/21	<b>Payee name</b> <div style="text-align: center; font-size: 1.2em;">Frisco Lakes Golf Club</div>						
<b>Amount (\$)</b> <div style="text-align: center; font-size: 1.2em;">\$1142.56</div>	<b>Payee address; City; State; Zip Code</b> <div style="text-align: center; font-size: 1.2em;">7170 Anthem drive Frisco TX 75034</div>						
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political						
<b>PURPOSE OF EXPENDITURE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Category</b> (See Categories listed at the top of this schedule)  <div style="text-align: center; font-size: 1.2em;">event expense</div> </td> <td style="width: 50%; vertical-align: top;"> <b>Description</b>  <div style="text-align: center; font-size: 1.2em;">food / breakfast / meet &amp; greet</div> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               <input type="checkbox"/> Check if Austin, TX, officeholder living expense             </td> </tr> </table>			<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">event expense</div>	<b>Description</b> <div style="text-align: center; font-size: 1.2em;">food / breakfast / meet &amp; greet</div>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">event expense</div>	<b>Description</b> <div style="text-align: center; font-size: 1.2em;">food / breakfast / meet &amp; greet</div>						
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense							
<b>Complete ONLY if direct expenditure to benefit C/OH</b> <table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: **7** 2 FILER NAME **Angelia Pelham** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date **5/25/21** 6 Payee name **Des Patisseries**

7 Amount (\$) **\$162.38** 8 Payee address; **3198 Parkwood Blvd suite 1, Frisco TX, 75034** City; State; Zip Code

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Event Expense** (b) Description **Pastries Meet/greet** (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **5/25/21** Payee name **Postcard Mania**

Amount (\$) **\$2992.05** Payee address; **2145 Sunnydale Blvd Clearwater FL 33765** City; State; Zip Code

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising** Description **Mailers/Postage** ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: <b>7</b>		2 FILER NAME <b>Angelia Pelham</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <b>4/30/21</b>		6 Payee name <b>Facebook</b>			
7 Amount (\$) <b>\$250</b>		8 Payee address; <b>1 Facebook way</b>		City; State; Zip Code <b>Menlo Park, CA 94025</b>	
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>advertising</b>		(b) Description <b>ads</b>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/10/21</b>		Payee name <b>Postcard Mania</b>			
Amount (\$) <b>\$3396.60</b>		Payee address; <b>2145 sunnydale Blvd clear water ,</b>		City; State; Zip Code <b>FL 33765</b>	
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>advertising</b>		Description <b>ads / Mailers / postage</b>	
		(c) <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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4:

7

2 FILER NAME

Angelica Pelham

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date

5/10/21

6 Payee name

Postcard Mania

7 Amount (\$)

\$804.88

8 Payee address;

2145 Sunnydale Blvd

City;

Clearwater

State;

FL

Zip Code

33765

9 TYPE OF EXPENDITURE



Political



Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

advertising

(b) Description

ads/mailers/postage

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

5/10/21

Payee name

Facebook

Amount (\$)

\$118.26

Payee address;

1 Facebook way Menlo park

City;

CA

State;

94025

Zip Code

TYPE OF EXPENDITURE



Political



Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

advertising

Description

ads

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

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