CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains hov | w to complete this form. | 1 Filer ID (Ethics Co | ommission Filers) | 2 Total pages f | |
|---------------------------------------|-----------------------|--|--------------------------|------------------------------|----------------------|--|
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR MRS | Angelia | E | МІ | OFFICI | E USE ONLY |
| NAME | NICKNAME | LAST | | SUFFIX | Date Received | |
| 4 CANDIDATE/ | ADDRESS / PO BOX | Pelha DX; APT / SUITE #; C | CITY; STATE; | ZIP CODE | R | RECEIVED |
| OFFICEHOLDER MAILING ADDRESS | 11323 | The second secon | Frisco TX | | 4: | 1 2 7 2021 :47 P.H. A.C. |
| Change of Address | 1054 CODE | THE WHITE | - TYTENOK | | CITY SEC | RETARY'S OFFICE |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (214) S | 878 3746 | EXTENSIO | N | | ed or Date Postmarked |
| 6 CAMPAIGN | MS / MRS / MR | FIRST | | MI | Receipt # | Amount \$ |
| TREASURER NAME | | Wendi | W | | Date Processed | |
| | NICKNAME | Mc Gowan | - Ollis | SUFFIX | Date Imaged | |
| 7 CAMPAIGN | STREET ADDRESS | (NO PO BOX PLEASE); APT / SL | | | STATE; | ZIP CODE |
| TREASURER ADDRESS | | | | | | |
| (Residence or Business) | 4941 | Kessler Driv | ve Wisco | Tx 75 | 033 | |
| 8 CAMPAIGN TREASURER | AREA CODE | PHONE NUMBER | EXTENSION | N | | |
| PHONE | (214) 2 | 12-4055 | | | | |
| 9 REPORT TYPE | January 15 | 30th day before el | election Runof | ff | | after campaign appointment der Only) |
| | July 15 | 8th day before elec | oction | eded Modified rting Limit | Final Repo | ort (Attach C/OH - FR) |
| 10 PERIOD COVERED | . Month | Day Year | | Month | Day Yea | ar |
| | 4, | /22/21 | THROUGH | 5_/ | 27/2 | 1 |
| 11 ELECTION | ELECTION DA | | | ELECTION TYPE | | |
| | Month Day | Year Primary | Runoff | Other Description | | |
| | 6/5 | 21 General | Special | | | |
| 12 OFFICE | OFFICE HELD (if any) | | | OUGHT (if known) CO CIT | | CIL. PLACE 3 |
| 14 NOTICE FROM POLITICAL | THE CANDIDATE / OFFIC | ICE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIRI | ACCEPTED OR POLITICAL EX | XPENDITURES MA | ADE BY POLITICAL COM | MMITTEES TO SUPPORT |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | Tribert 2 | ILI Nasani | 7 00011 2 |
| _ | GENERAL | COMMITTEE ADDRESS | | | | |
| Additional Pages | SPECIFIC | COMMITTEE CAMPAIGN TREA | ASURER NAME | | | |
| | 01 2011 10 | | | | | |
| | | COMMITTEE CAMPAIGN TREA | ASURER ADDRESS | | | |
| l | | | | | | |
| | | GO TO F | PAGE 2 | | | - |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
|------------------------------------|--|---|
| 17 CONTRIBUTION TOTALS | 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) | \$ 40,304.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 40,066.17 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | \$ 239.83 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | * D |
| | ear, or affirm, under penalty of perjury, that the accompanying report is true ired to be reported by me under Title 15, Election Code. | e and correct and includes all information |
| | Osignature of Ca | ndidate or Officeholder |
| | Please complete either option below | 7: |
| (1) Affidavit | WILLIAM WALDROP Notary Public, State of Texas Notary ID#: 13289314-5 My Commission Expires 01-15-2025 | |
| NOTARY STAMP/SEAL | 0.11 | - e th |
| Sworn to and subscribed b | 0 | 27th day of May, |
| William Woldow | hich, witness my hand and seal of office. William Waldrop | P. Banker |
| Signature of officer administering | g oath Printed name of officer administering oath | Title of officer administering oath |
| (2) Unsworn Declaration | OR | |
| (2) Olisworii Deciaratioi | • | |
| | , and my date of birth is | |
| My address is | ,,,,,,, | , |
| Executed in | (street) (city) (s County, State of, on the day of (month) | tate) (zip code) (country), 20 (year) |
| | Signature of Candid | ate/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. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS | \$ 40,306 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 1556.60 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ O |
| 4. SCHEDULE E: LOANS | \$ 💍 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS \$ 21,323.7 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL | CONTRIBUTIONS \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 18,742.4 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | NDS \$ O |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | TIONS RETURNED \$ |

SCHEDULE A1

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

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|------------------|---|--------------------------|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | gelia Pelham 5 Full name of contributor ut-of-state PAC | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/2/21 | Robert Cox | State; Zip Code | 7 Amount of contribution (\$) \$ 100 |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instruct | .ions) |
| Date | | C (ID#:) | Amount of contribution (\$) |
| 5/2/21 | Condy Hons Contributor address; City; | State; Zip Code | Ф50 |
| | cindy. hons@hotmail. | com | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date | Full name of contributor Out-of-state PAC Matthew Posner | C (ID#:) | Amount of contribution (\$) |
| 5/2/21 | Contributor address; City; | State; Zip Code | \$20 |
| | matthewp1974@yal | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 5/2/21 | KD Warach Contributor address; City; | State; Zip Code | \$100 |
| | Kwarach@gmail.co | m | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ons) |
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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 | ·m. | 1 Total pages Schedule A1: |
|-------------------|---|---------------------------|---------------------------------------|
| 2 FILER NAME | Angelia Pelham | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/2/21 | 5 Full name of contributor out-of-state PAC (ID#.) Dan & Ashley Pevil | t:) State; Zip Code | 7 Amount of contribution (\$) |
| 8 Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor out-of-state PAC (ID#:_ | :) | Amount of contribution (\$) |
| 5/2/21 | | State; Zip Code | \$108 |
| Principal occup | | Employer (See Instruction | ons) |
| Date 5/3/21 | Full name of contributor out-of-state PAC (ID#: Tammi Tysell Contributor address; City; State Shickers 1945@sbcglob | tate; Zip Code | Amount of contribution (\$) |
| Principal occup | | Employer (See Instruction | ons) |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of contribution (\$) |
| 5/3/21 | Contributor address; City; St. lesleyslunches@gmail | tate; Zip Code | \$20 |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instructio | ens) |
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SCHEDULE A1

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| in the requested information is not applicable, be not include this page in the report. | | | |
|---|---|---------------------------------------|--|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME | Angelia Pelham | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5/3/21 | 5 Full name of contributor out-of-state PAC (ID#:) Jan Thorburn 6 Contributor address; City; State; Zip Code Jan.thorburb@att.net | 7 Amount of contribution (\$) | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | tions) | |
| Date | Full name of contributor out-of-state PAC (ID#:) John & Leslie Keating | Amount of contribution (\$) | |
| 5/3/21 | John & Leslie Keating Contributor address; City; State; Zip Code JPKStar@sbcglobal.net | \$5000.00 | |
| Principal occup | ation / Job title (See Instructions) Employer (See Instruct | ions) | |
| Date 5/3/21 | Full name of contributor out-of-state PAC (ID#:) Meghan Green Contributor address; City; State; Zip Code Mn allen 19@hotmail.com | Amount of contribution (\$) | |
| Principal occup | ation / Job title (See Instructions) Employer (See Instruct | ions) | |
| Date | Full name of contributor out-of-state PAC (ID#:) Richard Thomas | Amount of contribution (\$) | |
| 5/3/21 | Contributor address; City; State; Zip Code Y+++++++++++++++++++++++++++++++++++ | \$100 | |
| Principal occup | ation / Job title (See Instructions) Employer (See Instructions) | ions) | |
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SCHEDULE A1

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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME | gelia Pelham | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) Keith Britton | 7 Amount of contribution (\$) | |
| 5/3/21 | 6 Contributor address; City; State; Zip Code Keith. britton@gmail.com | Ф 5 00 | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | tions) | |
| Date | Full name of contributor | Amount of contribution (\$) | |
| 5/3/21 | Denise Basden Contributor address; City; State; Zip Code dobmk2@gmail.com | \$100 | |
| Principal occup | ation / Job title (See Instructions) Employer (See Instruct | ions) | |
| Date | Full name of contributor out-of-state PAC (ID#:) Barbara Fasola | Amount of contribution (\$) | |
| 5/4/21 | Contributor address; City; State; Zip Code Priscillas@careington.com | \$1000 | |
| Principal occup | ation / Job title (See Instructions) Employer (See Instruct | ions) | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | |
| 5/4/21 | Contributor address; City; State; Zip Code tysell@sbcglobal.net | \$500 | |
| Principal occup | ation / Job title (See Instructions) Employer (See Instructions) | ions) | |
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SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report. | | | | |
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| The | 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 Full name of contributor out-of-state PAC | | 7 Amount of contribution (\$) | |
| 5/5/21 | 6 Contributor address; City; Newmanjimre yahoo. | State; Zip Code | \$1000 | |
| 8 Principal occup | | 9 Employer (See Instruction | enc) | |
| Date | Full name of contributor uut-of-state PAC Sarah Nail | (ID#:) | Amount of contribution (\$) | |
| 5/5/21 | Contributor address; City; 5e5335@nyu.edu | State; Zip Code | \$10 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ins) | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 5/5/21 | contributor address; City; brianhtx75035@gm | State; Zip Code | \$25 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ns) | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 5/6/21 | Contributor address; City; flusicetx.rr. com | State; Zip Code | \$125 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | ins) | |
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SCHEDULE A1

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| in the requestion mention to het applicable, be not melade this page in the report. | | | |
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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 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of contribution (\$) | |
| 5/4/21 | Dotly Bolner 6 Contributor address; City; State; Zip Code | \$400 | |
| | dandotly@sbcglobal.net | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instruc | otions) | |
| Date | Full name of contributor | Amount of contribution (\$) | |
| 5/7/21 | Chris & Beth Bengis Contributor address; City; State; Zip Code | Ф50 | |
| | Clangis @yahoo.com | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instruc | ctions) | |
| Date | Full name of contributor | Amount of contribution (\$) | |
| 5 8 21 | Contributor address; City; State; Zip Code | \$125 | |
| | lesleyslunches@gmail.com | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | |
| 5/8/21 | Pamela Hatthis Contributor address; City; State; Zip Code | \$50 | |
| | Pammathis@gmail.com | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) | |
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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 Full name of contributor out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 5/9/21 | | State; Zip Code | \$250 |
| 8 Principal occu | • 1 | 9 Employer (See Instructi | ions) |
| Date | Full name of contributor out-of-state PAC William Langford | (ID#:) | Amount of contribution (\$) |
| 5/9/21 | Contributor address; City; Wlangford 86@a | State; Zip Code | \$ 300 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date | Full name of contributor out-of-state PAC Stacy Gale-Levin | (ID#:) | Amount of contribution (\$) |
| 5/10/21 | contributor address; City; Stacy bell 70@ yahoo | State; Zip Code | \$30 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 5/10/21 | NIKKI Harper Contributor address; City; HICQUEEN 2019@91 | State; Zip Code | \$50 |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instruction | ons) |
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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME | Angelia Pelham | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor out-of-state PAC | | 7 Amount of contribution (\$) | |
| 5/10/21 | 6 Contributor address; City; | State; Zip Code | \$100 | |
| | shannon@hammondt | romenealth.q | om | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | |
| 5/10/21 | Contributor address; City; | State; Zip Code | \$50 | |
| , 1,0, | bromleylisal7@g | zmail.com | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ions) | |
| Date | Full name of contributor out-of-state PAC James Matthis | | Amount of contribution (\$) | |
| 5/10/21 | Contributor address; City; | State; Zip Code | \$50 | |
| | jamesmatthis@gr | neul. com | | |
| Principal occup | pation Job title (See Instructions) | Employer (See Instructi | ions) | |
| Date | Full name of contributor out-of-state PAC 5kip Middle ton | · (ID#:) | Amount of contribution (\$) | |
| 5/11/21 | Contributor address; City; Skipang@aol. Con | State; Zip Code | \$100 | |
| D | | | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ions) | |
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SCHEDULE A1

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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 39 |
| 2 FILER NAME | gelia Pelham | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/11/21 | 5 Full name of contributor out-of-state PAC Donald Braun 6 Contributor address; City; dbraun@hallgroup | ; (ID#:) State; Zip Code | 7 Amount of contribution (\$) |
| ١٠٠١٥٩ | dbraun@hallgroup | o.com | - |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date | | C (ID#:) | Amount of contribution (\$) |
| 5/11/21 | | State; Zip Code | \$100 |
| | resok76r2@yahoo. | ·com | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date | James Walen | (ID#:) | Amount of contribution (\$) |
| 5/11/21 | Contributor address; City; jwhalen@whalenla | | \$100 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date | Full name of contributor Out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 5/11/21 | Contributor address; City; | State; Zip Code | \$2000 |
| | Jhwebb933@gmai | 1. com | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
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SCHEDULE A1

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| in the requested information is not applicable, be not include this page in the report. | | | | |
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| The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3C | | | | |
| 2 FILER NAME | Angelia Pelham | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | F Full some of contribution | (ID#:) | 7 Amount of contribution (\$) | |
| 5/12/21 | Arlene Green 6 Contributor address; City; Arlene 9 2014 @ 9 ma | State; Zip Code | \$50 | |
| | arleneg2014@gma | 11.com | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructi | ions) | |
| Date | | C (ID#:) | Amount of contribution (\$) | |
| 5/12/21 | Dr. Timothy & Pam Tontributor address; City; Pamela@prinslevo | State; Zip Code | \$250 | |
| | Pamela@prinslevo | iscular 1. con | 1 | |
| | pation / Job title (See Instructions) | Employer (See Instructi | | |
| Date | | : (ID#:) | Amount of contribution (\$) | |
| 5/12/21 | Jan Thorburn Contributor address; City; Jan. Horburb@att | State; Zip Code | \$50 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ions) | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 5/12/21 | Kenneth Cross Contributor address; City; | State; Zip Code | 4250 | |
| | Kencross@aol.c | | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ons) | |
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SCHEDULE A1

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| The | Instruction Guide explains how to complete this | 1 Total pages Schedule A1: 39 | | | |
| 2 FILER NAME Ana | elia Pelham | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Full name of contributor | (ID#:) | 7 Amount of contribution (\$) | | |
| 5/12/21 | Rachel Frey 6 Contributor address; City; Creative by design 1 | State; Zip Code | \$50 | | |
| 8 Principal occu | Creative by design 1 | gmail.com | | | |
| • Fincipal occu | pation / Job title (See Instructions) | 9 Employer (See Instructi | ons) | | |
| Date | | (ID#:) | Amount of contribution (\$) | | |
| 5/12/21 | Contributor address; City; | 1 | \$20 | | |
| Principal occup | Katiehaun 22 gmai ation / Job title (See Instructions) | Employer (See Instructi | ons) | | |
| Date | | (ID#:) | Amount of contribution (\$) | | |
| 5/13/21 | Alex Nestor Contributor address; City; Quietjazzguitar.cu | State; Zip Code | \$50 | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ons) | | |
| Date | | (ID#:) | Amount of contribution (\$) | | |
| 5/13/21 | Alana Miller Contributor address; City; Atjonnson 2216@gm | State; Zip Code | \$50 | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ons) | | |
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| The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3. 2 FILER NAME 3 Filer ID (Ethics Commission F | a · |
|---|---------|
| 2 FILER NAME 3 Filer ID (Ethics Commission F | |
| Angelia Pelham | Filers) |
| 4 Date 5 Full name of contributor Out-of-state PAC (ID#:) 7 Amount of contribution (\$) | |
| 5/13/21 Brintha Devadoss 6 contributor address; City; State; Zip Code bdevadoss@yahoo.com \$100 | • |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | |
| Date Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$) | |
| S/13/21 Contributor address; City; State; Zip Code \$50 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | 1 |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Lynn Slaney Silguero |) |
| 5/13/21 Contributor address; City; State; Zip Code \$250 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) |) |
| 5/14/21 Contributor address; City; State; Zip Code \$500 SCOtt. boxer@smartventvresp.com | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| | |
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| If the requested information is not appli | cable, DO NOT include this page in th | he report. |
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| The Instruction Guide explains h | ow to complete this form. | 1 Total pages Schedule A1: 39 |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Angelia Pelham | | |
| | out-of-state PAC (ID#: | _) 7 Amount of contribution (\$) |
| Sharon 1 | Tobin | |
| 5/14/21 6 Contributor address; Sharon@C | City; State; Zip Code | \$25 |
| sharon@c | iscode.net | |
| 8 Principal occupation / Job title (See Instruction | ns) 9 Employer (See Inst | tructions) |
| | | |
| Date Full name of contributor | | _) Amount of contribution (\$) |
| 5/14/21 Muhammac Contributor address; | 1 Saeed | |
| 5/14/21 Contributor address; | City; State; Zip Code | ··· .\$1000 |
| mazfarsa | eed@gnail.com | |
| Principal occupation / Job title (See Instruction | | tructions) |
| | | |
| Date Full name of contributor | out-of-state PAC (ID#: |) Amount of contribution (\$) |
| Rodney | Schaefer City; State; Zip Code | |
| | | Kn- |
| rodschae | fer@prodizy.net | 4250 |
| Principal occupation / Job title (See Instruction | Employer (See Inst | tructions) |
| | | |
| Date Full name of contributor | out-of-state PAC (ID#: |) Amount of contribution (\$) |
| Micholas | Brown | |
| 5/14/2 Contributor address; | City; State; Zip Code | \$20 |
| nbrowna | 507@gnail.com | 420 |
| Principal occupation / Job title (See Instruction | | tructions) |
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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 Full name of contributor ut-of-state PAC | (ID#:) | 7 Amount of contribution (\$) | |
| 5/14/21 | Mauren Schwabe 6 Contributor address; City; | State; Zip Code | \$50 | |
| | schwabe sells dallas @ | gmail com | | |
| 8 Principal occup | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) | |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) | |
| 5/14/21 | Full name of contributor out-of-state PAC Tamara Gardner Contributor address; City; | | . 11 6 | |
| 3/19/14 | | | \$ 60 | |
| | tamara. 14nn, gardn | er @ gmail com | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | |
| Date | Full name of contributor | | Amount of contribution (\$) | |
| 5/14/21 | Daurelle & kevin westerfield | | 4100 | |
| 3/19/21 | Contributor address; City; | State; Zip Code | (2) 1 CO | |
| 0 | Westerfield 1459 @gmai | l. com | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | etions) | |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) | |
| 5/19/2/ | D. E. Maddo X Contributor address; City; | State; Zip Code | \$20 | |
| .* | deemad dox1 | @ gmail com | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | ctions) | |
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SCHEDULE A1

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| 1 Total pages Schedule A1: 39 |
| 3 Filer ID (Ethics Commission Filers) |
| 7 Amount of contribution (\$) |
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| If the reques | sted information is not applicable, DO NOT inc | lude this page in the | report. |
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 30 |
| 2 FILER NAME | Angelia Pelham | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date S 14 2 8 Principal occur | 5 Full name of contributor out-of-state PAC JAN THOY BUYN 6 Contributor address; City; JAN THOY BUYN Q G++. pation / Job title (See Instructions) | State; Zip Code | 7 Amount of contribution (\$) \$\frac{1}{5}0\$ Attions) |
| Date 5/14/2 | Full name of contributor out-of-state PAC Lisa & Kent Munt9 Contributor address; City; Cull about Family & W | OMery State; Zip Code | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instru | ctions) |
| Date 5 14 2 | Full name of contributor out-of-state PAC San 91+a Da++a Contributor address; City; | State; Zip Code | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instru | l ctions) |
| Date 5 14 2 | Full name of contributor out-of-state PAC BUDDY MINET Contributor address; City; WIDET @ShC | State; Zip Code | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instru | ctions) |
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| 2 FILER NAME | Angelia Pelham | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) | |
| 5/14/21 | Janet Cosue 6 Contributor address; City; | State; Zip Code | \$50 | |
| | +X109Ues @ Sbc9lo | bal. net | #300 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | ctions) | |
| Date | | (ID#:) | Amount of contribution (\$) | |
| 5/14/21 | MICHAEL MCK EE Contributor address; City; | State; Zip Code | \$ 500 | |
| | michael - mckee eart | ex risk.com | , | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | ctions) | |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) | |
| 5/14/21 | | State; Zip Code | \$ 50 | |
| | grant. C. thor @gm | ail com | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instru | ctions) | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | |
| 5/19/21 | Tondala Fowler Contributor address; City; | State; Zip Code | \$ 150 | |
| | latrece . f @ Yano | o.com | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instru | ctions) | |
| | | | | |
| 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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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: 39 | | |
| 2 FILER NAME | Angelia Pelhan | V | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Full name of contributor ut-of-state PAG | | 7 Amount of contribution (\$) | | |
| 5/14/21 | Nathan Bennette 6 Contributor address; City; | State; Zip Code | \$ 50 | | |
| | nathan@benne | | vieta-a-) | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instr | uctions) | | |
| Date | Full name of contributor | C (ID#: | Amount of contribution (\$) | | |
| 5/14/21 | James Hut Chin S Contributor address; City; | State; Zip Code | \$ 300 | | |
| | j nut chins 2007 eya | how com | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instr | uctions) | | |
| Date 5/14/21 | Full name of contributor out-of-state PA | C (ID#: | Amount of contribution (\$) | | |
| | Kmommie 77 @ Yaho | | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Inst | ructions) | | |
| Date 5/19/2/ | Full name of contributor out-of-state PA Kevin Burrell Contributor address; City; Kburrell wlegm | State; Zip Code | Amount of contribution (\$) | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Inst | ructions) | | |
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| 2 FILER NAME | Angelia | Pelha | m | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/A/2 | lewismarke | City; | State; Zip Coo | | 7 Amount of contribution (\$) 250 |
| 8 Principal occu | upation / Job title (See Instructions) | | 9 Employer (Se | e instructi | ons) |
| Date | Full name of contributor Contributor address; | □ out-of-state PAC | State; Zip Co | | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) | | Employer (Se | e Instructi | ons) |
| Date | | | C (ID#: | de | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) | | Employer (Se | e Instruct | ions) . |
| Date | Full name of contributor Contributor address; | out-of-state PA | C (ID#: | de | Amount of contribution (\$) |
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SCHEDULE A1

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| The | Instruction Guide explains how to complete this | 1 Total pages Schedule A1: 39 | | | |
| 2 FILER NAME | Angelia Pelham | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 5/14/2 | 5 Full name of contributor out-of-state PAC (ID#:) KIMDERTY DOTTE 6 Contributor address; City; State; Zip Code KCd0910 @ Me. Com | | 7 Amount of contribution (\$) | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) | | |
| Date | Full name of contributor out-of-state PAC | C (ID#:) | Amount of contribution (\$) | | |
| 5/15/21 | | State; Zip Code 9 Mail. COM | # 500 | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | tions) | | |
| Date 5 / 5 2 | Full name of contributor out-of-state PACES SILVER Contributor address; City; Frank SILVER @ 9 ma | State; Zip Code | Amount of contribution (\$) | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) | | |
| Date 515121 | Full name of contributor out-of-state PAC | · (ID#:) | Amount of contribution (\$) | | |
| 3/10121 | Contributor address; City; N Marlins @ Earthlin! | State; Zip Code | \$ 20 | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) | | |
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| 2 FILER NAME | Angelia Pelham | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 5/15/21 | DeePa and Janardhan 6 Contributor address; City; | Reddy State; Zip Code | \$ 200 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 6/16/2 | Contributor address; City; | State; Zip Code | \$250 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 5/15/2 | Neeraji & Satish Kuppad Contributor address; City; SKuppachi @ gmail | State; Zip Code | \$250 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 5 15 2 | Full name of contributor out-of-state PAC Hari & Radhika Cho Contributor address; City; | | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
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| 2 FILER NAME | Angelia Pelham | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor □ out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) | |
| 5/15/21 | 6 Contributor address; City; | State; Zip Code | \$20 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) | |
| Date | _ | (ID#:) | Amount of contribution (\$) | |
| 5/15/21 | GK ReddY Contributor address; City; | State; Zip Code | \$100 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 5115121 | Contributor address; City; | State; Zip Code | \$ 100 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 5/15/21 | Veton Krasniqi Contributor address; City; | State; Zip Code | \$5,000 | |
| veton Krasnigi @notmail. com | | | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) | |
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| The | Instruction Guide explains how to complete this | 1 Total pages Schedule A1: 39 | | |
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| 2 FILER NAME Angelia Pelham | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5/16/2 | 5 Full name of contributor □ out-of-state PAC Tames Hogan 6 Contributor address; City; James ρ col 1 @mac co | 7 Amount of contribution (\$) | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | tions) | |
| Date | | (ID#:) | Amount of contribution (\$) | |
| 5/16/21 | | State; Zip Code | \$100 | |
| | Petham 44 @aot. com | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | |
| Date | | (ID#:) | Amount of contribution (\$) | |
| 5/17/2 | Edward Kelly Contributor address; City; | State; Zip Code | \$ 250 | |
| | ed kelly 0999 @yaho | o. com | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) | |
| Date 5/17/2 | Full name of contributor out-of-state PAC | | Amount of contribution (\$) | |
| 5/17/2 | Contributor address; City; JMArsee @ SbC 9 lobo | State; Zip Code | \$ 250 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) | |
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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1:3 | |
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| 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 6 Contributor address; City; State; Zip Code Pri Scillas @ Carein 9 ton. Com | | 7 Amount of contribution (\$) | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | tions) | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 5/17/21 | Contributor address; City; | State; Zip Code | \$ 250 | |
| | cdouglas 218@gm | ail com | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | ions) | |
| Date | Full name of contributor | : (ID#:) | Amount of contribution (\$) | |
| 5/17/21 | Contributor address; City; [AXM] frisco & gn | State; Zip Code | \$250 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | iona) | |
| | and (ess mendenes) | Employer (See instruct | ions) | |
| Date | Full name of contributor out-of-state PAC (ID#:) Claudia & Jimmy La Ferner | | Amount of contribution (\$) | |
| 5/17/21 | Contributor address; City; | State; Zip Code | \$300 | |
| Jla Ferney @ outlook. com | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | ons) | | |
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SCHEDULE A1

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| 2 FILER NAME | Angelia Pelham | <i>)</i> | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Full name of contributor out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) | | |
| 5/17/21 | EUVICE & Walter & City; | State; Zip Code | \$ 250 | | |
| | eunicess @ yahoo. | com | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) | | |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) | | |
| Shil | Anand chellapa | | \$50 | | |
| 5/17/21 | Contributor address; City; | • | #1 5 0 | | |
| | Canand 7 @ smail | 2, Corr | | | |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruct | tions) | | |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) | | |
| clali | Robert Cox | | 4050 | | |
| 5/17/21 | Contributor address; City; | State; Zip Code | \$250 | | |
| | r cox 69 @yanoo | . Com | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) | | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | | |
| 5/17/21 | Gopal Ponangi Contributor address; City; | State; Zip Code | \$250 | | |
| | Gopal ponansi Qon | rail.com | | | |
| Principal occupation / Job title (See Instructions) Employer (See In | | Employer (See Instruc | tions) | | |
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| 2 FILER NAME | Angelia pelham | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 17 2 | 5 Full name of contributor out-of-state PAC SNANNA & Sheffiel 6 Contributor address; City; 5 NANNA @ Kadane : C | Id Kadane State; Zip Code | 7 Amount of contribution (\$) \$\\$\\$\\$\\$\\$250 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date 5 17 2 | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| , | Contributor address; City; | State; Zip Code | 4x 1,000 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 5/17/21 | Contributor address; City; | State; Zip Code | \$1,000 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | | (ID#:) | Amount of contribution (\$) |
| 5/17/21 | Sumara & shan Contributor address; City; | 2ad Mirza State; Zip Code | \$ 250 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
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| 2 FILER NAME | Angelia peinar | n | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/17/2 | 5 Full name of contributor out-of-state PAC RON FVY 6 Contributor address; City; VONFVY dallas could | 7 Amount of contribution (\$) | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date 5/17/21 | Full name of contributor out-of-state PAC Vaughn and Phil Lov Contributor address; City; | State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | tions) |
| Date 5/17/2 | Full name of contributor out-of-state PAC Venu snag Yanag Contributor address; City; | State; Zip Code | Amount of contribution (\$) \$\\$\frac{100}{}{} |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 5 17 2 | Full name of contributor out-of-state PAC LINDA JONES Contributor address; City; INDA JOA 9 Ahoo | State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | tions) |
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| FILER NAME | Angelia Pelnam | | 3 Filer ID (Ethics Commission Filers |
| Date 5/17/2 | Zia Mehar | State; Zip Code | 7 Amount of contribution (\$) |
| Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instruc | ctions) |
| Date 5 17 2 | Full name of contributor out-of-state PAKINSTEN LITE Contributor address; City; KNIIE @ 9mail | State; Zip Code | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | ctions) |
| Date / 17 / 2 Principal occup | Full name of contributor out-of-state PAI LISA & Kent Mon Contributor address; City; CUL about family @ mon | t 90 mer V State; Zip Code | Amount of contribution (\$) |
| | | Employer (dee mistruc | uons) |
| Principal occup | Full name of contributor out-of-state PACKENNETH Frank Contributor address; City; Kenny Frank @ 9m. ation / Job title (See Instructions) | State; Zip Code | Amount of contribution (\$) |
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| 2 FILER NAME | Angelia pelhan | n | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/17/2 | 5 Full name of contributor □ out-of-state PAG ANN COLLINS 6 Contributor address; City; ANN COLLINS dc @ gm a | 7 Amount of contribution (\$) | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | ctions) |
| Date 5 17 2 | Full name of contributor out-of-state PACKINSTEN LITE Contributor address; City; | State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 6 18 2 | Full name of contributor out-of-state PAC Meghan Green Contributor address; City; Mn allen 79 @ | State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date 5 18 21 . | Full name of contributor out-of-state PAC Candida Romanelli Contributor address; City; | State; Zip Code | Amount of contribution (\$) |
| Principal occupa | tion / Job title (See Instructions) | Employer (See Instruct | ions) |
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| 2 FILER NAME | Angelia Pelham | C | 3 Filer ID (Ethics Commission Filers) |
| Principal occu | 5 Full name of contributor out-of-state PA James "Jim" Miny 6 Contributor address; City; Jim @ Miny and con upation / Job title (See Instructions) | State; Zip Code | 7 Amount of contribution (\$) |
| Date / 18 / 2 | Phil C9293 @icloud. | State; Zip Code | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date / 19 / 2 \ | Full name of contributor out-of-state PAC Robert Grimmer Contributor address; City; | State; Zip Code | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date / [9 / 2 | Full name of contributor out-of-state PAC Barbara Fasola Contributor address; City; PNISCILLAS @ Carcin | State; Zip Code | Amount of contribution (\$) |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
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| | ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru | F THIS SCHEDULE AS NE | EDED porting requirements. |

| If the reque | sted information is not applicable, DO NOT i | nclude this page in th | ne report. |
|------------------|---|--|---------------------------------------|
| The | Instruction Guide explains how to complete thi | s form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Angelia Pelnam | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/19/2 | 5 Full name of contributor out-of-state PA | C (ID#: | 7 Amount of contribution (\$) |
| v | TFJ CPa @ aol cor | State; Zip Code | \$200 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instr | uctions) |
| Date 5 20 2 | Full name of contributor out-of-state PACE Ronald Pelham Contributor address; City; Y Pelham Sr @ 9 | State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instru | ctions) |
| Date 5/20/21 | Full name of contributor out-of-state PACKEN TYSELL Contributor address; City; LYSELL @SBC 9106al | State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instru | ctions) |
| Date 5/20/21 | Full name of contributor out-of-state PAC Sadaf Hag Contributor address; City; Sadaf, hag @gmail | State; Zip Code | Amount of contribution (\$) |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instruc | otions) |
| | | | |
| | ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instruc | F THIS SCHEDULE AS Notion guide for additional | IEEDED reporting requirements. |

| If the reque | ested information is not applicable, DO NOT i | nclude this page in th | e report. |
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| The | e Instruction Guide explains how to complete th | is form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Angelia Pelham | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/20/21 | 5 Full name of contributor □ out-of-state PA PAVE WILCOX 6 Contributor address; City; □ ave □ +Ne wilco | State; Zip Code | 7 Amount of contribution (\$) |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instru | ctions) |
| Date 5/20/21 | Full name of contributor out-of-state PA JOSH FE FERM AN Contributor address; City; JOSH Primary Me | State; Zip Code | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | l btions) |
| | Full name of contributor out-of-state PAR RICK BUY NULT + Contributor address; City; VICK burnett a | State; Zip Code | |
| Date Date Principal occup | Full name of contributor out-of-state PACE PETER BURNS Contributor address; City; PETER BURNS 3 @ Q + | State; Zip Code | Amount of contribution (\$) |
| | | | |
| | ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru | OF THIS SCHEDULE AS N action guide for additional re | EEDED eporting requirements. |

| If the reque | ested information is not applicable, DO NOT i | nclude this page in t | ne report. |
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| The | e Instruction Guide explains how to complete th | is form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Angelia pelham | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 22 2 | 5 Full name of contributor out-of-state PARAMONA THOMPSON 6 Contributor address; City; VAMONA . Ehompson @ a | 7 Amount of contribution (\$) \$50 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instr | uctions) |
| Date 5 22 2 | Full name of contributor out-of-state PAROSEMUV COLDERON Contributor address; City; CSINGS @ 9MO | State; Zip Code | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instru | uctions) |
| Date 5 22 2 | Full name of contributor out-of-state PAGE KATHILL BLACK STO Contributor address; City; KY STOCK 109 @ 9M | State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instru | octions) |
| Date S 2 2 2 | Full name of contributor out-of-state PACE RICK Thomas Contributor address; City; FEHOMAS 30+X Centron of the contributor of contributor o | State; Zip Code | Amount of contribution (\$) |
| · ·····s,pai occape | and 17 305 title (See Instructions) | Employer (See Instru | ctions) |
| | | | |
| | ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru | F THIS SCHEDULE AS I | NEEDED reporting requirements. |

SCHEDULE A1

| If the reque | ested information is not applicable, DO NOT i | nclude this page in | of the report |
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| | e Instruction Guide explains how to complete th | is form. | 1 Total pages Schedule A1: 39 |
| 2 FILER NAME | Angelia Pelham | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor ut-of-state P | AC (ID#: | 7 Amount of contribution (\$) |
| 5/22/21 | John Dinneeen | | |
| , , | 6 Contributor address; City; | State; Zip Code | \$ SO |
| 0. 51 | John dinneen @a | tt. net | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See In | nstructions) |
| Date | Full name of contributor | | |
| | ANN Brugger | C (ID#: | Amount of contribution (\$) |
| 5/22/21 | | State; Zip Code | m # 20 |
| | ann brugger @ gm a | il com | 10 20 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Ins | structions) |
| | | | |
| Date | ' - | C (ID#: |) Amount of contribution (\$) |
| 5/22/21 | Bob French | | 1 1 - |
| , , , | Contributor address; City; | | \$40 |
| Dringing | rf@stardustce | lebrations. Cov | N |
| Principal occup | ation / Job title (See Instructions) | Employer (See Ins | structions) |
| Date | E-di- | | |
| | Full name of contributor Cathy Taylor | C (ID#: |) Amount of contribution (\$) |
| 5/22/21 | Contributor address; City; | State; Zip Code | ··· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | rkctaylor3 | | 1 + 0 - |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Ins | tructions) |
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| | ATTACH ADDITIONAL COPIES C | E TUIS SOUTH IN A | ONFERE |
| | If contributor is out-of-state PAC, please see Instru | ction guide for addition | 3 NEEUEU |

Forms provided by Texas Ethics Commission

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Revised 8/17/2020

| If the reque | sted information is not applicable, DO NOT i | nclude this page | in the report. |
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| The | Instruction Guide explains how to complete th | is form. | 1 Total pages Schedule A1: 30 |
| 2 FILER NAME | Angelia pelham | 1 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date $5/2^2/2$ | 5 Full name of contributor □ out-of-state PA CONDY MANN 6 Contributor address; City; C YMM X (a ≥ 9 m ac | State; Zip Code | 7 Amount of contribution (\$) |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See | Instructions) |
| Date 5/22/11 | Full name of contributor out-of-state PA | C (ID#: | Amount of contribution (\$) |
| 1-12 | Contributor address; City; | 1 6 | # 30 |
| Principal occup | nation / Job title (See Instructions) | Employer (See I | nstructions) |
| ' | Full name of contributor out-of-state PAC LINDA Reagor Contributor address; City; | State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Ir | nstructions) |
| Date 5/22/21. | Full name of contributor out-of-state PAC WAYNE CASWELL Contributor address; City; WAYNE CASWELL @ 9 ++- | State; Zip Code | Amount of contribution (\$) |
| Principal occupa | ation / Job title (See Instructions) | Employer (See In | structions) |
| | ATTACH ADDITIONAL COPIES O | E TIJIO COLIFE | |
| | If contributor is out-of-state PAC, please see Instru | ction quide for addition | NO NEEDED |

| Th | e Instruction Guide explains how to complete | this form. | 1 Total pages Schedule A1: 30 |
|------------------|--|-------------------------|--------------------------------------|
| 2 FILER NAMI | | | 3 Filer ID (Ethics Commission Filers |
| 4 Date | 5 Full name of contributor out-of-state Kay Kitchen S | PAC (ID#: | 7 Amount of contribution (\$) |
| Principal occ | upation / Job title (See Instructions) | 9 Employer (See Instru | |
| Date | Full name of contributor out-of-state of Carole & John 1 (Contributor address; City; | State; Zip Code | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | ctions) |
| Date 7/22/21 | | State; Zip Code | Amount of contribution (\$) |
| Principal occup | Jansola behere @ 9 ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date 22/2 | Full name of contributor out-of-state PA [Maril & George C Contributor address; City; Me916500 7042 @ | State; Zip Code | Amount of contribution (\$) |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instructi | ions) |
| | | | |

| If the reque | sted information is not applicable, DO NOT in | clude 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 22 21 | 5 Full name of contributor □ out-of-state PACE PAUL CHENG 6 Contributor address; City; PAUL ② USA TINVEST N | State; Zip Code | 7 Amount of contribution (\$) |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date S 22 2 | Full name of contributor out-of-state PAC Char Wiest Contributor address; City; Cawiest @ gm a | State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date 5 2 2 | Full name of contributor out-of-state PAC GINNI SCOTT Contributor address; City; GINNI MCCCC @ ho | State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date 5 22 2 | Full name of contributor out-of-state PAC (DEBYA SMAVEYS Contributor address; City; DEBYA SMAVEYS QUEVI | State; Zip Code | Amount of contribution (\$) |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instruction | ons) |
| | en en sage i se ens. I get en se en se ens, est sagendere e | Na cyan in an | |
| | ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct | THIS SCHEDULE AS NE | EDED |

SCHEDULE A1

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

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|---|---|-------------------------|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1:39 |
| 2 FILER NAME | Angelia Pelhan | l | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 24 21 | Maria e Ora made | | 7 Amount of contribution (\$) |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date 5 25/2 | Full name of contributor out-of-state PAC | (ID#:) State; Zip Code | Amount of contribution (\$) |
| 3 23 2 | Contributor address; City; WShaddock @ Shac | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor | (ID#:) State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | | | |

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 If the requested information is not applicable, DO NOT include this re-

| If the requested information is not applicable, DO NOT include this page in the report. | | | |
|--|---|--|---------------------------------------|
| The I | Instruction Guide explains how to complet | te this form. | 1 Total pages Schedule A1: 39 |
| 2 FILER NAME | Angelia Pelham | | 3 Filer ID (Ethics Commission Filers) |
| 5/21/21 | 5 Full name of contributor □ out-of-st Texas Association of Re 6 Contributor address; City; P.O. Box 2246, Austin, Totalion / Job title (See Instructions) | ALTORS political action commit State; Zip Code | 6 |
| Date | Full name of contributor out-of-s Contributor address; City; | tate PAC (ID#: | _) Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instr | ructions) |
| Date | Full name of contributor | state PAC (ID#: | _) Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) | Employer (See Inst | ructions) |
| Date | Full name of contributor ☐ out-of-s Contributor address; City; | state PAC (ID#: | _) Amount of contribution (\$) |
| Principal occup | Dation / Job title (See Instructions) | Employer (See Inst | tructions) |
| | ATTACH ADDITIONAL CO | OPIES OF THIS SCHEDULE A | |

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 Sched | ule A2: |
|--|--|---|--|---|
| Angelia Pelham | | | 3 Filer ID (Ethics Co | mmission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS | \$ 0 | |
| 5 Date 5/17/21 | Full name of contributor out-of-state PAC (ID#: | Zip Code © TX: 7503 | 8 Amount of Contribution \$ 1,556 | 9 In-kind contribution description Fundraiser de of Texas. Complete Schedule T. |
| 10 Principal occ | rupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | r (FOR NON-JUDICI | AL)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | tor's job title (FOR JU | DICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | of contributor's spou | se (if any) (FOR JUDICIAL) |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor | Zip Code | Amount of Contribution \$ Check if travel outside | In-kind contribution description - - - de of Texas. Complete Schedule T. |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | r (FOR NON-JUDICI | AL)(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 spous | se (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| | | | | |

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

SCHEDULE F1

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

| | EVDENDITUDE | |
|---|--|--|
| Advertising Expense | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
| Accounting/Banking | Event Expense Loan Rep | payment/Reimbursement Solicitation/Fundraising Expanse |
| Consulting Expense | Office Ov | /erhead/Rental Expense |
| Contributions/Donations Made Candidate/Officeholder/Politi | Gift/Awards/Memorials Expense Printing E | xpense Travel In District |
| Credit Card Payment | | navel Out Of District |
| | The Instruction Guide explains how to | Other (enter a category not listed above) complete this form. |
| 1 Total pages Schedule F | 1: 2 FILER NAME | |
| 1 9 | Angelia Polhan | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 4172101 | 5 Payee name | |
| 1/23/21 | I PMI. | |
| 6 Amount (\$) | 7 Payee address; PA BOX 1098 | |
| | | City; State; Zip Code |
| 10 | Mariana FL 3240 | 47 |
| 14325.53 | | |
| 8 | (a) Cotogony (a | |
| | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| PURPOSE | | |
| OF EXPENDITURE | 1 10 10 10 | |
| ZII ZII JI JI JI | Pavertisina | Text messaging/report |
| | (C) Check if travel outside of Texas. Complete Schedule T. | |
| O Commission Charles | | Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought |
| - CAPENDITURE TO BEHEIT C/O | П | Office held |
| Date | | |
| Date | Payee name | |
| | 101 | |
| 9/11/2/ | Eventi/Verona Villa | 2 |
| Amount (\$) | | |
| | Payee address; | City; State; Zip Code |
| . | | Zip Code |
| 685.25 | 7511 Main Street | Elica Til Jana |
| 140-1 | 1311 10011 30 666 | Frisco TX 75034 |
| | Category (See Categories listed at the top of this schedule) | Description |
| PURPOSE | | - 550.000 |
| OF EVDENDITURE | Tooltin | |
| EXPENDITURE | Event Expense | Hood/Campaign Rally |
| | | Hood/Campaign Rally |
| 0 | 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 |
| experientare to benefit C/OH | | Office held |
| | | |
| Date | Payee name | |
| | | |
| 5/13/2/ | Christa's Cookie | |
| Amount (\$) | _ COURTE | 2 |
| · inount (p) | Payee address; | City; State: Zin Code |
| <i>L</i> . | | State; Zip Code |
| \$500 | PO BOX 852 G | |
| 1 000 | PO BOX 852 GO | arland TX 75844 |
| | Category (See Categories listed at the top of this schedule) | |
| PURPOSE | top of this scriedule) | Description |
| OF | | |
| EXPENDITURE | tood/Bev | Callera L. |
| - | | Campaisn Cookies |
| | Check if travel outside of Texas. Complete Schedule T. | |
| Complete ONLY if direct | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense |
| expenditure to benefit C/OH | officerolder name | Office sought Office held |
| | | |
| | ATTAOLLADDITIO | |
| | ATTACH ADDITIONAL COPIES OF THIS SC | HEDULE AS NEEDED |
| rms provided by Texas Ethio | - C | |

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

| Candidate/Officeholder/Politica | Il Committee Legal Services Salaries/ | Wages/Contract Labor Other (enter a category not listed above) | | |
|---|--|--|--|--|
| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
| 1 Total pages Schedule F1: | Angelia Pelham | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 5 14 2 | 5 Payee name Tyler Earwood | | | |
| 6 Amount (\$) | 7 Payee address; | city; State; Zip Code EK Frisco TX 75034 | | |
| 89.00 | 5976 Hidden Crei | ER 1500 1 x 75034 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | | | | |
| OF EXPENDITURE | Solicitation | Blockwalker | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held | | |
| Date | Payee name | , | | |
| 5/14/21 | Donovan Armistead | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | |
| 94.00 | 892 Crystal Lake I | or Frisco TX 75034 | | |
| 4 | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | | | | |
| OF EXPENDITURE | Solicitation | Blockwalker | | |
| | 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 | | |
| Date | Payee name | | | |
| 5/17/21 | | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | |
| 255.00 | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | EVENT Expense | DJ@ Rally | | |
| | 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 | | | |

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Credit Card Payment | I Committee Legal Services Salaries/W The Instruction Guide explains how to committee | Ages/Contract Labor Other (enter a category not listed above) omplete this form. |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Angelia Pelham | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/17/21 | 5 Payee name Marky Martin | |
| 6 Amount (\$) \$\phi_{\text{2}} | 7 Payee address; Jandstone Dr | City; State; Zip Code FV1SCO TX 75034 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| PURPOSE OF EXPENDITURE | Solicitation | Blockwalkers |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| 5/17/21 | Hunter Albrecht | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| \$212 | 5893 Coral Ridge | ect Frisco TX 75034 |
| | Category (See Categories listed at the top of this schedule) | Description |
| | | |
| PURPOSE OF EXPENDITURE | Solicitation | Blockwalkers |
| OF | Solicitation Check if travel outside of Texas. Complete Schedule T. | Blockwalkers Check if Austin, TX, officeholder living expense |
| OF | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | |
| OF EXPENDITURE Complete ONLY if direct | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name | Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 5 19 2 | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Verona Villa / Even Payee address; | Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 5 19 2 | Candidate / Officeholder name Payee name Verona Villa / Even Payee address; 7511 Main Street | Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code Frisco TX 75034 |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 5/19/2 Amount (\$) PURPOSE OF | Candidate / Officeholder name Payee name Verona Villa / Even Payee address; 7511 Main Street Category (See Categories listed at the top of this schedule) | Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code Frisco TX 75034 Description |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 5/19/21 Amount (\$) PURPOSE OF | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Verona Villa / Even Payee address; 75 Main Street Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held City: State: Zip Code Frisco TX 75034 Description (Food) Campaign Rally |

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor

| Credit Card Payment | Committee Legal Services Salaries/N The Instruction Guide explains how to c | Vages/Contract Labor Other (enter a category not listed above) |
|--|---|---|
| 4 | <u> </u> | · |
| 1 Total pages Schedule F1: | Angelia Pelham | 3 Filer ID (Ethics Commission Filers) |
| 5/[1/2] | Donovan Amis | tead |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code |
| \$300.00 | 892 Crystal La | ke Dr Frisco Tx 75034 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| PURPOSE OF | | Plack and the |
| EXPENDITURE | Solicitation | Blockwalker |
| | (c) Check if travel outside of Texas. Complete Schedule T. | 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 | |
| 5/11/21 | Tyler Earwood | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| \$ 99.00 | 5976 Hidden Creek | Frisco TX 75034 |
| | Category (See Categories listed at the top of this schedule) | Description |
| | | |
| PURPOSE | | |
| PURPOSE OF EXPENDITURE | Solicitation | Blockwalker |
| OF | Solicitation Check if travel outside of Texas. Complete Schedule T. | Blockwalker Check if Austin, TX, officeholder living expense |
| OF | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | |
| OF EXPENDITURE Complete ONLY if direct | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Payee name | Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Payee name Hunter Albrecht | Check if Austin, TX, officeholder living expense Office sought Office held |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 5 1 2 Amount (\$) | Candidate / Officeholder name Payee name Hunter Albrecht Payee address; | Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 5 1 2 Amount (\$) | Candidate / Officeholder name Payee name Hunter Albrecht Payee address; 5 893 Coral Ridge | City; State; Zip Code Wisco TX 75034 |
| Complete ONLY if direct expenditure to benefit C/OH Date 5 1 2 Amount (\$) PURPOSE OF | Candidate / Officeholder name Payee name Hunter Albrecht Payee address; 5 8 93 Coral Ridge Category (See Categories listed at the top of this schedule) | City; State; Zip Code City; State; TX 75034 Description |
| Complete ONLY if direct expenditure to benefit C/OH Date 5 1 2 Amount (\$) PURPOSE OF | Candidate / Officeholder name Payee name Hunter Albrecht Payee address; 5 8 93 Coral Ridge Category (See Categories listed at the top of this schedule) Solicitation Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | City; State; Zip Code Prisco Tx 75034 Description Check if Austin, TX, officeholder living expense Office sought Office held |

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

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/W | ages/Contract Labor Other (enter a category not listed above) |
|---|--|---|
| oroak oara r aymork | The Instruction Guide explains how to co | omplete this form. |
| 1 Total pages Schedule F1: | Angelia Pelham | 3 Filer ID (Ethics Commission Filers) |
| 5 18 2 | Donovan Armiste | ad |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code |
| \$303 | 892 Crystal Lake | Dr Frisco TX 75034 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| PURPOSE | | |
| OF EXPENDITURE | Solicitation | Block walker |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| 5/18/21 | Hunter A | Hbrecht City; State; Zip Code Pe Dr Frisco TX 75034 |
| Amount (\$) | Payee address; | City; State; Zip Code |
| | 5893 Coral Ridg | e Dr Frisco TX 75034 |
| T 365 | 0 | , |
| | Category (See Categories listed at the top of this schedule) | Description |
| PURPOSE OF | | |
| EXPENDITURE | Solicitation | Blockwalker |
| | Check if travel outside of Texas. Complete Schedule T. | 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 | |
| 5/19/21 | Jack Young | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| \$254 | 4408 Linden Wood | d Dr Frisco TX75034 |
| * | Category (See Categories listed at the top of this schedule) | Description |
| PURPOSE | | |
| OF EXPENDITURE | Solicitation | Blockwalker |
| | Check if travel outside of Texas. Complete Schedule T. | 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 S | SCHEDULE AS NEEDED |

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Transportation Equipment & Related Expense Contributions/Donations Made By Polling Expense Gift/Awards/Memorials Expense Travel In District Candidate/Officeholder/Political Committee Printing Expense Travel Out Of District Legal Services Credit Card Payment Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Anaelia Pelham 4 Date Custom Printing 7 Payee address; PO BOX Zip Code 470697 Ft worth TX 76147 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF Advertising **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name Mulhollands Custom printing Payee address; PD BOX 470697 City; State: Zip Code Ft. WOrth Tx 70147 Category (See Categories listed at the top of this schedule) Describer 768.58 **PURPOSE** OF Advertising Signs/T-shirts EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name Mulhollands Custom Printing Payee address; City Sta Fort Worth 454.65 Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Contributions/Donations Made By Polling Expense Candidate/Officeholder/Political Committee Travel In District Printing Expense Legal Services Travel Out Of District Credit Card Payment Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Angelia Pelham 3 Filer ID (Ethics Commission Filers) 4 Date Mulhollands Custom Printing dolress; BOX 70697 Ft Worth Tx 76147 7 Payee address; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Advertising Signs/T-Shirts (C) Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name **PURPOSE** OF Advertising **EXPENDITURE** Signs/T-shirts Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Payee name Category (See Categories listed at the top of this schedule) **PURPOSE** OF Magazine Ad **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

| If the requested information is not applicable, DO NOT include this page in the report. | | | |
|--|--|--|--|
| | EXPENDITURE CATEGORIES | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | Event Expense Loan Re Fees Office Or Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing | payment/Reimbursement verhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category pot listed above) | |
| 1 Total pages Schedule F1 | 2 FILER NAME | | |
| 4.5 | Angelia Pelhan | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5/19/21 | 5 Payee name | Custom Printing | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code | |
| \$476.30 | PO BOX 470697 Ft worth | Zip Gode | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF | 1 1.0 1.3 | | |
| EXPENDITURE | Advertising | Sisns/T-shirts | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought Office held | |
| The state to belief to 60 | | Chice held | |
| Date | Payee name | | |
| 5/21/21 | Frisco Lakes Gol | f Club | |
| Amount (\$) | Payee address; | City; State; Zip Code | |
| \$2142.39 | 1170 Anthem Dr Frisco TX 75034 | _ip Gode | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| -XI ENDITORE | | | |
| | 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 | |
| | | | |
| Date | Payee name | | |
| 5/21/21 | Frisco Lakes Golf (1) | Lab | |
| Amount (\$) | Payee address; | City; State; Zip Code | |
| Ф 536. 56 | Frisco Lakes Golf Cli Payee address; 7170 Anthem Dr Frisco Tx 75034 | State; Zip Code | |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description | |
| OF EXPENDITURE | Florities | | |
| | Event Expense | Food Beverage | |
| Complete ONLY :: | 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 SO | CHEDULE AS NEEDED | |

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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Contributions/Donations Made By Polling Expense Travel In District Candidate/Officeholder/Political Committee Printing Expense Legal Services Travel Out Of District Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Angelia Pelham 4 Date City; State: Zip Code (b) Description **PURPOSE** Advertising **EXPENDITURE** Printing/Postage Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense

Loan Repayment/Reimbursement Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/Donations Made By | Food/Beverage Expense Polling Ex | | Transportation Equipment & Related Expens Travel In District Travel Out Of District |
|---|--|-----------------|---|
| Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME Angelia Pelham 3 Filer ID (Ethics Commission Filers) | | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | | | |
| 5 Date 4/22/2 | Post Card Mania | | |
| 7 Amount (\$) | 8 Payee address; 2145 Sunny da | le City; | State; Zip Code |
| \$ 1959.30 | BidVd | Clearu | Jaker FL 33765 |
| 9 TYPE OF EXPENDITURE | Political Non-Political | | |
| 10 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Advertising Expenses | Mailers/Postage | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Au | ustin, 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 (\$) | Payee address; | City; | State; Zip Code |
| \$125 | 1 Face book way | Menio | Park, CA 94025 |
| TYPE OF EXPENDITURE | Political Non-F | Political | |
| | Category (See Categories listed at the top of this schedule) | Description | / |
| PURPOSE OF EXPENDITURE | Advertising | ads | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if A | ustin, 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 | | | |

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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

| Candidate/Officeholder/Politi | By Gift/Awards/Memorials Expense Printing Expense Printing Expense Finding Expense Printing Expense Finding Expense Finding Expense Printing Expense Finding E |
|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME Angelia Pelhan 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITER | MIZED 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 City; State; Zip Code Street Waltham MA 0245 |
| 9 TYPE OF EXPENDITURE | Political Non-Political |
| 10 | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| PURPOSE OF EXPENDITURE | advertisement 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 (\$) | Payee address; City; State; Zip Code |
| H 4252, 05 | 4865 woodview Austin, TX 78756 |
| TYPE OF EXPENDITURE | Political Non-Political |
| | Category (See Categories listed at the top of this schedule) Description |
| PURPOSE OF EXPENDITURE | orduertising Text phone messages/ lists |
| | Check if travel outside of Texas. Complete Schedule T. 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 |

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense
Transportation Equipment & Related Ex

| Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME ANGELIA Pelham 3 Filer ID (Ethics Commission Filers) | | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | | | |
| 5 Date 4 /2 10 /21 | 6 Payee name Fa CODOK | | |
| 7 Amount (\$) | 8 Payee address; | City; State; Zip Code | |
| \$175 | Facebook Way Menlo | Park, cA 94025 | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | | |
| 10 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | advertising | ads | |
| | (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 Off | fice sought Office held | |
| Date 4/29/21 | Payee name Fed EX Office | | |
| Amount (\$) | Payee address; | City; State; Zip Code | |
| \$ 138.35 | 5062 Mainstreet | Frisco TX 75033 | |
| TYPE OF EXPENDITURE | Political Non-Pol | litical | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | advertising | Printing | |
| | 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 Of | fice sought Office held | |
| | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relate

| Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME ANGELIA PELHAM 3 Filer ID (Ethics Commission Filers) | | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | | | |
| 5 Date 5/19/21 | Post card Mania | | |
| 7 Amount (\$) \$2992.05 | 8 Payee address; Zip Code ZIAS Sunny dale blud City; State; Zip Code Clearwater, FL 33765 | | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | | |
| 10 | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| PURPOSE OF EXPENDITURE | advertising 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 5/24/21 | Payee name Frisco Lakes Golf Club | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| #1142.56 | 7/70 Anthem drive Frisco TX 75034 | | |
| TYPE OF EXPENDITURE | Political Non-Political | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE FOOD / Dreak Fast / meet & greet | | |
| | Check if travel outside of Texas. Complete Schedule T. 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 | | | |

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 **Event Expense** Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Transportation Equipment & Related Expense Contributions/Donations Made By Polling Expense Gift/Awards/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Angelia Pelham 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name Des Patisseries 8 Payee address: State: Zip Code 3198 \$162.38 Parkwood Blud suite 1, Frisco Tx, 75034 TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Pastries Meet/Greet Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Postcard Mania Sunnydale Blud Clearwater 5 City; Zip Code \$2992.05 TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF duertising Mailers/Postage **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

| If the requested info | rmation is not applicable, DO NOT include this pa | ge in the re | port. |
|---|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic | By Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/ The Instruction Guide explains how to complete | t/Reimbursement /Rental Expense e Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Other (enter a category not listed above) |
| 1 Total pages Schedule F4: | Angelia Pelham | | 3 Filer ID (Ethics Commission Filers) |
| | IIZED EXPENDITURES CHARGED TO A CREDI | TCARD | \$ |
| 5 Date 4/30/21 | 6 Payee name Face book | | |
| 7 Amount (\$) | 8 Payee address; | City; | State; Zip Code |
| \$250 | 1 Facebook way | Menio | D Park, CA 94025 |
| EXPENDITURE | Political Non-Political | | |
| PURPOSE OF EXPENDITURE | (c) Check if travel outside of Texas. Complete Schedule T. | Description | tin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Office holder name Office so | ought | Office held |
| Date 5 /10 /2 | Postcard Mania | | |
| Amount (\$) | Payee address; 2195 Sunnydale Blud Clear Water | City; | State; Zip Code |
| TYPE OF EXPENDITURE | Political Non-Political | Description | 33765 |
| PURPOSE OF EXPENDITURE | advertising | ads | Mainers / Postage |
| | Candidate / Office holder name Office sou | | n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Office sou | ught | Office held |
| | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Angelia Pelham 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 5/10/21 6 Payee name Postcard Mania 7 Amount (\$) State: Zip Code 2195 Sunnydale Blud Clearwater FL 33765 TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** advertising ads/mailers/postage OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 5/10/2 Falebook City; State: Zip Code Facebook way Menlo park CA 94025 TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description **PURPOSE** advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED