

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 48

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
DR. JENNIFER
NICKNAME LAST SUFFIX
WHITE

OFFICE USE ONLY

Date Received

RECEIVED

MAY 28 2021

03:12 P.M. A.C.

CITY SECRETARY'S OFFICE

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1915 WOOD CT.
FRISCO TX 75046

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 637-6713

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR. FRED
NICKNAME LAST SUFFIX
ROGERS

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1653 PASADILLA DR. FRISCO TX 75046
(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 977-9342

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
4 / 22 / 21 THROUGH 5 / 26 / 21

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☒ Runoff ☐ Other Description
6 / 5 / 21 ☐ General ☐ Special MUNICIPAL

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FRISCO CITY COUNCIL PL. 3

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME DR. JENNIFER WHITE		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,369.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 42,513.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,352.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,000

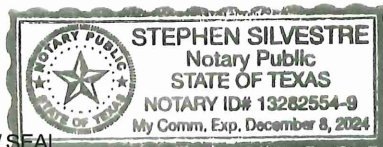
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. Jennifer White

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by JENNIFER WHITE this the 28th day of MAY, 20 21, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

DR. JENNIFER WHITE

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,876.76
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1492.27
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1000
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 42,513.48
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)
4 Date 5/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY BERNER	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4673 BILTMORE DR. FRISCO TX 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIP GARRETT	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 11121 COVEY LN FRISCO TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIE HARVILLE	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3263 APPLEBLOSSOM DR. FRISCO TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APRIL POLSTER	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 12774 HOLLISTER DR. FRISCO TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 25

2 FILER NAME

DR JENNIFER WHITE

3 Filer ID (Ethics Commission Filers)

4 Date

5/6/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

GREG HAUGLEY

7 Amount of contribution (\$)

\$ 28.00

6 Contributor address;

City;

State;

Zip Code

8403 TIMBERCREST CT FRISCO TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/9/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HAROLD TROMBLEY

Amount of contribution (\$)

\$ 750.00

Contributor address;

City;

State;

Zip Code

1119 TOLD HEIGHTS DR FRISCO TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ELIZABETH RATTLEFF

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

1317 DISCOVERY BLVD DR FRISCO TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PRIRICK WANNHOFF

Amount of contribution (\$)

\$ 138.38

Contributor address;

City;

State;

Zip Code

1134 CHURCHILL DR FRISCO TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>25</u>
2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/11/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>THOMAS STRICKLIN</u> 6 Contributor address; City; State; Zip Code <u>856 CRYSTAL LAKE DR FRISCO TX 75034</u>	7 Amount of contribution (\$) <u>\$50.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>6/11/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DAVID ROSTCHECK</u> Contributor address; City; State; Zip Code <u>1693 BURNHAM ST, FRISCO TX 75034</u>	Amount of contribution (\$) <u>\$200.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/12/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LINDA HOWARD</u> Contributor address; City; State; Zip Code <u>4301 WILHITE TRAIL FRISCO TX 75033</u>	Amount of contribution (\$) <u>\$50.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/13/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SAM LARDE</u> Contributor address; City; State; Zip Code <u>10352 BUSHWOODS DR. FRISCO TX 75036</u>	Amount of contribution (\$) <u>\$25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)
4 Date 8/13/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITH GROFT	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 4936 TOLEDO BEND DR. FRISCO TX 75033		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM MICHAEL	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1021 CARRINGTON GREENS DR. FRISCO TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JARED PATTERSON	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 4412 SAPPHIRE DR. FRISCO TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAYNE BRITO	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code 6405 EAGLESTONE DR. MCKINNEY TX 75070		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KALIE DAVIE	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 310 WESTPHALIAN DR. CELINA TX 76009		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELANIE ROYER	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 8189 STILLWATER TRAIL, FRISCO TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICKIE COSTA	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 10521 CHARLES LANE FRISCO TX 76035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LENNEA HARTOONIAN	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 11043 RUDOSA LANE FRISCO TX 76033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 25

2 FILER NAME
DR. JENNIFER WHITE

3 Filer ID (Ethics Commission Filers)

4 Date

5/17/21

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

DANIEL ELMER

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

10110 PLANTER ROW DR FRISCO TX 75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/17/21

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

ELIZABETH RATLIFF

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

1317 DISCOVERY BAY FRISCO TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/21

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

MARK LINDSKOG

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

10000 ELDERADO PKWY FRISCO TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/21

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

STEVE ALBERTS

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

16114 LONE GROVE CT FRISCO TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>8/18/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STEPHANIE ELAD</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>
6 Contributor address; City; State; Zip Code <u>15751 LINDEN LN. FRISCO TX 75035</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>8/19/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MOON YOON</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>8515 HAPPY HOLLOW DR. FRISCO TX 75034</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>8/19/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RICH KEESECKER</u>	Amount of contribution (\$) <u>\$ 25.00</u>
Contributor address; City; State; Zip Code <u>1230 MARQUETTE DR. FRISCO TX 75033</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>8/19/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHRISON WALKER</u>	Amount of contribution (\$) <u>\$ 10.00</u>
Contributor address; City; State; Zip Code <u>5605 MARENGO AVE. LAMARCA, CA 91942</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>DR JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/20/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ELLE THOMAS</u>	7 Amount of contribution (\$) <u>\$ 75.00</u>
6 Contributor address; City; State; Zip Code <u>1544 FRONTIER DR FRISCO TX 75033</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>6/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SONJA PRESTON</u>	Amount of contribution (\$) <u>\$ 75.00</u>
Contributor address; City; State; Zip Code <u>1864 WILEY LN. FRISCO TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DOUGLAS NORCROSS</u>	Amount of contribution (\$) <u>\$ 50.00</u>
Contributor address; City; State; Zip Code <u>4220 COTTON GUN APT 2301 FRISCO TX 75034</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ELIZABETH FRABER</u>	Amount of contribution (\$) <u>\$ 50.00</u>
Contributor address; City; State; Zip Code <u>4901 ASHMONTE DR. FRISCO TX 75035</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/23/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SHARON LAFURIA</u>	7 Amount of contribution (\$) <u>\$ 50.00</u>
6 Contributor address; City; State; Zip Code <u>6000 WALNUT HILL CT FRIEDO TX 75036</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/1/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PAT DELANGE</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>10390 RIDGECREST DR. FRIEDO TX 75033</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/1/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DAVID POSTULECK</u>	Amount of contribution (\$) <u>\$ 250.00</u>
Contributor address; City; State; Zip Code <u>16393 BURNHAM ST FRIEDO TX 75034</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/11/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ANAMARIA GRELUS</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>8203 DAVIS DR. FRIEDO TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/17/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>AMIT WPKARD</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>
6 Contributor address; City; State; Zip Code <u>412 CLETONIA CREEK PLANO TX 75024</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MICHAELA COCOS</u>	Amount of contribution (\$) <u>\$ 50.00</u>
Contributor address; City; State; Zip Code <u>8090 ROCK BROOK ST FRISSO TX 75034</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RICHARD BJORKLUND</u>	Amount of contribution (\$) <u>\$ 50.00</u>
Contributor address; City; State; Zip Code <u>5418 TRAVIS DR. FRISCO TX 75034</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT PERRY</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>6292 DOUGLAS AVE FRISCO TX 75034</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/17/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JEFF AXELROD</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>
6 Contributor address; City; State; Zip Code <u>3031 BAINEBRIDGE LN. FRISCO TX 75034</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SANGITA DATTA</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>4319 CHANTILLY LN. FRISCO TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LISA DOUGIN</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Contributor address; City; State; Zip Code <u>13844 CARMENITA DR. FRISCO TX 75035</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MIKE ZAAL</u>	Amount of contribution (\$) <u>\$ 250.00</u>
Contributor address; City; State; Zip Code <u>8010 TURNBERRY DR. FRISCO TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>25</u>
2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/1/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LISA GAILORD</u>	7 Amount of contribution (\$) <u>\$ 200.00</u>
6 Contributor address; City; State; Zip Code <u>13844 CARMENITA DR. FRISCO TX 75035</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/1/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DEBRA LIVA</u>	Amount of contribution (\$) <u>\$ 200.00</u>
Contributor address; City; State; Zip Code <u>528 PORT O'CONNER DR. LITTLE ROCK TX 75088</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/4/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PAM DUKE</u>	Amount of contribution (\$) <u>\$ 300.00</u>
Contributor address; City; State; Zip Code <u>955 FOREST GROVE DR. DALLAS TX 75288</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/10/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LISA DOUGIN</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>13844 CARMENITA DR. FRISCO TX 75035</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>8</u>
2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/10/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KAM MEHTA</u>	7 Amount of contribution (\$) <u>\$200.00</u>
6 Contributor address; City; State; Zip Code <u>5588 S. HIGHLAND 121 STE 300 PLANO TX 75024</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/16/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JENNIFER GRIFFIN</u>	Amount of contribution (\$) <u>\$200.00</u>
Contributor address; City; State; Zip Code <u>8378 ROBERSON TR FRISCO TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/18/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ANITA KISSEE</u>	Amount of contribution (\$) <u>\$50.00</u>
Contributor address; City; State; Zip Code <u>111 PERKINS RD. KRUGERVILLE TX 76227</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KENNETH NEILL</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>2117 CRYSTAL FALLS FRISCO TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>25</u>
2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/14/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>FRISCO FIRE ASSOCIATION</u>	7 Amount of contribution (\$) <u>\$ 2500.00</u>
6 Contributor address; City; State; Zip Code <u>6735 SALT CEDAR WAY SUITE 300-104 FRISCO TX 75034</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/18/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ALDO D' AVERSA</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>14902 PRESTON RD. DALLAS TX 75254</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LISA HENDRICKSON</u>	Amount of contribution (\$) <u>\$ 300.00</u>
Contributor address; City; State; Zip Code <u>1120 CLAIRE ST. ARLING TX 76026</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/18/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JIM RODDEN</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>14581 MEDITERRANEAN FRISCO TX 76035</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>25</u>
2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/18/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TERRY MILLER</u>	7 Amount of contribution (\$) <u>\$ 50.00</u>
6 Contributor address; City; State; Zip Code <u>3186 WHITE SPRUCE DR. FRISCO TX 75033</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RYAN WILLIAMS</u>	Amount of contribution (\$) <u>\$ 2500.00</u>
Contributor address; City; State; Zip Code <u>1180 MC REYNOLDS SANGER TX 76206</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KANDARP SENGAR</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>2016 OAKSTON DR. FRISCO TX 75033</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CAROL GALLAGHER</u>	Amount of contribution (\$) <u>\$ 25.00</u>
Contributor address; City; State; Zip Code <u>7070 GLEN PEBBLE CT FRISCO TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/23/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHARLES CUMMINGS</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>
6 Contributor address; City; State; Zip Code <u>3255 STORMY SEA DR. FRISCO TX 75036</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROSE TULECKE</u>	Amount of contribution (\$) <u>\$ 10.00</u>
Contributor address; City; State; Zip Code <u>1327 FEATHERING TR. FRISCO TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/23/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JERRY TAYLOR</u>	Amount of contribution (\$) <u>\$ 50.00</u>
Contributor address; City; State; Zip Code <u>1531 HONEYBEE LN. FRISCO TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/17/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TED HART</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>
6 Contributor address; City; State; Zip Code <u>6703 CANYON LAKE FRISCO TX 75036</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>6/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PHILLIP GARRETT</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>11121 COVEY LAKE FRISCO TX 75035</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>VINCE LOMBARDO</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>3264 PERSIMMON FRISCO TX 75035</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/17/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SHAWN JAEFFER</u>	Amount of contribution (\$) <u>\$ 50.00</u>
Contributor address; City; State; Zip Code <u>13211 SECRETARIAT BLVD FRISCO TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/20/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LED LAMBDA</u>	7 Amount of contribution (\$) <u>\$ 50.00</u>
6 Contributor address; City; State; Zip Code <u>3405 RIO GRANDE LITTLETON TX 75068</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SURESH KUMAR</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Contributor address; City; State; Zip Code <u>7445 ORCHARD HILL LAKE FRISCO TX 75035</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>COLUM COUNTY CONSERVATIVE REPUBLICANS</u>	Amount of contribution (\$) <u>500.00</u>
Contributor address; City; State; Zip Code <u>986 HOLT LAKE ALLEN TX 75013</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/13/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SHARON BORN</u>	Amount of contribution (\$) <u>\$ 200.00</u>
Contributor address; City; State; Zip Code <u>1215 REFLECTION BLVD DR. FRISCO TX 75076</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME Dr. Jennifer White		3 Filer ID (Ethics Commission Filers)
4 Date 5/24/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Petkoff	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 7914 Ruskin Circle Frisco TX 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Barnes	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1 Cliff Trail Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry Torti	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2001 Creeknidge Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Broncano	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1148 Heathrow Dr Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>Dr Jennifer White</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/24/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Danielle Egan</u>	7 Amount of contribution (\$) <u>\$25.00</u>
6 Contributor address; City; State; Zip Code <u>4512 Belclaire Ave Dallas TX 75205</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/24/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Phil Evitt</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address; City; State; Zip Code <u>5919 Willoughby Ln Frisco TX 75033</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/24/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Clay Jones</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address; City; State; Zip Code <u>7259 Elm St Frisco TX 75034</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/24/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Scott Brooke</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address; City; State; Zip Code <u>15581 Crown Cove Ln Frisco TX 75035</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME Dr Jennifer White		3 Filer ID (Ethics Commission Filers)
4 Date 5/24/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Draper	7 Amount of contribution (\$) \$25,00
6 Contributor address; City; State; Zip Code 6410 Birkdale Ln Frisco TX 75035		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey Montgomery	Amount of contribution (\$) \$25,00
Contributor address; City; State; Zip Code 12787 Ridge Spring Dr Frisco TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacquelyn DeMers	Amount of contribution (\$) \$50,00
Contributor address; City; State; Zip Code 1856 Mustang Tr Frisco TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Gray	Amount of contribution (\$) \$250,00
Contributor address; City; State; Zip Code 6579 Mountain Sky Rd Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <u>Dr Jennifer White</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/25/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Thomas Stricklin</u>	7 Amount of contribution (\$) <u>\$200.00</u>
6 Contributor address; City; State; Zip Code <u>856 Crystal Lake Dr Frisco TX 75034</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/25/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Algernon Greenidge</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>11209 Canoe Rd Frisco TX 75035</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/25/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nancy O'Loughlin</u>	Amount of contribution (\$) <u>\$20.00</u>
Contributor address; City; State; Zip Code <u>3293 Club Meadows Dr Frisco TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/25/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Darryl Dike</u>	Amount of contribution (\$) <u>\$50.00</u>
Contributor address; City; State; Zip Code <u>2661 Rolling Meadow Rd Frisco TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Dr. Jennifer White		3 Filer ID (Ethics Commission Filers)
4 Date 5/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie Rosebraugh 6 Contributor address; City; State; Zip Code 5627 Wendover Dr Frisco TX 75034	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheryl Sullivan Contributor address; City; State; Zip Code 7803 Gulf Breeze Ln Frisco TX 75034	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randi Dominick Contributor address; City; State; Zip Code 1571 Faldo Ct Frisco TX 75036	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Milholland Contributor address; City; State; Zip Code 6050 Chamberlyne Dr. Frisco TX 75034	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Dr Jennifer White		3 Filer ID (Ethics Commission Filers)
4 Date 5/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Gilbert 6 Contributor address; City; State; Zip Code 11306 Casa Grande Trl Frisco TX 75033	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck Wright Contributor address; City; State; Zip Code 2967 Harwick Dr Frisco TX 75033	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Carlson Contributor address; City; State; Zip Code 1285 Discovery Bay Dr Frisco TX 75036	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Star Patriots Contributor address; City; State; Zip Code 6125 Luther Ln. Ste. 245 Dallas TX 75225	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Dr Jennifer White		3 Filer ID (Ethics Commission Filers)
4 Date 5/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Naskin	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 6496 Silver Stream Ln Frisco TX 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Cucci	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 720 Telemark Trl Frisco TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Wamhoff	Amount of contribution (\$) \$138.38
Contributor address; City; State; Zip Code 1136 Churchill Dr Frisco TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Zaal	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 8670 Turnberry Dr Frisco TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

PIER NAME
Dr Jennifer White

\$ 1,492.27

5/17/21

Veronica Birkenstock

7 Contributor address; City; State; Zip Code

12300 Winding Hollow Frisco TX 75033

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

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

5/17/21

Frisco Firefighters Association

Contributor address; / City; State; Zip Code

6735 Salt Cedar Way Ste 300-104 75031

\$308.51

Printing / Signs

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

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Revised 8/17/2020

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Dr Jennifer White</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>7,000</u>
5 Date of loan <u>3/20/21</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dr Jennifer White</u>	9 Loan Amount (\$) <u>\$7,000</u>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>7915 Wood Ct Frisco TX 75036</u>	10 Interest rate <u>0</u>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <u>Veterinarian</u>		13 Employer (See Instructions) <u>People, Pets & Vets</u>
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Dr Jennifer White	3 Filer ID (Ethics Commission Filers)
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4 Date 5/21/21	5 Payee name Jackson Albrecht
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6 Amount (\$) 644.00	7 Payee address; City; State; Zip Code 5893 CORPL RIDGE COURT FRISCO TX 75036
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/21/21	Payee name Devesh Gurung
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Amount (\$) 260.00	Payee address; City; State; Zip Code 6336 BIG TREE LANE FRISCO TX 75036
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/21/21	Payee name Marco Ruiz
------------------------	---------------------------------

Amount (\$) 270.00	Payee address; City; State; Zip Code 5983 DASHINGLY DR. FRISCO TX 75036
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr. Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5/21/21</u>		5 Payee name <u>Carson Maqshoff</u>			
6 Amount (\$) <u>630.00</u>		7 Payee address; City; State; Zip Code <u>1632 SANDSTONE PL. FRISCO TX 75036</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		(b) Description <u>Blackwalking</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5/21/21</u>		Payee name <u>Keshav Chandran</u>			
Amount (\$) <u>230.00</u>		Payee address; City; State; Zip Code <u>810 CEDAR RANCH RD FRISCO TX 75036</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		Description <u>Blackwalking</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5/21/21</u>		Payee name <u>John McCartney</u>			
Amount (\$) <u>290.00</u>		Payee address; City; State; Zip Code <u>1173 DEER LAKE DR. FRISCO TX 75036</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		Description <u>Blackwalking</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr. Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-21-21</u>		5 Payee name <u>Luke Burrell</u>			
6 Amount (\$) <u>460.00</u>		7 Payee address; <u>452 PALOVERDE LN</u>		City; State; Zip Code <u>FRISCO TX 75036</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		(b) Description <u>BlackWalking</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5-21-21</u>		Payee name <u>Jake Wolff</u>			
Amount (\$) <u>630.00</u>		Payee address; <u>845 ECHOLS DR.</u>		City; State; Zip Code <u>FRISCO TX 75036</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		Description <u>Blackwalking</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5-21-21</u>		Payee name <u>Evan Liddell</u>			
Amount (\$) <u>250.00</u>		Payee address; <u>8012 CHERRY SPRINGS CT.</u>		City; State; Zip Code <u>FRISCO TX 75036</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		Description <u>BlackWalking</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-21-21</u>		5 Payee name <u>Terrin Burdine</u>			
6 Amount (\$) <u>430.00</u>		7 Payee address; City; State; Zip Code <u>6050 FM 423 Apt 1105 FRESNO TX 75036</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		(b) Description <u>Blackwalking</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5-21-21</u>		Payee name <u>Brock Wollert</u>			
Amount (\$) <u>360.00</u>		Payee address; City; State; Zip Code <u>1026 TWIN HERBES DR. FRESNO TX 75036</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		Description <u>Blackwalking</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5-21-21</u>		Payee name <u>Amir Joseph</u>			
Amount (\$) <u>340.00</u>		Payee address; City; State; Zip Code <u>2034 CAMDEN BLUFF RD FRESNO TX 75036</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		Description <u>Blackwalking</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/28/21</u>		5 Payee name <u>GRASS HOPPER</u>			
6 Amount (\$) <u>\$39.38</u>		7 Payee address; City; State; Zip Code <u>320 SUMNER ST. BOSTON MA 02210</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>FEES</u>		(b) Description <u>PHONE NUMBER</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date <u>4/22/21 - 5/26/21</u>		Payee name <u>ANEDOT</u>			
Amount (\$) <u>\$285.54</u>		Payee address; City; State; Zip Code <u>1920 MCKINNEY AVE DALLAS TX 75201</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>FEES</u>		Description <u>PROCESSING FOR DONATION</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date <u>4/22/21 - 5/26/21</u>		Payee name <u>SQUORE</u>			
Amount (\$) <u>\$104.90</u>		Payee address; City; State; Zip Code <u>1455 MARKET ST. SAN FRANCISCO CA 94103</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>FEES</u>		Description <u>PROCESSING FOR DONATIONS</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr. Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-21-21</u>		5 Payee name <u>Marky Marin</u>			
6 Amount (\$) <u>330.00</u>		7 Payee address; City; State; Zip Code <u>1920 SANDSTONE DR. FRISCO TX 75036</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		(b) Description <u>Blockwalking</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5-22-21</u>		Payee name <u>Nick Chiglo</u>			
Amount (\$) <u>600.00</u>		Payee address; City; State; Zip Code <u>6688 EDEN VALLEY DR. FRISCO TX 75036</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		Description <u>Blockwalking</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5-18-21</u>		Payee name <u>Sage White</u>			
Amount (\$) <u>102.00</u>		Payee address; City; State; Zip Code <u>1502 Buena Park Dr Frisco TX 75033</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		Description <u>Blockwalking</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr. Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-18-21</u>		5 Payee name <u>Erica Lietzel</u>			
6 Amount (\$) <u>78.00</u>		7 Payee address; City; State; Zip Code <u>1441 CHIVA DR. LITTLE ELM TX 75068</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		(b) Description <u>Blackwalking</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5-18-21</u>		Payee name <u>Lucas Hinkley</u>			
Amount (\$) <u>48.00</u>		Payee address; City; State; Zip Code <u>1257 CHARLESTON LN SAVANNAH TX 76227</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		Description <u>Blackwalking</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5-18-21</u>		Payee name <u>Julian Pala</u>			
Amount (\$) <u>27.00</u>		Payee address; City; State; Zip Code <u>961 WHISTLER LN PROSPER TX 75078</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		Description <u>Blackwalking</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Dr. Jennifer White		3 Filer ID (Ethics Commission Filers)	
4 Date 5-18-21		5 Payee name Wren Winton			
6 Amount (\$) 165.00		7 Payee address; City; State; Zip Code 7227 Pecan Street Frisco TX 75034			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Blackwalking	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-18-21		Payee name Asa Winton			
Amount (\$) 66.00		Payee address; City; State; Zip Code 7227 Pecan Street Frisco TX 75034			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blackwalking	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-18-21		Payee name Sam Walding			
Amount (\$) 111.00		Payee address; City; State; Zip Code 14610 Riverside Dr Little Elm TX 75068			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blackwalking	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-18-21</u>		5 Payee name <u>Mihir Junagphara</u>			
6 Amount (\$) <u>72.00</u>		7 Payee address; City; State; Zip Code <u>1409 CLAUDE LN FLEET TX 75013</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		(b) Description <u>BlackWalking</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>5-23-21</u>		Payee name <u>Frisco Lakes Bar</u>			
Amount (\$) <u>1080.00</u>		Payee address; City; State; Zip Code <u>7170 Anthem Dr Frisco TX 75034</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <u>Room Rental</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>5-23-21</u>		Payee name <u>Frisco Lakes Bar</u>			
Amount (\$) <u>436.25</u>		Payee address; City; State; Zip Code <u>7170 Anthem Dr Frisco TX 75034</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description <u>Event Expense</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-6-21</u>		5 Payee name <u>The Community Grill</u>			
6 Amount (\$) <u>52.74</u>		7 Payee address; <u>2525 Main St #400</u>		City; <u>Frisco</u>	State; <u>TX</u>
				Zip Code <u>75034</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		(b) Description <u>Campaign Event</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date <u>5-17-21</u>		Payee name <u>Clean Juice</u>			
Amount (\$) <u>306.85</u>		Payee address; <u>6959 Lebanon Rd Ste 100</u>		City; <u>Frisco</u>	State; <u>TX</u>
				Zip Code <u>75034</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description <u>Campaign Event</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date <u>5-10-21</u>		Payee name <u>Walk Ons</u>			
Amount (\$) <u>137.59</u>		Payee address; <u>5774 Gardscape Blvd Ste 200</u>		City; <u>The Colony</u>	State; <u>TX</u>
				Zip Code <u>75056</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description <u>Campaign Event</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-22-21</u>		5 Payee name <u>Camelback Strategy Group</u>			
6 Amount (\$) <u>4,500.00</u>		7 Payee address; <u>2801 E Camelback R</u>		City; <u>Phoenix</u>	State; <u>AZ</u>
				Zip Code <u>85016</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		(b) Description <u>Blackwalking</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date <u>4-26-21</u>		Payee name <u>Clean Juice</u>			
Amount (\$) <u>54.13</u>		Payee address; <u>6959 Lebanon Rd Ste 100</u>		City; <u>Frisco</u>	State; <u>TX</u>
				Zip Code <u>75034</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description <u>Campaign Event</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date <u>4-26-21</u>		Payee name <u>Infretta</u>			
Amount (\$) <u>12.85</u>		Payee address; <u>5588 TX 121 #300</u>		City; <u>Plano</u>	State; <u>TX</u>
				Zip Code <u>75024</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description <u>Campaign Event</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages/Schedule F1: <u>18</u>		2 FILER NAME <u>Dr. Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-26-21</u>		5 Payee name <u>Kroger</u>			
6 Amount (\$) <u>39.19</u>		7 Payee address; <u>3205 Main St</u>		City; <u>Frisco</u>	State; <u>TX</u>
				Zip Code <u>75036</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		(b) Description <u>Supplies for Black walkers</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date <u>4-23-21</u>		Payee name <u>MT Ads Service</u>			
Amount (\$) <u>2,000.00</u>		Payee address; <u>2340 E Trinity Mills Rd</u>		City; <u>Carrollton</u>	State; <u>TX</u>
				Zip Code <u>75006</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>YouTube Ads</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date <u>5-5-21</u>		Payee name <u>Print Place</u>			
Amount (\$) <u>459.89</u>		Payee address; <u>1130 Avenue H East</u>		City; <u>Arlington</u>	State; <u>TX</u>
				Zip Code <u>76011</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		Description <u>Flyers</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr. Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-10-21</u>		5 Payee name <u>Print Place</u>			
6 Amount (\$) <u>568.34</u>		7 Payee address; City; State; Zip Code <u>1130 Avenue H East Arlington TX 76011</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		(b) Description <u>Flyers</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>5-4-21</u>		Payee name <u>First Graphics</u>			
Amount (\$) <u>1623.98</u>		Payee address; City; State; Zip Code <u>229 Garvin St Garland TX 75040</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		Description <u>Signs</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>5-17-21</u>		Payee name <u>Print Place</u>			
Amount (\$) <u>4911.18</u>		Payee address; City; State; Zip Code <u>1130 Avenue H East Arlington TX 76011</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Direct Mail</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr. Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-24-21</u>		5 Payee name <u>Walmart</u>			
6 Amount (\$) <u>10.00</u>		7 Payee address; City; State; Zip Code <u>355 Stonebrook Pkwy Frisco TX 75036</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		(b) Description <u>Supplies</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>4-23-21</u>		Payee name <u>Print Place</u>			
Amount (\$) <u>3987.88</u>		Payee address; City; State; Zip Code <u>1130 Avenue H East Arlington TX 76011</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Direct Mail</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>4-25-21</u>		Payee name <u>Print Place</u>			
Amount (\$) <u>5023.74</u>		Payee address; City; State; Zip Code <u>1130 Avenue H East Arlington TX 76011</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Direct Mail/Flyers</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr. Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-12-21</u>		5 Payee name <u>Print Place</u>			
6 Amount (\$) <u>187.88</u>		7 Payee address; City; State; Zip Code <u>1130 Avenue H East Arlington TX 76011</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		(b) Description <u>Push Cards</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <u>5-13-21</u>		Payee name <u>Print Place</u>			
Amount (\$) <u>1097.88</u>		Payee address; City; State; Zip Code <u>1130 Avenue H East Arlington TX 76011</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		Description <u>Flyers</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <u>5-19-21</u>		Payee name <u>Print Place</u>			
Amount (\$) <u>1097.88</u>		Payee address; City; State; Zip Code <u>1130 Avenue H East Arlington TX 76011</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		Description <u>Flyers</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Dr. Jennifer White	3 Filer ID (Ethics Commission Filers)
4 Date 5-3-21	5 Payee name Clean Juice	
6 Amount (\$) 49.15	7 Payee address; City; State; Zip Code 6959 Lebanon Rd Ste 100 Frisco TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Campaign Event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4-27-21	Payee name Marcos Pizarro		
Amount (\$) 62.75	Payee address; City; State; Zip Code 3288 Main St Frisco TX 75036		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Campaign Event	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 5-3-21	Payee name Tropical Smoothie Cafe		
Amount (\$) 6.48	Payee address; City; State; Zip Code 8161 PM 423 #260 Frisco TX 75036		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Campaign Event	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr. Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-17-21</u>		5 Payee name <u>The Community Grill</u>			
6 Amount (\$) <u>58.52</u>		7 Payee address; City; State; Zip Code <u>2525 Main St #400 Frisco TX 75034</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		(b) Description <u>Campaign Event</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

Date <u>5-24-21</u>		Payee name <u>Costco Wholesale</u>			
Amount (\$) <u>29.53</u>		Payee address; City; State; Zip Code <u>11220 Dallas Pkwy Frisco TX 75034</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <u>Supplies</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

Date <u>5-24-21</u>		Payee name <u>Dollar Tree</u>			
Amount (\$) <u>25.98</u>		Payee address; City; State; Zip Code <u>5133 E Eldorado Frisco TX 75033</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <u>Supplies</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18</u>		2 FILER NAME <u>Dr Jennifer White</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-22-21</u>		5 Payee name <u>All Right Knocks</u>			
6 Amount (\$) <u>6734.00</u>		7 Payee address; City; State; Zip Code <u>7720 McBRIDE BLVD. APT 2053 DALLAS TX 75252</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<u>Salaries/Wages/Contract Labor</u>		<u>Block Walking</u>		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

Date <u>5-26-21</u>		Payee name <u>Gujarati Senior Society of Plano</u>			
Amount (\$) <u>150.00</u>		Payee address; City; State; Zip Code <u>525 Gulf Shores Dr Frisco TX 75036</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<u>Event Expense</u>		<u>Meet and greet</u>		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED