

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>27</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>DR.</b>	FIRST <b>JENNIFER</b>	MI
	NICKNAME <b>WHITE</b>	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>7915 WOOD CT FRISCO TX 75036</b>		
	AREA CODE PHONE NUMBER EXTENSION <b>(472) 632-6713</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>FRED</b>	MI
	NICKNAME <b>ROGERS</b>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1653 PASADILLO DR FRISCO TX 75036</b>		
	AREA CODE PHONE NUMBER EXTENSION <b>(472) 977-9342</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>5 / 27 / 2021</b> <b>7 / 15 / 2021</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>6 / 8 / 2021</b>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <b>MUNICIPAL</b>
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>FRISCO CITY COUNCIL PL. 3</b>
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 28,857.17

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 21,738.71

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 7000.00

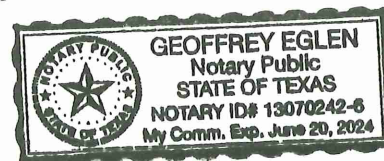
18 SIGNATURE

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

*Jennifer White DVM*  
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 15<sup>th</sup> day of July.

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

*Geoffrey Eglen*

Geoffrey Eglen

Notary Public

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 <i>DR. JENNIFER WHITE</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$19,386. <sup>16</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$9,489. <sup>01</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$7,000. <sup>00</sup>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2,738. <sup>71</sup>
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: 9
2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELISSA MAHM	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 8012 ANNABLE DR. FRISCO TX 75033		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HABAN BUSH	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 309 ADONIS CIRCLE MCKINNEY TX 75010		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVE RUCHEY	Amount of contribution (\$) \$1291.16
Contributor address; City; State; Zip Code 1854 NATURAL BRIDGE FRISCO TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANE ANNE SELLERS	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3253 CROSTWY FRISCO TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# 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: 9
2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRISCO FIREFIGHTERS ASSOCIATION 6 Contributor address; City; State; Zip Code 6735 SKI CEDAR WAY, FRISCO TX 78034	7 Amount of contribution (\$) \$ 3000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REYTON INGE Contributor address; City; State; Zip Code 1144 SHADY OAK CIRCLE, PRISLE TX 76226	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WAYNE BRITO Contributor address; City; State; Zip Code 1405 EAGLESTONE DR. MCKINNEY TX 75070	Amount of contribution (\$) \$ 1500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KERRY HUFFMAN Contributor address; City; State; Zip Code 9423 THAYER LN FRISCO TX 78033	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEDDY PEINADO	7 Amount of contribution (\$) \$2500.00
	6 Contributor address; City; State; Zip Code 15815 EXECUTIVE DR #500 FRIED TX 78033	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON THADDEN	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2101 COPPERFIELD CT FRISCO TX 75034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRISCILLA LEONARD	Amount of contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 284 BURTSWICK ISLE FRISCO TX 75034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANA BLOOM	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 416 PINE HILL DR FRISCO TX 75034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: 9
2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPBIE DUBBIN	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 501 VERONICA LN FRISCO TX 75033		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELISSA IVY	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 11548 PENICK WAY FRISCO TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNN ESTES	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 7560 ROLLING MEADOW FRISCO TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC CANCEMI	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 15863 GROVECREST DR. FRISCO TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>DR JENNIFER WHITE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/30/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WAYNE MARCHESE</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>1484 BENT TREE FRISCO TX 75036</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/31/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEAN CORNWELL</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>8762 KENNINGSBORN ST FRISCO TX 75036</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/1/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GENE SHORT</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>6610 CATALINA LN FRISCO TX 75036</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/1/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JESSICA BARNICK</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>5128 SEASCAPE LN PLANO TX 75093</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME DR JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA WHITE	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 9364 PENDELTON CT FRISCO TX 75033	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUSTIN SCHWARTZ	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 2314 CUSTON HORSE TR FRISCO TX 75036	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROLYN GALKAGHER	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 7010 GLEN ABBEY CT FRISCO TX 75034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL ADAMS	Amount of contribution (\$) \$1000.00
	Contributor address; City; State; Zip Code 6125 LUTHER LN STE 215 DALLAS TX 75225	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>DR. JENNIFER WHITE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/27/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JIM SMETZER</b>	7 Amount of contribution (\$) <b>\$75.00</b>
6 Contributor address; City; State; Zip Code <b>6914 ZURICH LN FRISCO TX 75036</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/27/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ERICA THOMPS</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>15214 FOREST HAVEN FRISCO TX 75036</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/27/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUSAN EDWARDS</b>	Amount of contribution (\$) <b>\$75.00</b>
Contributor address; City; State; Zip Code <b>6913 PROSPERO LN FRISCO TX 75036</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/28/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARLO RODRIGUEZ</b>	Amount of contribution (\$) <b>\$75.00</b>
Contributor address; City; State; Zip Code <b>2359 FALCON POINT DR. FRISCO TX 75033</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUNIL MUPPIRALA	7 Amount of contribution (\$) \$ 20.00
6 Contributor address; City; State; Zip Code 9687 PLUMMER LN FRISCO TX 75035		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHANIE LYONS	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1592 PLUMMER LN FRISCO TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDY MOORE	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4 FOX GLEN RUN FRISCO TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM MCCARTHY	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4401 HONEYVINE LN PROSPER TX 75081		
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: 9
2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARTIK SALUN 6 Contributor address; City; State; Zip Code 13209 SELLBRONDA WAY FRISCO TX 75025	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. JENNIFER WHITE Contributor address; City; State; Zip Code 7415 WOOD CT. FRISCO TX 75076	Amount of contribution (\$) \$000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>3</u>	
2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>5/28/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>1836 GROUP</u>	8 Amount of Contribution \$ <u>3000.00</u>	9 In-kind contribution description <u>FACEBOOK ADS</u>
7 Contributor address; City; State; Zip Code <u>1011 SURREY LN #200 FLOWER MOUND TX 75028</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>5/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>1836 GROUP</u>	Amount of Contribution \$ <u>1,200.00</u>	In-kind contribution description <u>DIGITAL ADS</u>
Contributor address; City; State; Zip Code <u>1011 SURREY LANE #200 FLOWER MOUND TX 75028</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>3</u>	
2 FILER NAME <u>DR. JENNIFER WHITE</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>6/1/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>1836 GROUP</u>	8 Amount of Contribution \$ <u>2241.83</u>	9 In-kind contribution description <u>TRAVEL #2</u>
7 Contributor address; City; State; Zip Code <u>1011 SURREY LN #200 FLOWER MOUND TX 75022</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>6/3/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>1836 GROUP</u>	Amount of Contribution \$ <u>1791.88</u>	In-kind contribution description <u>TRAVEL #3</u>
Contributor address; City; State; Zip Code <u>1011 SURREY LN #200 FLOWER MOUND TX 75022</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 6	
5 Date 5/29/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 1836 GROUP	8 Amount of Contribution \$ \$250.00	9 In-kind contribution description WEBSITE
7 Contributor address; City; State; Zip Code 101 SURREY LN #200 FLOWER MOUND TX 75022		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000.00
5 Date of loan 3/20/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. JENNIFER WHITE	9 Loan Amount (\$) 1,000.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2915 WOOD CT FRISCO TX 75036	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) VETERINARIAN		13 Employer (See Instructions) PEOPLE, PETS & VETS
14 Description of Collateral <input type="checkbox"/> none		15 <input 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 N	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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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: 10		2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)	
4 Date 5/27 - 6/5		5 Payee name AMEDOT			
6 Amount (\$) \$107.00		7 Payee address; 1920 MCKINNEY AVE. DALLAS		City; TX	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEES		(b) Description DONATION FEES	
		(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	
Date 5/27 - 7/6/21		Payee name GRASS HOPPER			
Amount (\$) 39.38		Payee address; 320 SUMMER ST.		City; BOSTON	State; MA
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		Description PHONE NUMBER	
		<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	
Date 5/27 - 6/5/2021		Payee name NICK CHIGLO			
Amount (\$) 1250.00		Payee address; 6688 EDEN VALLEY		City; FRIEDR TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SALARIES/WAGES/LABOR		Description BLOCK WALKING/PHONE BANK	
		<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	

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME DR. JENNIKER WHITE		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 8/27-6/5		<b>5</b> Payee name JACKSON ALBRECHT			
<b>6</b> Amount (\$) 713.00		<b>7</b> Payee address; 5893 CORAL RIDGE CT. FRISCO TX 75036		City; State; Zip Code	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) SALARIES/WAGES/LABOR		<b>(b)</b> Description BLOCK WALKING/PHONE BANK		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/27-6/5/21		Payee name DEVESH GURUNG			
Amount (\$) 550.00		Payee address; 6336 BIG TREE LN FRISCO TX 75036		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/LABOR		Description BLOCK WALKING/PHONE BANKING		
	<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 8/27-6/5/21		Payee name CARSON MAASHOFF			
Amount (\$) 1,020.00		Payee address; 1632 SANDSTONE DR FRISCO TX 75036		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/LABOR		Description BLOCK WALKING/PHONE BANKING		
	<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

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>	2 FILER NAME <b>DR. JENNIFER WHITE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/27-6/5/21</b>	5 Payee name <b>GANNON SPICHEL</b>		
6 Amount (\$) <b>840.00</b>	7 Payee address; City; State; Zip Code <b>2314 ANGEL FALLS FRISCO TX 75036</b>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>SUPPLIES/WAGES/LABOR</b>		(b) Description <b>BLACK WALKING/PHONE BANKING</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>6/27-6/5/21</b>	Payee name <b>EVAN LIDDELL</b>		
Amount (\$) <b>750.00</b>	Payee address; City; State; Zip Code <b>8012 CHERRY SPRINGS CT. FRISCO TX 75036</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>SUPPLIES/WAGES/LABOR</b>		Description <b>BLACK WALKING/PHONE BANKING</b>
	<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 <b>6/27-6/5/21</b>	Payee name <b>TERRINE BURDINE</b>		
Amount (\$) <b>1,080.00</b>	Payee address; City; State; Zip Code <b>5050 FM 423 APT 1105 FRISCO TX 75036</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>SUPPLIES/WAGES/LABOR</b>		Description <b>BLACK WALKING/PHONE BANKING</b>
	<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: 10		2 FILER NAME DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)	
4 Date 5/27 - 6/5/21		5 Payee name MARLEY MPRM			
6 Amount (\$) 1,040. <sup>00</sup>		7 Payee address; City; State; Zip Code 1920 SANDSTONE DR. FRISCO TX 75036			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES/LABOR		(b) Description BLOCK WALKING/PHONE BANKING		
	(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 5/27 - 6/5/21		Payee name LUKE BURRELL			
Amount (\$) 740. <sup>00</sup>		Payee address; City; State; Zip Code 452 PHLOVERDE LN FRISCO TX 75036			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/LABOR		Description BLOCK WALKING/PHONE BANK		
	<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 5/27 - 6/5/21		Payee name BROCK WOLLENT			
Amount (\$) 620. <sup>00</sup>		Payee address; City; State; Zip Code 1026 TWIN HARBORS DR FRISCO TX 75036			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/LABOR		Description BLOCK WALKING/PHONE BANK		
	<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: <b>10</b>		2 FILER NAME <b>DR. JENNIFER WHITE</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>5/27-6/5/21</b>		5 Payee name <b>AMIR JOSEPH</b>			
6 Amount (\$) <b>810.00</b>		7 Payee address; <b>303A CHANDLER BLUFF</b>		City; <b>FRISCO TX</b>	State; <b>TX</b> Zip Code <b>75036</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>SHIRTS/WAGES/LAIDR</b>		(b) Description <b>BLACK WALKING/PHONE BANKING</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date <b>5/27-6/5/21</b>		Payee name <b>JACK WOLFF</b>			
Amount (\$) <b>320.00</b>		Payee address; <b>845 ECHOLS DR.</b>		City; <b>FRISCO TX</b>	State; <b>TX</b> Zip Code <b>75036</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SHIRTS/WAGES/LAIDR</b>		Description <b>BLACK WALKING/PHONE BANKING</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date <b>5/27-6/5/21</b>		Payee name <b>JOHN MCPHETNEY</b>			
Amount (\$) <b>240.00</b>		Payee address; <b>1173 DEER LAKE DR.</b>		City; <b>FRISCO TX</b>	State; <b>TX</b> Zip Code <b>75036</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SHIRTS/WAGES/LAIDR</b>		Description <b>BLACK WALKING/PHONE BANKING</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <b>ONLY</b> 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: 10	2 FILER NAME DR. JENNIFER WHITE	3 Filer ID (Ethics Commission Filers)
4 Date 6/1/21	5 Payee name BIRNEY'S BRUNCH HOUSE	
6 Amount (\$) 110.01	7 Payee address; City; State; Zip Code 5480 FTH 423 #100 FRISCO TX 75036	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description CAMPAIGN MEETING
	(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		
Date 6/1/21	Payee name DOMINIO'S PIZZA	
Amount (\$) 214.65	Payee address; City; State; Zip Code 615 MAIN ST. 106 FRISCO TX 75036	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description PHONE BANKING FOOD
	<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		
Date 6/3/21	Payee name CLEAN JUICE	
Amount (\$) 47.74	Payee address; City; State; Zip Code 6959 LEBRON RD FRISCO TX 75034	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description MEETING
	<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		

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: 10		2 FILER NAME: DR JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)	
4 Date: 5/29/21		5 Payee name: BLUE GOOSE			
6 Amount (\$): 123.81		7 Payee address; City; State; Zip Code: 9320 DALLAS PKWY FRISCO TX 75034			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	FOOD/BEVERAGE EXPENSE		MEETING		
		(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: 6/3/21		Payee name: EXECUTIVE PRESS			
Amount (\$): 520.22		Payee address; City; State; Zip Code: 1400 PRESIDENTIAL DRIVE #110 RICHARDSON TX 75081			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	ADVERTISING		T-SHIRTS		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 6/8/21		Payee name: FNBO			
Amount (\$): 27.95		Payee address; City; State; Zip Code: 1600 DODGE ST. OMAHA NE 68197			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	FEES		BANKING FEES		
		<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: 10	2 FILER NAME DR. JENNIFER WHITE	3 Filer ID (Ethics Commission Filers)
4 Date 5/22/21	5 Payee name IT ADS SERVICE	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 2340 E. TRINITY MILLS RD CERRITOS TX 75006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description YOUTUBE
	(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 6/1/21	Payee name FIRST GRAPHICS	
Amount (\$) 1623.98	Payee address; City; State; Zip Code 229 GARNON ST. GARLAND TX 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNS
	<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 5/28/21	Payee name PRINT PLACE	
Amount (\$) 459.89	Payee address; City; State; Zip Code 1130 AVENUE H EAST PRLINGTON TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description FLYERS
	<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: 10		2 FILER NAME: DR. JENNIFER WHITE		3 Filer ID (Ethics Commission Filers)	
4 Date: 6/1/21		5 Payee name: PRINT PLACE			
6 Amount (\$): 239.17		7 Payee address; City; State; Zip Code: 1130 AVENUE H EAST, ARLINGTON TX 76011			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING/PRINTING		(b) Description: FUNDRAISER FLYERS		
	(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: 6/5/21		Payee name: PRINT PLACE			
Amount (\$): 187.88		Payee address; City; State; Zip Code: 1130 AVENUE H EAST, ARLINGTON TX 76011			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): PRINTING EXPENSE		Description: PUSH CARDS		
	<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: 6/5/21		Payee name: PRINT PLACE			
Amount (\$): 1,097.88		Payee address; City; State; Zip Code: 1130 AVENUE H. EAST, ARLINGTON TX 76011			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): PRINTING EXPENSE		Description: FLYERS		
	<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.

<b>1</b> Total pages Schedule F1: <u>10</u>	<b>2</b> FILER NAME: <u>PR. JENNIFER WHITE</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <u>6/5/21</u>	<b>5</b> Payee name: <u>PRINT PLACE</u>	
<b>6</b> Amount (\$): <u>4868.21</u>	<b>7</b> Payee address; City; State; Zip Code <u>1130 AVENUE H EAST ARLINGTON TX 76011</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>	<b>(b)</b> Description <u>MAILER FLYER BUNDLE</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date: <u>6/2/21</u>	Payee name: <u>PRINT PLACE</u>	
Amount (\$): <u>1,097.88</u>	Payee address; City; State; Zip Code <u>1130 AVENUE H EAST ARLINGTON TX 76011</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>	Description <u>FLYER</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

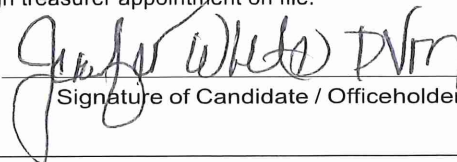
1 C/OH NAME

DR. JENNIFER WHITE

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

## A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

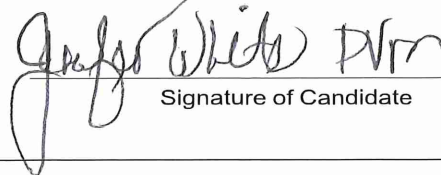
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder