CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	FIRST Mark	мı · 1	OFFICE USE ONLY
NAME	NICKNAME	Piland	SUFFIX	Date Received  RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2672 Buckwi Frisco, TX 75	neat Rd	CITY; STATE; ZIP CODE	MAR <b>2 7</b> 2023
Change of Address				City Secretary's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	(469 )	980-8060	EXTENSION	Date Hand-delivered or Date Poerfierked
6 CAMPAIGN	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$
TREASURER NAME	Mr.	Dan	C	Date Processed
	Casey	<sub>LAST</sub> Waits	SUFFIX	Date Imaged
7 CAMPAIGN		NO PO BOX PLEASE); APT /	SUITE #: CITY:	STATE; ZIP CODE
TREASURER ADDRESS	7950 Meadow Hi Frisco TX 75033	•		5
(Residence or Business)			- 4	
8 CAMPAIGN TREASURER PHONE	(214 )	рноме NUMBER 673-3604	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	2	/ 17 / 23	THROUGH 3	/ 27 / 23
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	5 / 6 /	23	l Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Frisco City May	·
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME	
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
GO TO PAGE 2				

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Mark Piland 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS 8,860.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS** 4. **TOTAL POLITICAL EXPENDITURES** 7,771.73 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 1,088.27 BALANCE OF REPORTING PERIOD **OUTSTANDING** 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 10,000.00 **LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD **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. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by this the \_\_\_\_ day of \_\_\_\_ \_\_\_\_, to certify which, witness my hand and seal of office. 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

Forms provided by Texas Ethics Commission

(street)

My address is

www.ethics.state.tx.us

(city)

Signature of Candidate/Officeholder (Declarant)

Revised 8/17/2020

(country) C

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME Piland	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,860.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 10,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	utions \$ 7,771.73
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTI	RIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	BUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$

## SCHEDULE A1

If the reques	sted information is not applicable, DO NOT incl	ude this page in the r	report.	
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 1/1	
<sup>2</sup> FILER NAME Mark Pilar	nd		3 Filer ID (Ethics Commission Filers)	
4 Date	Tabitha Tuthill	D#:)	7 Amount of contribution (\$)	
02/23/2023	6 Contributor address; City;	State; Zip Code	100.00	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (II Brandi White	D#:	Amount of contribution (\$)	
02/25/2023	Contributor address; City;  1843 Prairie Creek Tr. Frisco Tx	State; Zlp Code	500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date		D#:)	Amount of contribution (\$)	
02/27/2023	Shannon Greer  Contributor address; City;  15039 Spider Lily Rd Frisco Tx 7	State; Zip Code	1,000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (II  Shandra Evans	D#:)	Amount of contribution (\$)	
02/28/2023	Contributor address; City:  4267 Bal Harbour Lane Frisco T	State; Zip Code	100.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NI	EEDED	

## SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>					
The	Instruction Guide explains ho	w to complete this	form.	1 Total pages Schedule A1: 211	
<sup>2</sup> FILER NAME Mark Pilar	nd			3 Filer ID (Ethics Commission Filers)	
4 Date 03/02/2023	5 Full name of contributor Dan Strickland 6 Contributor address; 856 Crystal Lake D	City;	State; Zip Code	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instruc	ctions)	
Date 03/03/2023	Full name of contributor  Mike Rafferty  Contributor address;	out-of-state PA(	State; Zlp Code	Amount of contribution (\$)  250.00	
.,	3948 Broadmoor W	/ay Frisco T	X 75033		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date 03/04/2023	Full name of contributor Stacey Sullivan  Contributor address; 7063 Juniper	City;	State; Zip Code	Amount of contribution (\$)  50.00	
Principal occup	pation / Job title (See Instructions	)	Employer (See Instruc	ctions)	
Date 03/05/2023	Full name of contributor  Veron Messer  Contributor address;	oul-of-state PAG	State; Zip Code	Amount of contribution (\$)  40.00	
Principal occup	nation / Job title (See Instructions	)	Employer (See Instruc	ctions)	
	ATTACHADD	ITIONAL COPIES	OF THIS SCHEDULE AS I	NEEDED	

### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>				
The	Instruction Guide explains ho	w to complete thi	s form.	1 Total pages Schedule A1: 3/n
2 FILER NAME Mark Pilar	nd	1		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Linda Murphy	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03/05/2023	6 Contributor address; 27 Fairways D			500.00
8 Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instruc	ctions)
Date	Full name of contributor Christopher Gilbert		C (ID#:)	Amount of contribution (\$)
03/08/2023	Contributor address: 11306 Casa G	City;	state; ZIp Code	500.00
Principal occup	pation / Job title (See Instructions	)	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/09/2023	Brandi White  Contributor address;  1843 Prairie C	•	State; Zip Code Frisco TX	500.00
Principal occup	pation / Job title (See Instructions	)	Employer (See Instruc	tions)
Date	Full name of contributor  Laurie Deckert	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/09/2023 Contributor address; City; State; Zip Code 11338 Bent Creek Trail Frisco TX 75033				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>					
The	Instruction Guide explains ho	w to complete thi	s form.	1 Total pages Schedule A1:	
2 FILER NAME Mark Pilar	nd			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Molly Drake		C (ID#:)	7 Amount of contribution (\$)	
03/09/2023	6 Contributor address; 11281 LaCantera T	City;	State; Zlp Code	50.00	
8 Principal occu	pation / Job title (See Instructions		9 Employer (See Instru	ctions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
03/09/2023	Matthew Beaver  Contributor address;  4226 Whitefish Lak		State; Zip Code	500.00	
Principal occup	pation / Job title (See Instructions)	)	Employer (See Instru	ctions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
03/09/2023	Angelia Waits  Contributor address;  7950 Meadow Hill I	City;	State; Zip Code	1,500.00	
Principal occup	nation / Job title (See Instructions	)	Employer (See Instru	ctions)	
Date	Full name of contributor  David Payne	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
03/15/2023	Contributor address;	City;	State; Zip Code	100.00	
Principal occup	11358 Lenox L		Employer (See Instru	ctions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE A1

If the reques	ted information is not applicable, Do	O NOT in	clude this page in the I	report.
The	Instruction Guide explains how to cor	mplete this	form.	1 Total pages Schedule A1: 5/7
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out	t-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/16/2023	6 Contributor address; C	ity;	State; Zlp Code	50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date		t-of-state PAC	(ID#:)	Amount of contribution (\$)
03/17/2023		 O Eric	State; Zlp Code	100.00
Principal occup	27 Fairways Drive	e rus	Employer (See Instruction	ions)
Date		t-of-state PAC	(ID#:)	Amount of contribution (\$)
03/18/2023	Jennifer White  Contributor address;  Contri		State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor out	t-of-state PAC	(ID#:)	Amount of contribution (\$)
03/18/2023	• • • • • • • • • • • • • • • • • • • •	ve Fr	State: Zip Code	20.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	lons)
	ATTACH ADDITIONAL	_ COPIES C	OF THIS SCHEDULE AS N	EEDED

#### SCHEDULE A1

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

The	Instruction Guide explains ho	w to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mark Pilat	nd			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Srinivasa Edara	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
03/19/2023	6 Contributor address; Frisco TX	City;	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instruc	itions)
Date	Full name of contributor		: (ID#:)	Amount of contribution (\$)
03/19/2023	Melinda & Tad Pre	City;	State; Zip Code	50.00
	13370 Bayfield Dri	ve Frisco TX	75034	33.33
Principal occup	eation / Job title (See Instructions	3)	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/20/2023	Sharon Claxton  Contributor address;	City;	State; Zip Code	50.00
	1483 Plum Valley I	Road Frisco	TX 75033	00.00
Principal occup	pation / Job title (See Instructions	3)	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
03/22/2023	Greg Haughey  Contributor address;	City;	State; Zip Code	50.00
	8603 Timber Crest	Ct Frisco T	< 75035	30.00
Principal occup	pation / Job title (See Instructions	5)	Employer (See Instruc	tions)

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#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 7
<sup>2</sup> FILER NAME Mark Pilar	nd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03/23/2023	6 Contributor address; City; 4701 Paxton Lane Fri	State; Zip Code	1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/23/2023	Contributor address; Clty;	State; Zip Code	1,000.00
	11486 Locust Drive F	risco	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/28/2023	Contributor address; City;	State; Zip Code	50.00
	9579 Crown Meadow Dr Frisco	17 75033	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES		

## LOANS SCHEDULE E

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

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mark Piland			
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender  ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
02/21/2023	Mark Piland		10,000.00
6 Is lender a financial Institution?	8 Lender address; City; 2672 Buckwheat Rd Frisco TX	State; Zip Code 75033	10 Interest rate
☐ Y ■ N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE struction guide for additional re	
		· · · · · · · · · · · · · · · · · · ·	

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Relimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Of District

To total pages Schedule F1:    2 FILER NAME   Mark Piland     3 Filter ID (Ethics Commission Filters)	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment					
Mark Pilland			complete this form.			
Complete ONLY if direct	1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)		
Page   Section   Page   Section   Page   Section   Page   Section   Page   Section						
150.00   6/190 Cortona Trisco Tx 75/34	02/27/2023	Kelly Clark Photography				
PURPOSE OF EXPENDITURE    Complete ONLY if direct expenditure to benefit C/OH    Date   Date   Payee name   Advertising Expense   Payee address:   Zip Code   Complete ONLY if direct expenditure to benefit C/OH    Purpose OF EXPENDITURE   Payee name   Advertising Expense   City:   State:   Zip Code   Complete ONLY if direct expenditure to benefit C/OH    Date   Payee address:   City:   State:   Zip Code   Code   City:   State:   Zip Code   Code   City:   State:   Zip Code   City:   State:   Zip Code   City:   State:   Zip Code   Code   City:   City:   State:   Zip Code   City:   City:   State:   Zip Code   City:   C		7 Payee address; 6790 Cortona Frisco 7	T 75034	State; Zip Code		
Complete ONLY if direct expenditure to benefit C/OH	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE  (c) Chack if travel outside of Tozas. Complete Schedule T. Chack if Austin, TX, officeholder living expense  9 Complete QNLY if direct expenditure to benefit C/OH  Date  03/03/2023  Amount (\$) Payee name  Home Depot  Advertising Expense  Category (See Categories listed at the top of this schedule)  Camplete QNLY if direct expenditure to benefit C/OH  Candidate / Office holder name  Office sought  Category (See Categories listed at the top of this schedule)  Candidate / Office holder name  Office sought  Office sought  Office held  Payee name  Office sought  Office held  Payee name  Office held  Category (See Categories listed at the top of this schedule)  Candidate / Office holder name  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Obescription  Signs  Category (See Categories listed at the top of this schedule)  Obescription  Obescription	PURPOSE	Advertising Expense	Headshots			
9 Complete QNLY if direct expenditure to benefit C/OH  Date  03/03/2023						
Payee name 03/03/2023 Home Depot  Amount (\$) Payee address; City: State; Zip Code 100.32 Sp95 El Dorado Friso TX 75033  Category (See Categories listed at the top of this schedule) Advertising Expense Sign Installation  Check if travel outside of Toxas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete QNLY if direct expenditure to benefit C/OH  Date Payee name 03/06/2023 Signarama Frisfco  Amount (\$) Payee address; City: State; Zip Code 9410 Dallas Parkway Suite 160 Frisco TX 75033  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Check if Austin, TX, officeholder living expense  Check if Invalidate / Office hold  Complete QNLY if direct  Camplete QNLY if direct  Camplet		(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
Amount (\$) Payee address; City; State; Zip Code  100.32			Office sought	Office held		
Amount (\$) Payee address; City; State: Zip Code  100.32	Date	Payee name				
The purpose of Expenditure to benefit C/OH  Date  Payee name  Signarama Fris € Co  Amount (\$)  Amount (\$)  Amount (\$)  Purpose of Expenditure  Purpose of Expenditure  Category (See Categories listed at the top of this schedule)  Advertising Expense  Candidate / Office holder name  Office sought  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Purpose of Expenditure  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Office held  Office held  Office held  Office held  Office held	03/03/2023	Home Depot				
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Toxas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Payee name  Signarama Fris €co  Amount (\$)  Amount (\$)  Payee address;  Payee address;  City: State: Zip Code  9410 Dallas Parkway Suite 160 Frisco TX 75033  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Payee name  03/06/2023  Signarama Fristco  Amount (\$) Payee address; City; State; Zip Code  9410 Dallas Parkway Suite 160 Frisco TX 75033  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	100.32	5995 El Dorado Friso TX 75033				
PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Payee name  03/06/2023  Signarama Fristco  Amount (\$) Payee address; City; State; Zip Code  9410 Dallas Parkway Suite 160 Frisco TX 75033  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office beld	Naga 244 2					
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office sought  Office held  Payee name  O3/06/2023  Amount (\$)  Payee address;  Payee address;  Otty:  State:  Zip Code  Purpose  OF  EXPENDITURE  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held			1			
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office sought  Office held  Officeholder living expense  Office held		Advertising Expense	Sign Installation	on		
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held						
Date  O3/06/2023  Signarama Fristco  Amount (\$)  Payee address; State; Payee address; State; Payee address; State; Sign Code  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
O3/06/2023  Amount (\$)  3,875.35  Payee address; 9410 Dallas Parkway Suite 160 Frisco TX 75033  Category (See Categories listed at the top of this schedule) Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct Candidate / Officeholder name  Office sought  City; State; Zip Code  Description  Signs  Check If Austin, TX, officeholder living expense  Complete ONLY if direct Candidate / Officeholder name  Office sought			Office sought	Office held		
O3/06/2023  Amount (\$)  9410 Dallas Parkway Suite 160 Frisco TX 75033  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Officeholder name  Office sought  City; State; Zip Code  Description  Signs  Category (See Categories listed at the top of this schedule)  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought	Date	Payee name				
Amount (\$) 3,875.35  Payee address; 9410 Dallas Parkway Suite 160 Frisco TX 75033  Category (See Categories listed at the top of this schedule) Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Camplete ONLY if direct  Candidate / Office hold						
3,875.35  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Camplete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	03/06/2023	Signarama Fris <b>ę</b> co				
Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Description  Signs  Check if Austin, TX, officeholder living expense  Office sought  Office held		,	• •	State; Zip Code		
PURPOSE OF EXPENDITURE  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	3,875.35	9410 Dallas Parkway Suite 160 Frisco	o TX 75033			
Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held		Category (See Categories listed at the top of this schedule)	Description			
Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held		Advertising Expense	Signs			
Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense  Complete ONLY if direct Candidate / Officeholder name Office sought Office held						
Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living expense		
Complete ONLY II direct	Complete ONLY If at					
			Cinos sought	Since hold		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

### 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 Exponse
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gifl/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)

Credit Card Payment	The instruction Guide explains how to d	complete this form.	,
1 Total pages Schedule F1:	2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2023	5 Payee name Frisco Printing		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
104.56	8585 John Wesley Drive Suite 200 F	risco TX 75035	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Push Cards	
1	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	100pmg-100p-100pm, 2	
03/09/2023	Rudy's BBQ		
Amount (\$)	Payee address;	City;	State; Zip Code
126.53	9828 Dallas Pkwy Frisco TX 75033		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Event Expense:	Meet & Greet	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/06/2023	Signarama		,
Amount (\$)	Payee address;	City;	State; Zip Code
297.69	9410 Dallas Pkwy Frisco TX 75033		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	DED

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense 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:	2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/14/2023	Frisco Printing		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
416.94	8585 John Wesley Drive Suite 200 Fi	risco TX 75035	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Push Cards	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/13/2023	Torchy's Tacos		
Amount (\$)	Payee address;	City;	State; Zip Code
285.14	1555 US 380 Frisco TX 75033		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expense	Meet & Greet	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/14/2023	Fuzzy's Tacos		
Amount (\$)	Payee address;	City;	State; Zip Code
144.47	2930 Preston St 190 Frisco TX 7503	5	
-	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Meet & Greet	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE 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
Gifl/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)

Georgia Paymont	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
03/15/2023	Sticker Mule			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
211.68	336 Forest Avenue Amsterdam NY 1	2020		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Stickers		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/15/2023	Kona Coffee			
Amount (\$)	Payee address;	City;	State; Zip Code	
71.96	6363 Dallas Parkway Frisco TX 7503	34		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Event Expense	Meet & Greet		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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	Hora Mar value		_
03/15/2023	The Community Grill			
Amount (\$)	Payee address;	City;	State; Zip Code	
67.28	2525 Main Street Frisco TX 75033			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Food & Beverage	Constituent Me	eeting	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	p-p-p-p-p-p-p-p-p-p-p-p-p-p-p-p-p-p-p-
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	-

#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Сючкови гаупен	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Mark Piland		3 Filer ID (Ethics	s Commission Filers	.)
4 Date 03/15/2023	5 Payee name YTAd Service YouTube				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
500.00	901 CHerry Ave San Bruno CA 94060	6			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	YouTube Ads			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	****			
03/15/2023	Rosa's Cafe				
Amount (\$)	Payee address;	City;	State;	Zip Code	
79.15	8299 FM 423 Frisco TX 75034				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Event Expense	Meet & Greet			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
03/22/2023	The Community Grill	A			
Amount (\$)	Payee address;	City;	State;	Zip Code	
111.74	2525 Main Street Frisco TX 75033				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food & Beverage	Meet & Greet			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

#### 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

Event Expense
Fees
Food/Beverage Expense
Gitl/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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Office (enter a catego	y not listed above)	
1 Total pages/ Schedule F1:	2 FILER NAME Mark Piland		3 Filer ID (Ethics	Commission Filers)	
4 Date 03/15/2023	5 Payee name Datatonik		**************************************		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
500.00	425 Old Newman Road #202 Frisco	TX 75033			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Marketing Expense	Marketing, Sig			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
03/22/2023	Meta For Business				
Amount (\$)	Payee address;	City;	State;	Zip Code	
3.92					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook Ads	3		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
03/25/2023	Meta for Business				
Amount (\$)	Payee address;	City;	State;	Zip Code	
25.00					
, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook Ads			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	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 NEE	DED		