

**FORM C/OH**  
**COVER SHEET PG 1**

Revised 8/17/2020

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Mark Piland

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)

\$

8,860.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

7,771.73

CONTRIBUTION  
BALANCE

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

\$

1,088.27

OUTSTANDING  
LOAN TOTALS

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

\$

10,000.00

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.

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 \_\_\_\_\_,  
20 \_\_\_\_\_, 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 MARK A. PILAND, and my date of birth is \_\_\_\_\_

My address is 2672 BUCKWHEAT RD (street) KANEO (city) TX (state) 75033 (zip code) DEUTER (country) US

Executed in DEUTER County, State of TX, on the 26 day of MARCH, 2028

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Mark Piland		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,860.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 10,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 7,771.73
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
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 BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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: 1/7

2 FILER NAME

Mark Piland

3 Filer ID (Ethics Commission Filers)

4 Date

02/23/2023

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Tabitha Tuthill

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/25/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Brandi White

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1843 Prairie Creek Tr. Frisco Tx 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Shannon Greer

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

15039 Spider Lily Rd Frisco Tx 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Shandra Evans

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4267 Bal Harbour Lane Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**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>41</b>
2 FILER NAME <b>Mark Piland</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/02/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Dan Strickland</b> 6 Contributor address; City; State; Zip Code <b>856 Crystal Lake Drive Frisco TX 75036</b>	7 Amount of contribution (\$)  <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/03/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mike Rafferty</b> Contributor address; City; State; Zip Code <b>3948 Broadmoor Way Frisco TX 75033</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/04/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Stacey Sullivan</b> Contributor address; City; State; Zip Code <b>7063 Juniper Dr Frisco TX</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/05/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Veron Messer</b> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>40.00</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: 3/7

2 FILER NAME

Mark Piland

3 Filer ID (Ethics Commission Filers)

4 Date

03/05/2023

5 Full name of contributor

Linda Murphy

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

27 Fairways Drive Frisco TX 75035

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/08/2023

Full name of contributor

Christopher Gilberts

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

11306 Casa Grande Trail Frisco Tx

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/09/2023

Full name of contributor

Brandi White

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

1843 Prairie Creek Trail Frisco TX

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/09/2023

Full name of contributor

Laurie Deckert

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

11338 Bent Creek Trail Frisco TX 75033

Amount of contribution (\$)

500.00

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: **4/7**

2 FILER NAME

Mark Piland

3 Filer ID (Ethics Commission Filers)

4 Date

03/09/2023

5 Full name of contributor

Molly Drake

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

11281 LaCantera Trail Frisco TX 75033

7 Amount of contribution (\$)

**50.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/09/2023

Full name of contributor

Matthew Beaver

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

4226 Whitefish Lake Dr Frisco TX 75035

Amount of contribution (\$)

**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/09/2023

Full name of contributor

Angelia Waits

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

7950 Meadow Hill Drive Frisco TX 75033

Amount of contribution (\$)

**1,500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2023

Full name of contributor

David Payne

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

11358 Lenox Lane Frisco TX 75034

Amount of contribution (\$)

**100.00**

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: <b>5/7</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/16/2023</b>	5 Full name of contributor <b>Gayle Hirsch</b> <small>out-of-state PAC (ID#: _____)</small> 6 Contributor address; City; State; Zip Code <b>Frisco TX</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/17/2023</b>	Full name of contributor <b>Linda Murphy</b> <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code <b>27 Fairways Drive Frisco 75035</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/18/2023</b>	Full name of contributor <b>Jennifer White</b> <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code <b>8665 Robertson Frisco TX 75033</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/18/2023</b>	Full name of contributor <b>Joanne Jenssen</b> <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code <b>1316 Pelican Drive Frisco 75033</b>	Amount of contribution (\$)  <b>20.00</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: **6/7**

2 FILER NAME

**Mark Piland**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/19/2023**

5 Full name of contributor

**Srinivasa Edara**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

**Frisco TX**

7 Amount of contribution (\$)

**50.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**03/19/2023**

Full name of contributor

**Melinda & Tad Preston**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**13370 Bayfield Drive Frisco TX 75034**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/20/2023**

Full name of contributor

**Sharon Claxton**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**1483 Plum Valley Road Frisco TX 75033**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/22/2023**

Full name of contributor

**Greg Haughey**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**8603 Timber Crest Ct Frisco TX 75035**

Amount of contribution (\$)

**50.00**

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: 7/7

2 FILER NAME

Mark Piland

3 Filer ID (Ethics Commission Filers)

4 Date

03/23/2023

5 Full name of contributor

Carrie De Moor

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

4701 Paxton Lane Frisco TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/23/2023

Full name of contributor

Rob Hamilton

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

11486 Locust Drive Frisco

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2023

Full name of contributor

David Prince

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

9579 Crown Meadow Dr Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**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: <b>1/1</b>
2 FILER NAME <b>Mark Piland</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>02/21/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Mark Piland</b>	9 Loan Amount (\$) <b>10,000.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>2672 Buckwheat Rd Frisco TX 75033</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <b>none</b>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	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: <b>1/6</b>	2 FILER NAME <b>Mark Piland</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>02/27/2023</b>	5 Payee name <b>Kelly Clark Photography</b>	
6 Amount (\$) <b>150.00</b>	7 Payee address; City; State; Zip Code <b>6790 Cortona Frisco TX 75034</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Headshots</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>03/03/2023</b>	Payee name <b>Home Depot</b>	
Amount (\$) <b>100.32</b>	Payee address; City; State; Zip Code <b>5995 El Dorado Friso TX 75033</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Sign Installation</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>03/06/2023</b>	Payee name <b>Signarama Frisco</b>	
Amount (\$) <b>3,875.35</b>	Payee address; City; State; Zip Code <b>9410 Dallas Parkway Suite 160 Frisco TX 75033</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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>216</b>		2 FILER NAME <b>Mark Piland</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/09/2023</b>		5 Payee name <b>Frisco Printing</b>			
6 Amount (\$) <b>104.56</b>		7 Payee address; City; State; Zip Code <b>8585 John Wesley Drive Suite 200 Frisco TX 75035</b>			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Push Cards</b>		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <b>03/09/2023</b>		Candidate / Officeholder name <b>Rudy's BBQ</b>			
Amount (\$) <b>126.53</b>		Payee address; City; State; Zip Code <b>9828 Dallas Pkwy Frisco TX 75033</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Meet &amp; Greet</b>		
	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					
Date <b>03/06/2023</b>		Candidate / Officeholder name <b>Signarama</b>			
Amount (\$) <b>297.69</b>		Payee address; City; State; Zip Code <b>9410 Dallas Pkwy Frisco TX 75033</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Signs</b>		
	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					

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>3/6</b>		2 FILER NAME <b>Mark Piland</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/14/2023</b>		5 Payee name <b>Frisco Printing</b>			
6 Amount (\$) <b>416.94</b>		7 Payee address; City; State; Zip Code <b>8585 John Wesley Drive Suite 200 Frisco TX 75035</b>			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Push Cards</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <b>03/13/2023</b>		Payee name <b>Torchy's Tacos</b>			
Amount (\$) <b>285.14</b>		Payee address; City; State; Zip Code <b>1555 US 380 Frisco TX 75033</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Meet &amp; Greet</b>		
	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					
Date <b>03/14/2023</b>		Payee name <b>Fuzzy's Tacos</b>			
Amount (\$) <b>144.47</b>		Payee address; City; State; Zip Code <b>2930 Preston St 190 Frisco TX 75035</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Meet &amp; Greet</b>		
	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					
Date <b>03/14/2023</b>		Payee name <b>Fuzzy's Tacos</b>			
Amount (\$) <b>144.47</b>		Payee address; City; State; Zip Code <b>2930 Preston St 190 Frisco TX 75035</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Meet &amp; Greet</b>		
	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					
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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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: <u>4/6</u>		<b>2</b> FILER NAME Mark Piland		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/15/2023		<b>5</b> Payee name Sticker Mule			
<b>6</b> Amount (\$)  211.68		<b>7</b> Payee address; City; State; Zip Code 336 Forest Avenue Amsterdam NY 12020			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Stickers		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date Payee name					
03/15/2023 Kona Coffee					
Amount (\$)					
71.96 6363 Dallas Parkway Frisco TX 75034					
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description Meet & Greet		
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date Payee name					
03/15/2023 The Community Grill					
Amount (\$)					
67.28 2525 Main Street Frisco TX 75033					
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food & Beverage		Description Constituent Meeting		
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
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.

<b>1</b> Total pages Schedule F1: <u>5/6</u>		<b>2</b> FILER NAME Mark Piland		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/15/2023		<b>5</b> Payee name YTAd Service YouTube			
<b>6</b> Amount (\$) 500.00		<b>7</b> Payee address; City; State; Zip Code 901 CHerry Ave San Bruno CA 94066			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description YouTube Ads		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH					
Date 03/15/2023		Payee name Rosa's Cafe			
Amount (\$) 79.15		Payee address; City; State; Zip Code 8299 FM 423 Frisco TX 75034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Meet & Greet		
	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					
Date 03/22/2023		Payee name The Community Grill			
Amount (\$) 111.74		Payee address; City; State; Zip Code 2525 Main Street Frisco TX 75033			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage		Description Meet & Greet		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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>6/6</b>		2 FILER NAME <b>Mark Piland</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/15/2023</b>		5 Payee name <b>Datatonik</b>			
6 Amount (\$) <b>500.00</b>		7 Payee address; City; State; Zip Code <b>425 Old Newman Road #202 Frisco TX 75033</b>			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Marketing Expense</b>		(b) Description <b>Marketing, Sign Installation</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>03/22/2023</b>		Payee name <b>Meta For Business</b>			
Amount (\$) <b>3.92</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Facebook Ads</b>		
	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					
Date <b>03/25/2023</b>		Payee name <b>Meta for Business</b>			
Amount (\$) <b>25.00</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Facebook Ads</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED