

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:

21

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST MARK	MI	OFFICE USE ONLY Date Received RECEIVED APR 27 2023 4:16 P.M. A.C. City Secretary's Office Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST PILAND	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2672 BUCKWHEAT RD FRISCO TX 75033			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST DAN	MI C	
	NICKNAME CASEY	LAST WATTS	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7950 MEADOW HILL FRISCO TX 75033			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 3 / 28 / 23 4 / 26 / 23			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 6 / 23 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			
	13 OFFICE SOUGHT (if known) FRISCO MAYOR			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
<input type="checkbox"/> Additional Pages	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)	\$ 27,750.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,755.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8995.00
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 Poland and my date of birth is [REDACTED]
 My address is 2670 BUCKWHEAT RD KILCO TY 75035 DENTON
 (street) (city) (state) (zip code) (country)
 Executed in DEUTON County, State of Texas, on the 22 day of APR, 20 25
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Mark Piland

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,750
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 10,000
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 20,755
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: 8
2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melinda + Tad Preston	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 13370 Bayfield Frisco TX 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sara Claunch	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 768 Acorn Lane Frisco TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Beverly Hagemeyer	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 885 Pasatiempo Frisco TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BLWB Holdings	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code 2338 Chelsea Frisco TX 75034		
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: 5
2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/23	5 Full name of contributor John Pavle <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 4400.00
6 Contributor address; City; State; Zip Code 6236 Chamberlyne Dr. Frisco		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/23	Full name of contributor Karen Podemski <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 7444 Veronica Frisco 76033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/23	Full name of contributor Amy Kirkpatrick <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3421 Greenbriar Frisco 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/2/23	Full name of contributor Patricia Ludwig <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 10313 Mallory Dr. Frisco 75035		
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:

8

2 FILER NAME

Mark Piland

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/23

5 Full name of contributor

Brian Livingston

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

9520 Mberta Ct. Frisco 75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/5/23

Full name of contributor

Jeff Jacobs

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

14834 Holly Leaf Dr. Frisco 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/6/23

Full name of contributor

April Pointer

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

2000.00

Contributor address; City; State; Zip Code

12774 Hollister D. Frisco 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/23

Full name of contributor

James/Arda Widman

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3861 Frid Way Frisco 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 of Schedule A1: 8
2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Stanbary	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 13065 Springhill Dr. Frisco		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy Parker	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2940 Old Wharf Rd Suffolk VA 23435		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Fleming	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code Frisco TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Fisher	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code Frisco TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 8
2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/23	5 Full name of contributor William Young <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 5683 Southern Hills Dr. Frisco 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/23	Full name of contributor Peter Manemann <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code Maneman6193@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/23	Full name of contributor Mike Scarlett <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9380 Country Rd. Frisco 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/23	Full name of contributor Julie Walsh <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 11130 Monarch Frisco 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 8
2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melissa Ballentine 6 Contributor address; City; State; Zip Code mrballentine@icloud.com	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat DeLange Contributor address; City; State; Zip Code 10390 Ridgcrest Frisco TX	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tanji Sewell - Pattist Contributor address; City; State; Zip Code Richardson TX	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott Brooke Contributor address; City; State; Zip Code 15581 Crown Cove Ln. Frisco 75035	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>8</u>
2 FILER NAME <u>Mark Piland</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/18/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marisela Contreras</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>9146 Commonwealth Frisco 75033</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/19/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Susan Oakley</u>	Amount of contribution (\$) <u>150.00</u>
Contributor address; City; State; Zip Code <u>10110 Planters Row Dr. Frisco</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/20/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Daniel Elmer</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>Frisco TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/20/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Angela Waits</u>	Amount of contribution (\$) <u>1500.00</u>
Contributor address; City; State; Zip Code <u>7950 Meadow Hill Frisco 75033</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 8
2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Albers	7 Amount of contribution (\$) 10,000.00
6 Contributor address; City; State; Zip Code 6474 Lone Grove Ct. Frisco 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giuseppe Piccinini	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 3736 Greenbriar Frisco 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: <u>1</u>	
2 FILER NAME <u>Mark Piland</u>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan <u>2/21/23</u>		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Mark Piland</u>		9 Loan Amount (\$) <u>10,000</u>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>		8 Lender address; City; State; Zip Code <u>2672 Buckwheat Frisco TX 75033</u>		10 Interest rate	
				11 Maturity date	
12 Principal occupation / Job title (See Instructions)			13 Employer (See Instructions)		
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 Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)	
Principal Occupation (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 9		2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)	
4 Date 3/31/23		5 Payee name Facebook			
6 Amount (\$) 3500		7 Payee address;		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing Exp.		(b) Description Ads		
	(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 4/11/23		Payee name Datatonic			
Amount (\$) 287.00		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Sign Inst. Zip Ties/Poks	
		<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 4/11/23		Payee name Datatonic			
Amount (\$) 480.00		Payee address;		City;	State; Zip Code
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

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: 9		2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)	
4 Date 3/29/23		5 Payee name Frisco Printing			
6 Amount (\$) 293.00		7 Payee address; City; State; Zip Code 8585 John Wesley #200 Frisco 75034			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing		(b) Description Push Cards		
	(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 3/31/23		Payee name Frisco Printing			
Amount (\$) 550.00		Payee address; City; State; Zip Code 8585 John Wesley #200 Frisco 75034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing Expense		Description Collateral		
	<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 4/14/23		Payee name Frisco Printing			
Amount (\$) 554.00		Payee address; City; State; Zip Code 8585 John Wesley #200 Frisco 75034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing Expense		Description Push Cards / Collateral		
	<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	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: 9		2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)	
4 Date 4/11/23		5 Payee name Frisko Printing			
6 Amount (\$) 550.00		7 Payee address; 8585 John Wesley #200		City; Frisko	State; TX
				Zip Code 75034	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Marketing Exp.		(b) Description Print materials	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 4/6/23		Payee name Frisko Printing			
Amount (\$) 550.00		Payee address; 8585 John Wesley #200		City; Frisko	State; TX
				Zip Code 75034	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Marketing Exp.		Description Print Mat.	
		<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 4/21/23		Payee name Frisko Printing			
Amount (\$) 5180.00		Payee address; 8585 John Wesley #200		City; Frisko	State; TX
				Zip Code 75034	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Market. Exp		Description Print Mat./mailers	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 9		2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)	
4 Date 3/26		5 Payee name Data-tonik			
6 Amount (\$) 339.50 340.00		7 Payee address; 425 Old Newman Rd #202		City; Frisco	State; TX
				Zip Code 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing		(b) Description Signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/26		Payee name Data-tonik			
Amount (\$) 450.00		Payee address; 425 Old Newman Rd #202		City; Frisco	State; TX
				Zip Code 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing		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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/26		Payee name Data-tonik			
Amount (\$) 4500.00		Payee address; 425 Old Newman Rd #202		City; Frisco	State; TX
				Zip Code 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 9		2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/29		5 Payee name Hoffs			
6 Amount (\$) 134.00		7 Payee address; 5454 Main Frisco TX 75033		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food /Beverage		(b) Description Event		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/28/29		Payee name Meta for Business			
Amount (\$) 25.00 32.00		Payee address;		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing		Description Ads		
	<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 4/7/29		Payee name Signarama			
Amount (\$) \$1950.00		Payee address; 9410 Dallas Pkwy Frisco 75033		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing		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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>9</u>		2 FILER NAME <u>Mark Piland</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/7/23</u>		5 Payee name <u>Signarama</u>			
6 Amount (\$) <u>1029.00</u> <u>national</u>		7 Payee address; <u>9410 Dallas PKwy 75033</u>		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Marketing</u>		(b) Description <u>Signs</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>3/31/23</u>		Payee name <u>The Community Grill</u>			
Amount (\$) <u>56.00</u>		Payee address; <u>2525 Main St. Frisco 75033</u>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food</u>		Description <u>Campaign Mtg.</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>4/3/23</u>		Payee name <u>Frisco Diner</u>			
Amount (\$) <u>38.00</u>		Payee address; <u>9250 Dallas Pkwy Frisco 75033</u>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food</u>		Description <u>Campaign Mtg.</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 9	2 FILER NAME Mark Piland	3 Filer ID (Ethics Commission Filers)
4 Date 3/29/23 4/7/23	5 Payee name Signarama	
6 Amount (\$) 704.00	7 Payee address; City; State; Zip Code 9410 Dallas Pkwy Frisco 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing	(b) Description Signs
	(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 3/26/23	Payee name Facebook		
Amount (\$) 25.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description Ads	
	<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 3/27/23	Payee name Facebook		
Amount (\$) 25.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description Ads	
	<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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <div style="font-size: 2em; font-weight: bold;">9</div>	2 FILER NAME <div style="font-size: 1.5em; font-weight: bold;">Mark Piland</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.5em; font-weight: bold;">4/17/23</div>	5 Payee name <div style="font-size: 1.5em; font-weight: bold;">YouTube Advertising</div>	
6 Amount (\$) <div style="font-size: 1.5em; font-weight: bold;">1000.00</div>	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; font-weight: bold;">Advertising</div>	
	(b) Description <div style="font-size: 1.5em; font-weight: bold;">Ads</div>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <div style="font-size: 1.5em; font-weight: bold;">4/20/23</div>	Payee name <div style="font-size: 1.5em; font-weight: bold;">YouTube Advertising</div>	
Amount (\$) <div style="font-size: 1.5em; font-weight: bold;">1000.00</div>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; font-weight: bold;">Advertising</div>	
	Description <div style="font-size: 1.5em; font-weight: bold;">Ads</div>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9		2 FILER NAME Mark Piland		3 Filer ID (Ethics Commission Filers)	
4 Date 4/11/23		5 Payee name Dataatonic			
6 Amount (\$) 286.00		7 Payee address; City; State; Zip Code 425 Old Newman Rd #202 Frisco 75033			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing		(b) Description Sign Supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/10/23		Payee name Kellys Tavern			
Amount (\$) 227.00		Payee address; City; State; Zip Code 3191 Preston Rd Frisco 75035			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Food/Drink MEIG		
	<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			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					