

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: <div style="font-size: 2em; text-align: center;">14</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Shona <hr/> NICKNAME LAST SUFFIX Huffman		OFFICE USE ONLY Date Received <div style="font-size: 1.5em;">SEP 05 2023</div> 11:31 AM City Secretary's Office								
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div>										
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION ()		Date Hand-delivered or Date Postmarked									
6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Ms. Kelly <hr/> NICKNAME LAST SUFFIX Carter		Receipt # Amount \$ Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE 3701 Cobblecreek Drive McKinney, TX 75070											
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (214) 797-9661											
9 REPORT TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>											
10 PERIOD COVERED Month Day Year 1 / 1 / 22 THROUGH 6 / 30 / 22											
11 ELECTION ELECTION DATE Month Day Year / /		ELECTION TYPE Primary Runoff Other Description General Special									
12 OFFICE OFFICE HELD (if any) Frisco City Council Place 2		13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="3">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td></td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	SPECIFIC	
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
SPECIFIC											

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Shona Huffman Sowell

16 Filer ID (Ethics Commission Filers)

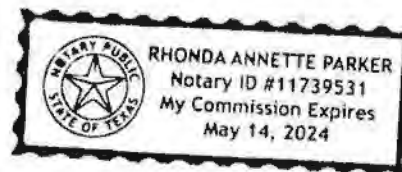
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9250
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13200
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,100
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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.

Shona Huffman Sowell
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Shona Sowell this the 5 day of Sept.
20 23, to certify which, witness my hand and seal of office.
Rhonda Parker RHONDA PARKER Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Shona Huffman (Sowell) and my date of birth [REDACTED]
My address is [REDACTED] (street) [REDACTED] (city) [REDACTED] (state) [REDACTED] (zip code) US (country)
Executed in Collin County, State of Texas, on the 24 day of Aug, 2023
Shona Huffman Sowell
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Shona Huffman-Jonell

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 9250

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 13,200

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: <u>5</u>
2 FILER NAME <u>Shona Huffman</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/10/22</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>Shanna Keaveny</u>	7 Amount of contribution (\$) <u>300.00</u>
6 Contributor address; City; State; Zip Code <u>6053 Connely Drive Frisco TX 75034</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1/21/22</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Pam Sowell</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>8248 Elm Hill Cirde, Knoxville TN 37919</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/22/22</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Rob Cox</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>7112 Silverbrook Frisco TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/24/22</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Barbara Fusola</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>1862 Lilac Lane Frisco TX 75034</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: 5	
2 FILER NAME Shona Huffman				3 Filer ID (Ethics Commission Filers)	
4 Date 2/12/22	5 Full name of contributor out-of-state PAC (ID#: _____) Ray Lenow			7 Amount of contribution (\$) 250.00	
	6 Contributor address; City; State; Zip Code 11056 Southwyck Frisco TX 75033				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 2/12/22	Full name of contributor out-of-state PAC (ID#: _____) Melanie Marx			Amount of contribution (\$) 50.00	
	Contributor address; City; State; Zip Code 12752 Brushetta Frisco TX 75033				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/12/22	Full name of contributor out-of-state PAC (ID#: _____) Mike Barber			Amount of contribution (\$) 250.00	
	Contributor address; City; State; Zip Code 7608 Regent Frisco TX 75033				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/12/22	Full name of contributor out-of-state PAC (ID#: _____) Mark Hill			Amount of contribution (\$) 500.00	
	Contributor address; City; State; Zip Code 9950 Little Horn Frisco TX 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Shona Huffman		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/22	5 Full name of contributor out-of-state PAC (ID#: Haynie & Paige Mayhew 6 Contributor address; City; State; Zip Code 2509 Valley Glen Ct. Carrollton TX 75010	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/14/22	Full name of contributor out-of-state PAC (ID#: Heather Bowers Contributor address; City; State; Zip Code 3115 Persimmon Frisco TX 75033	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/22	Full name of contributor out-of-state PAC (ID#: Joel Hoback Contributor address; City; State; Zip Code 5055 Kickapoo Frisco TX 75034	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/22	Full name of contributor out-of-state PAC (ID#: Fehmi Karahan Contributor address; City; State; Zip Code 7200 Bishop Ste. 250 Plano TX 75024	Amount of contribution (\$) 1500.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>5</u>
2 FILER NAME <u>Shona Huffman</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/5/22</u>	5 Full name of contributor <u>Philip Rose</u> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code <u>6853 Merrilee Dallas TX 75214</u>	7 Amount of contribution (\$) <u>2000.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1/5/22</u>	Full name of contributor <u>Todd Armstrong</u> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <u>1613 Lismore Ct Keller TX 76262</u>	Amount of contribution (\$) <u>1000.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/5/22</u>	Full name of contributor <u>William Vanderstraaten</u> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <u>214 566 8333</u>	Amount of contribution (\$) <u>1000.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/5/22</u>	Full name of contributor <u>Jeff Brawner</u> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <u>4364 San Carlos Dallas TX 75205</u>	Amount of contribution (\$) <u>500.00</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Shona Huffman		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/22	5 Full name of contributor out-of-state PAC (ID#: _____) Chris Kleibert <hr/> 6 Contributor address; City; State; Zip Code 5909 Skuben Ct Dallas TX 75248	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Shona Huffman	3 Filer ID (Ethics Commission Filers)
4 Date 2/20/22	5 Payee name Anedot	
6 Amount (\$) 96.00	7 Payee address; City; State; Zip Code 1920 McKinney Ave. 7th Floor Dallas TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online Donations
	(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 1/2/22	Payee name Punchbowl		
Amount (\$) 2500	Payee address; City; State; Zip Code 50 Speen St #202 Framingham Ma 01701		
PURPOSE OF EXPENDITURE	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 2/1/22	Payee name Punchbowl		
Amount (\$) 2500	Payee address; City; State; Zip Code 50 Speen St. #202 Framingham MA 01701		
PURPOSE OF EXPENDITURE	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 <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: 7		2 FILER NAME Shona Huffman Sowell		3 Filer ID (Ethics Commission Filers)	
4 Date 1/18/22		5 Payee name City of Frisco			
6 Amount (\$) 200.00		7 Payee address; 6101 Frisco Square Blvd Frisco TX		City; TX	State; 75034
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Filing Fee		
	(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 3/1/22		Payee name Katherine Schacherer			
Amount (\$) 68.00		Payee address; 4540 Biltmore		City; FRISCO	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Ribbons		
	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		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	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 <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: 1		2 FILER NAME Shona Huffman Sewell		3 Filer ID (Ethics Commission Filers)	
4 Date 3/9/22		5 Payee name Fred Lusk			
6 Amount (\$) 340.00		7 Payee address; City; State; Zip Code 9912 mallory FRISCO TX 75035			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Labor		(b) Description Sign Install/Removal		
	(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 1/1/22		Payee name Public Storage			
Amount (\$) 135.00		Payee address; City; State; Zip Code 6707 El Dorado Frisco TX 75033			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental		Description Storage		
	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 2/1/22		Payee name Public Storage			
Amount (\$) 135.00		Payee address; City; State; Zip Code 6707 El Dorado Frisco TX 75033			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental		Description Storage		
	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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	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 <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		
	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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	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 <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 7	2 FILER NAME Shona Huffman Sowell	3 Filer ID (Ethics Commission Filers)
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4 Date 3/1/22	5 Payee name Punchbowl
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6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 50 Speen St. #202 Framingham MA 01701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Email
	(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
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Date 3/1/22	Payee name Public Storage
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Amount (\$) 135.00	Payee address; City; State; Zip Code 6707 El Dorado Frisco TX 75033
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental	Description Storage
	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
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Date 4/1/22	Payee name Public Storage
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Amount (\$) 135.00	Payee address; City; State; Zip Code 6707 El Dorado Frisco TX 75033
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental	Description Storage
	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
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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>7</u>		2 FILER NAME <u>Shona Huffman Sowell</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5/1/22</u>		5 Payee name <u>Public Storage</u>			
6 Amount (\$) <u>135.00</u>		7 Payee address; City; State; Zip Code <u>6707 El Dorado Frisco TX 75033</u>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Rental</u>		(b) Description <u>Storage</u>		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>6/1/22</u>		Payee name <u>Public Storage</u>			
Amount (\$) <u>135.00</u>		Payee address; City; State; Zip Code <u>6707 El Dorado Frisco TX 75033</u>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Rental</u>		(b) Description <u>Storage</u>		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>2/12/22</u>		Payee name <u>Cowboys Club</u>			
Amount (\$) <u>6800.00</u>		Payee address; City; State; Zip Code <u>5 Cowboys Way Frisco TX 75034</u>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event</u>		(b) Description <u>Food Invol. Kickoff</u>		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Shona Huffman Sowell	3 Filer ID (Ethics Commission Filers)
4 Date 1/5/22	5 Payee name Kelly Clark	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code Frisco TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Headshots
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 2/12/22	Payee name Kelly Clark	
Amount (\$) 300.00	Payee address; City; State; Zip Code Frisco TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Photographer
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 2/1/22	Payee name Ashley Yoo	
Amount (\$) 200.00	Payee address; City; State; Zip Code Frisco TX (student)	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Design/ Graphics
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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>1</u>	2 FILER NAME <u>Shona Huffman Sowell</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/1/22</u>	5 Payee name <u>Wisdom Works</u>	
6 Amount (\$) <u>1300.00</u>	7 Payee address; <u>2111 High Country, Carrollton TX</u>	City; <u>TX</u> State; <u>75007</u> Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>T-Shirts</u>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>1/5/22</u>	Payee name <u>First Graphic</u>	
Amount (\$) <u>625.00</u>	Payee address; <u>229 Garvon Garland TX</u>	City; <u>TX</u> State; <u>75040</u> Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Signs - yard</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>3/15/22</u>	Payee name <u>Pizzeria Testa</u>	
Amount (\$) <u>2200.00</u>	Payee address; <u>8660 Church Lane</u>	City; <u>Frisco TX</u> State; <u>75033</u> Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event</u>	Description <u>Stepping Down Thank you</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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