SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

	OOVER SHEET PG T	
The SPAC Instruction G	uide explains how to complete this form.	2 Total pages filed:
3 COMMITTEE NAME		OFFICE USE ONLY
Safety First Frisco		Date Received RECEIVED
4 COMMITTEE ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3245 Main Street, STE 235 PMB 517, Frisco, TX 750341	APR 26 2024 © 11:57am xQ City Secretary's Office
5 CAMPAIGN	MS / MRS / MR FIRST MI	Date Hand-delivered or Date Postmarked
TREASURER NAME	Mr. Richard	Receipt # Amount \$
	NICKNAME LAST SUFFIX Peasley	Dale Processed
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE:	Date Imaged
TREASURER STREETADDRESS (Residence or Business)	7004 Day 188 Day Friend 71 7000	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; 3245 Main Street. STE 235 PMB 517, Frisco, TX 75034	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 964-6892	
9 REPORTTYPE	January 15 30th day before election July 15 X 8th day before election Runoff	Exceeded Modified Reporting Limit Dissolution Report (Attached PAC-FR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year	Month Day Year
	03 / 26 / 2024 THROUGH	04 / 24 / 2024
11 ELECTION	ELECTION DATE ELECTION TYPE	her escription
	GO TO PAGE 2	

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	<u> </u>			13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain pap	er to	CANDIDATE	CANDIDATE/OFFICEHOLDER NAME	<u> </u>
complete this report if necessary.)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office	xeholder)
SUPPORT (Candidate or Measu	re)	***************************************	BALLOTIDENTIFICATION/#	ELECTION DATE onth Day Year
X OPPOSE (Candidate or Measure)		X MEASURE	Proposition A & B	5 / 04 / 2024
ASSIST (Officeholder)			DESCRIPTION Oppose Civil Service and Collective Bargaining	
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, O	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$ 0.00
	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,250.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED I	POLITICAL EXPENDITURES	\$ 431.22
	4.	TOTAL POLITICAL E	\$ 37,015.62	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO OF THE REPORTING I	NTRIBUTIONS MAINTAINED AS OF THE LAST PERIOD	DAY \$ 48,251.28
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS OF PORTING PERIOD	THE \$ 0.00
16 SIGNATURE	l swea include	r, or affirm, under per es all information requi	nalty of perjury, that the accompanying red to be reported by me under Title 15	report is true and correct and i, Election Code.
			Signature of Campaign	Treasurer (Declarant)
(1) Affidavit AFFIX NOTARY STAMP / Sworn to and subscrit day of	ped be	BOVE fore me, by the said	omplete either option below: ch, witness my hand and seal of office.	, this the
Signature of officer adm	inisterir	ng oath Printed n	ame of officer administering oath	Title of officer administering oath
(2) Unsworn Declarat	ior		OR	
, ,	ichard F	Peasley	and my date of high is	
My address is		094 Bay Hill Dr	, and my date of birth is _ Frisco	TX 75036 Denton
Executed in Denton		(street)County, State ofTex	(city) (as, on the25day of(months)	(state) (zip code)(country)
			Signature of Carr	npaign Treasurer (Declarant)

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Con	nmission Filers)
	Safety First Frisco		
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,100.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 150.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	ABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORF	PORATION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	PR ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 36,584.40
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Th	ne Instruction Guide explains hov	w to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	IE Safety First Frisco			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor John R Landon		AC (ID#)	7 Amount of contribution (\$)
04/09/24	6 Contributor address;	City;	State; Zip Code	10,000.00
	4050 West Park Blvd	Plano	TX 75093	
8 Principal occ	cupation / Job title (See Instructions)	;)	9 Employer (See Instru	uctions)
Date	Full name of contributor Dean Stubbe	out-of-state PA(C (ID#:)	Amount of contribution (\$)
04/20/24	Contributor address;	City;	State; Zip Code	100.00
	4635 Pine Valley Dr, Frisco,	, TX 75034		
Principal occu	upation / Job title (See Instructions)		Employer (See Instru	actions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	
Date	Full name of contributor	out-of-state PA(C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)	·	Employer (See Instruc	
	ΔΤΤΔΩΗ ΑΝΝΙ	TIONAL CODIES	OF THIS SCHEDULE AS N	
			OF THIS SCHEDULE AS N	

Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

ii uie ieque	sted information is not applicable, DO NOT include tr		ie report.	
Th	ne Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2: 1
2 FILER NAM	E Safety First Frisco		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 04/12/24 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 150.00 Check if travel outsion (FOR NON-JUDICIA)	9 In-kind contribution description Food and Beverage for Event de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>L</u>		
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outsic	de of Texas. Complete Schedule T. AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIG SCHEDU	LEACNEEDED	
If	f contributor is out-of-state PAC, please see Instruction	on guide for	LEAS NEEDED additional reporting	requirements.

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment	The Instruction Guide explain	ns how to complete this form.					
1 Total pages Schedule F1: 1 of 11	2 FILER NAME Safety First Frisco		3 Filer ID (Ethics Commission Filers)				
4 Date 03/26/24	5 Payee name Facebook						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
35.00	1 Hacker Way, Menlo Park, CA 94025						
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description					
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook Ads					
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Austi	n, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held				
Date	Payee name						
03/26/24	Valentine Direct Marketing						
Amount (\$)	Payee address;	State; Zip Code					
4,456.74	14243 Proton Rd, Farmers Branch, TX	75244					
	Category (See Categories listed at the top of this so	chedule) Description					
PURPOSE OF EXPENDITURE	Advertising Expense	Mailers					
	Check if travel outside of Texas. Complete Sc	thedule T. Check if Austin	n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
03/28/24	Frisco Printing						
Amount (\$)	Payee address;	City;	State; Zip Code				
344.99	8585 John Wesley Dr, Frisco, TX 7503	4					
VIIIVIII (1.000.000.000.000.000.000.000.000.000.0	Category (See Categories listed at the top of this sc	hedule) Description					
PURPOSE OF EXPENDITURE	Printing Expense	Flyers					
	Check if travel outside of Texas. Complete Sch	nedule 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 NEF	DED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y Gift/Av al Committee Legal	Gift/Awards/Memorials Expense Polling Expense e Legal Services Printing Expense The Instruction Guide explains how to complete this form.			Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 2 of 11	2 FILER NAME	Safety First Frisco			3 Filer ID (Ethic:	s Commission Filers)		
4 Date 03/28/2024	5 Payee name	Valentine Direct Market	tina					
6 Amount (\$)	7 Payee address;	···	····-	City;	State;	Zip Code		
10,816.51	14243 Proton I	Rd, Farmers Branch, TX	75244			·		
8	(a) Category (See (Categories listed at the top of this	s schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Exper	nse		Mailers				
	(c) Check if	travel outside of Texas. Complete S	Schedule T,	Check if Austin,	, TX, officeholder living	expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fficeholder name		Office sought		Office held		
Date	Payee name							
03/31/2024	Steve Trent							
Amount (\$)	Payee address;			City;	State;	Zip Code		
237.58	7202 Bay Hill	Dr, Frisco, TX 75033						
	Category (See Ca	itegories listed at the top of this s	schedule)	Description				
PURPOSE OF EXPENDITURE	Food Beverage	Expense		Food/Beverage fo	or event			
	Check if t	ravel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name		Office sought	I	Office held		
Date	Payee name							
04/01/24	First Graphics							
Amount (\$)	Payee address;			City;	State;	Zip Code		
619.73	209 Garvon St	t, Garland, TX 75040						
	Category (See Cat	tegories listed at the top of this so	chedule)	Description				
PURPOSE OF EXPENDITURE	Printing Exper	rse		Signs				
	Check if tra	avel outside of Texas. Complete Sci	chedule T.	Check if Austin.	TX, officeholder living e	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Of	fficeholder name		Office sought		Office held		
	ATTACH A	ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NEED	ED			

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		g Expense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 3 of 11	2 FILER NAME Safety First Frisco		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2024	5 Payee name First Graphics		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
880.61	209 Garvon St, Garland, TX 75040	•	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Printing Expense	Signs	
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	The second secon	
04/01/24	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
35.00	1 Hacker Wy, Menlo Park, CA 94025		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/01/24	Hope Floats Creative		
Amount (\$)	Payee address;	City;	State; Zip Code
1,900.00	1915 E Victory Dr, STE E-1073, Savannah, G	A 31404	
7	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Magazine Ad	
	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 THE	S SCHEDULE AS NEEI	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ontributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Printing Expense Salaries/Wages/Contract Labor		pense	Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Cald Fayment		The Instruction Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule F1: 4 of 11	2 FILER N	AME Safety First Frisco			3 Filer ID (Ethio	cs Commission Filers)
4 Date 04/01/2024	5 Payee na	ame Grow as One Network	***************************************			
6 Amount (\$)	7 Payee a	ddress;	······································	City;	State;	Zip Code
1,975.56	10618 7	obias Ln, Frisco, TX 75033				
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		***************************************
PURPOSE OF EXPENDITURE	Advertisin	g Expense		Videos		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
04/02/2024	First Gr	aphics				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
619.73	209 Ga	von St, Garland, TX 75040				
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Expense		Signs		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
04/02/24	Faceboo	bk				
Amount (\$)	Payee ad	dress;	***************************************	City;	State;	Zip Code
35.00	1 Hacke	er Wy, Menlo Park, CA 94025				
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Advert	sing Expense		Facebook Ads		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explain	ns how to co	mplete	this form.			
1 Total pages Schedule F1: 5 of 11	2 FILER N	AME Safety First Frisco				3 File	r ID (Ethic	s Commission Filers)
4 Date 04/05/24	5 Payee na	ame Awarity						
	<u> </u>							
6 Amount (\$)	7 Payee ad	dress;			City;		State;	Zip Code
5,000.00	2600 Ne	2600 Network Blvd, Frisco, TX 75034						
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) De	scription			
PURPOSE OF EXPENDITURE	Advertisin	g Expense		Inte	ernet Ads			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.		Check if Au	stin, TX, offic	eholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Offic	ce sought			Office held
Date	Payee na	ime						
04/05/24	Star Loc	cal Media						
Amount (\$)	Payee address; City;					State;	Zip Code	
4,000.00	3501 E	Plano Pkwy STE 200, Plano, T	X 75074					
	Category	(See Categories listed at the top of this s	schedule)	Des	scription			
PURPOSE OF EXPENDITURE	Advertisi	Advertising Expense Newspaper Advertising						
		Check if travel outside of Texas. Complete So	chedule T.		Check if Aus	stin, TX, office	eholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Offic	e sought		***************************************	Office held
Date	Payee na	ıme						
04/05/24	Faceboo	ok						
Amount (\$)	Payee ad	dress;			City;		State;	Zip Code
50.00	1 Hacke	er Wy, Menio Park, CA, 94025						
	Category	(See Categories listed at the top of this so	chedule)	Des	cription			
PURPOSE OF EXPENDITURE	Adverti	ising Expense		Fac	ebook Adv	ertising		
1		Check if travel outside of Texas. Complete Sc	chedule T.		Check if Aus	tin, TX, office	holder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Offic	ce sought			Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS SC	CHEDU	ILE AS NE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 6 of 11	2 FILER NAME Safety First Frisco		3 Filer ID (Ethics Commission Filers)		
4 Date 04/05/2024	5 Payee name Frisco Printing				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
57.94	8585 John Wesley Dr, Frisco, TX 75034				
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Flyers			
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austir	n. TX. officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/05/24	Facebook				
Amount (\$)	Payee address;	City;	State; Zip Code		
75.00	1 Hacker Way, Menlo Park, CA 94025				
	Category (See Categories listed at the top of this schi	edule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook Ads			
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/09/24	Stripe				
Amount (\$)	Payee address;	City;	State; Zip Code		
290.30	354 Oyster Blvd, San Francisco, CA 290).30			
	Category (See Categories listed at the top of this sche	edule) Description			
PURPOSE OF EXPENDITURE	Fees	Credit Card Fees	3		
	Check if travel outside of Texas. Complete Sched	dule 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	F THIS SCHEDULE AS NEED	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Safety First Frisco 7 of 11 4 Date 5 Payee name 04/10/24 Facebook 6 Amount (\$) 7 Payee address; City; State: Zip Code 1 Hacker Way, Menlo Park, CA 94025 7.87 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Facebook Ads OF Advertising Expense EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/10/24 Facebook Amount (\$) Payee address; City; State: Zip Code 10.93 1 Hacker Way, Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Facebook Ads OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 03/28/24 Frisco Printing Amount (\$) Payee address; City; State: Zip Code 8585 John Wesley Dr. Frisco, TX 75034 177.92 Category (See Categories listed at the top of this schedule) Description **PURPOSE Printing Expense** OF **Flyers** EXPENDITURE Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ndidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor		pense ages/Contract Labor	Travel Out Of District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 8 of 11	2 FILER N	IAME Safety First Frisco			3 Filer	ID (Ethic	cs Commission Filers)
4 Date 04/12/24	5 Payee n	ame NRIPage Inc					
6 Amount (\$)	7 Payee a	ddress;		City;		State;	Zip Code
500.00	8780 3r	d St STE 340, Frisco, TX 75034	4				
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description			**************************************
PURPOSE OF EXPENDITURE	Advertisir	ng Expense		Internet Ads			
	(c)	Check if travel outside of Texas, Complete S	Schedule T,	Check if Austin	n, TX, officel	holder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought			Office held
Date	Payee na	ame					
04/15/24	Facebo	ok					
Amount (\$)	Payee ac	ldress;		City;		State;	Zip Code
75.00	1 Hacke	er Wy, Menlo Park, CA 94025					
	Category	(See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Advertis	ing Expense		Facebook Ads			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin.	, TX, officeh	nolder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought			Office held
Date	Payee na	ame				****	
04/16/24	Facebo	ok					
Amount (\$)	Payee ad	dress;		City;	5	State;	Zip Code
125.00	1 Hack	er Wy, Menlo Park, CA 94025					
	Category	(See Categories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	Advert	ising Expense		Facebook Ads			
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin.	TX, officeh	older living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought			Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Safety First Frisço 9 of 11 4 Date 5 Payee name 04/18/24 First Graphics 6 Amount (\$) City; 7 Payee address; State: Zip Code 209 Garvon St, Garland, TX 75040 1,063.56 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Signs OF Printing Expense **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 04/18/24 Fred Lusk Amount (\$) Payee address; City; State; Zip Code 412.91 9912 Mallory Dr, Frisco, TX 75035 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salaries/Wages/Contract Expenseising Expense Sign Install/Maintenance **OF EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/18/24 Valentine Direct Marketing Amount (\$) Payee address; City; State; Zip Code 14243 Proton Rd, Farmers Branch, TX 75244 135.31 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Stickers OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Contributions/Donations Made By Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.		Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total names Schedule F1:	2 511 55 7			Ampiete tine recini	9 Files ID /Fabia	
1 Total pages Schedule F1: 10 of 11	2 FILER N	NAME Safety First Frisco			3 Filer ID (Eunic	s Commission Filers)
4 Date	5 Payeen	ame				
04/19/24		Frisco Printing				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
495.83	8585 Jo	ohn Wesley Dr, Frisco, TX 75034	1			
8	(a) Catego	ry (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing E	Expense		Flyers		
	(c)	Check if travel outside of Texas. Complete Sch	chedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
04/19/24	Trufire	Grill				
Amount (\$)	Payee ad	;zeenbk		City;	State;	Zip Code
348.43	6959 Le	ebanon Rd STE 114, Frisco, TX 7	75034			
	Category	(See Categories listed at the top of this sch	chedule)	Description		
PURPOSE OF EXPENDITURE	Food Be	everage Expense	1	Food/Beverage for event		
		Check if trayel outside of Texas. Complete Sch	hedule T.	Check if Austin.	. TX, officeholder living	expense
Complete ONLY if direct Cand expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
04/19/24	Valentir	ne Direct Marketing				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
1,623.75	14243 (Proton Rd, Farmers Branch, TX 7	75244			
	Category	(See Categories listed at the top of this sch	nedule)	Description		
PURPOSE OF EXPENDITURE	Advert	tising Expense		Mailers		
		Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin.	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	til et de een een een een een een een een een	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule F1: 11 of 11	2 FILER NAME Safety First Frisco		3 Filer ID (Ethics Commission Filers)			
4 Date 04/20/24	5 Payee name Facebook					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
175.00	1 Hacker Way, Menlo Park, CA 94025					
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense					
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
04/20/24	Stripe					
Amount (\$)	Payee address;	City;	State; Zip Code			
3.20	354 Oyster Blv, San Fancisco, CA 941	02				
	Category (See Categories listed at the top of this sch	nedule) Description				
PURPOSE OF EXPENDITURE	Fees	Credit Card Fee	s			
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austir	n. TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description				
	Check if travel outside of Texas, Complete School	edule 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						