

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: **14**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. George Michael
Ferrie Jr.

OFFICE USE ONLY

Date Received

RECEIVED

JUL 15 2020

City Manager's / City
Secretary's Office

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2932 Stock

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 960. 2296

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Patrick M.
McLeod

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

1204 Clover Lane Denton TX 76209

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940) 368. 2413

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 01 / 2020

THROUGH

Month

Day

Year

06 / 30 / 2020

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 / 2020

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Denton City Council
District 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME George Ferrie 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

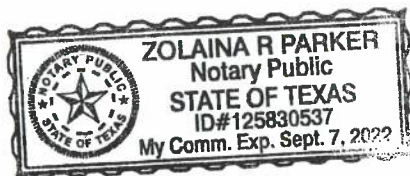
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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)	\$ 2,177-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,544.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,714.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said George Michael Ferrie Jr. this the 15th day of July, 20 22, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Zolaine R. Parker

Printed name of officer administering oath

Deputy City Sec. Notary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,177
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,544.91
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

George Ferris

3 Filer ID (Ethics Commission Filers)

4 Date

02/13/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rachel Grace

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

9242 Seaway Dr. Dallas, TX 75217

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/13/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Angelita Cadena

Amount of contribution (\$)

\$25

Contributor address;

City;

State;

Zip Code

111 E. University Dr. Denton, TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brennan Davis

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

635 E. Corporate Drive Lewisville, TX 75057

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amber Briggie

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

529 Malone St. Denton TX 76201

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

George Ferrie

3 Filer ID (Ethics Commission Filers)

4 Date

02/13/20

5 Full name of contributor

Robert Linder

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$115

6 Contributor address;

City;

State;

Zip Code

1428 Shady Lane Bedford TX 76021

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/13/20

Full name of contributor

Jennifer Mawk

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

2 Barclay Lane Caserville IL 62232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/20

Full name of contributor

Billy Poir

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10

Contributor address;

City;

State;

Zip Code

1114 Frame St. Denton TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/20

Full name of contributor

Rebecca Perfecto

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

1801 Dunder Drive Corinth TX 76210

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

George Ferris

3 Filer ID (Ethics Commission Filers)

4 Date

02/13/20

5 Full name of contributor

Nina Chantanapumma

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

666 E. Hickory Street Denton TX 76205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/14/20

Full name of contributor

Keri Caruthers

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100-

Contributor address;

City;

State;

Zip Code

2101 Savannah Trail Denton, TX 76205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/20

Full name of contributor

Joni Bryan

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25-

Contributor address;

City;

State;

Zip Code

920 W. Congress St. Denton, TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/17/20

Full name of contributor

James Bourland

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25-

Contributor address;

City;

State;

Zip Code

3444 43rd St. Long Island City, NY 11101

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

George Ferriz

3 Filer ID (Ethics Commission Filers)

4 Date

02/18/20

5 Full name of contributor

Lindsey Hall

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

725 Rio Valle Court El Paso, TX 79932

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/19/20

Full name of contributor

Brandt Richey

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

920 N. Austin St. Denton, TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/20

Full name of contributor

Stephanie Seman

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

158 Maegan Place, Thousand Oaks, CA 91320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/20

Full name of contributor

Walter Padilla

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

9484 Palmer Lane Ponder, TX 76259

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

George Ferriz

3 Filer ID (Ethics Commission Filers)

4 Date

03/04/20

5 Full name of contributor

Jennifer Bates

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$10-

6 Contributor address;

City;

State;

Zip Code

9900 Angel Bend Denton TX 76208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/08/20

Full name of contributor

John Hoanig

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

2715 Nottingham Drive, Denton, TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/08/20

Full name of contributor

Erica James

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

1408 Rustic Timbers Lane FlowerMound, TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/08/20

Full name of contributor

Clinton Hardy

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$276

Contributor address;

City;

State;

Zip Code

Volterra Way Fort Worth, TX 76244

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **George Ferriz**

3 Filer ID (Ethics Commission Filers)

4 Date **03/07/20**

5 Full name of contributor ☐ out-of-state PAC (ID#: _____) **Cody Lucas**

7 Amount of contribution (\$) **\$40**

6 Contributor address; City; State; Zip Code

3515 W. Argyle St. Denton, TX 76225

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **03/08/20**

Full name of contributor ☐ out-of-state PAC (ID#: _____) **Jennifer Fukuto**

Amount of contribution (\$) **\$51**

Contributor address; City; State; Zip Code

3925 Saint Christopher Lane. Dallas, TX 75287

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **03/08/20**

Full name of contributor ☐ out-of-state PAC (ID#: _____) **Wyljanna Cole**

Amount of contribution (\$) **\$40**

Contributor address; City; State; Zip Code

1201 N. Austin St. Denton TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **03/09/20**

Full name of contributor ☐ out-of-state PAC (ID#: _____) **Linda Holshouser**

Amount of contribution (\$) **\$20**

Contributor address; City; State; Zip Code

2400 Stockbridge Rd. Denton, TX 76208

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME **George Ferriz**

3 Filer ID (Ethics Commission Filers)

4 Date **04/01/20**

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Meghan Kajihara

7 Amount of contribution (\$)

\$10

6 Contributor address; City; State; Zip Code
601 Bolivar St. Denton, TX 76201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/01/20

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Kyrstin Melberg

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

119 Owens Lane Denton, TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/20

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Sue Young

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

913 Brittany Drive Denton, TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/22/20

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Tod King

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

2222 Houston Pl. Denton, TX 76201

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME

George Ferriz

3 Filer ID (Ethics Commission Filers)

4 Date

05/29/20

5 Full name of contributor

Matilda Roach

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$205

6 Contributor address;

City;

State;

Zip Code

1821 Emery St. Denton, TX 76201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/23/20

Full name of contributor

Jodi Ismert

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

1 Denton TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME George Ferrie	3 Filer ID (Ethics Commission Filers)
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4 Date 01/21/20	5 Payee name Squarespace
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6 Amount (\$) \$39	7 Payee address; 8 Clarkson St.	City; New York City, NY	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website Domain	(b) Description
	(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
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Date 02/13/20	Payee name Pint Services
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Amount (\$) 350	Payee address; 5501 Fishtrap Rd. #441	City; Denton, TX	State;	Zip Code 76208
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) T-shirts / Koozies / ^{Campaign}Swag	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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Date 02/19/20	Payee name T.D.P.
-------------------------	-----------------------------

Amount (\$) 235	Payee address; 314 E. Highland Mall Blvd. #508	City; Austin, TX	State;	Zip Code 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Voter Access Network	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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME George Ferrie	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/20	5 Payee name Stripe	
6 Amount (\$) 153-	7 Payee address; City; State; Zip Code San Francisco, CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Card Readers, Equipment	(b) Description
	(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 03/09/20	Payee name Clara's Kitchen		
Amount (\$) 410⁹⁹	Payee address; City; State; Zip Code 511 Robertson St. Denton, TX 76205		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Kick-off Food	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			

Date 03/09/20	Payee name Orbit Press		
Amount (\$) 236.92	Payee address; City; State; Zip Code 1811 N. Elm St. Denton, TX 76201		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME George Ferris		3 Filer ID (Ethics Commission Filers)
4 Date 05/22/20	5 Payee name UPS Store		
6 Amount (\$) \$120	7 Payee address; City; State; Zip Code 111 E. University Dr. #105 Denton, TX 76209		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) P.O. Box		(b) Description
	(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	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			
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			
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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED