

# 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:<br><b>27</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR: <b>Mr</b> FIRST: <b>James</b> MI: <b>A</b><br>NICKNAME: <b>Jim</b> LAST: <b>Mann</b> SUFFIX:  | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b><br/>                     NOV 30 2020<br/>                     City Manager's / City Secretary's Office                 </div> |                                   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><b>PO Box 1693 Denton Tx 76202</b>   |   |                                   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><b>(940) 594-3501</b>  |   |                                   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR: <b>Mr.</b> FIRST: <b>Pat</b> MI:<br>NICKNAME: <b>Pat</b> LAST: <b>Smith</b> SUFFIX:   | Date Hand-delivered or Date Postmarked  | Receipt #      Amount \$          |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><b>1417 Cambridge Ln. Denton Tx 76209</b>   |   |                                   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><b>(940) 735-3234</b>  |   |                                   |
| 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)<br><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<br><b>10 / 25 / 2020      THROUGH      11 / 25 / 2020</b>  |   |                                   |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br><b>12 / 08 / 2020</b>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special  |                                   |
| 12 OFFICE  | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)<br><b>Denton City Council PLC at Large</b>  |                                   |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> 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.  |   |                                   |
| <input checked="" type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC         | COMMITTEE TYPE<br>COMMITTEE NAME<br><b>Texas Realtors Political Action Committee</b><br>COMMITTEE ADDRESS<br><b>115 San Jacinto Blvd Ste 200 Austin Tx 78701</b><br>COMMITTEE CAMPAIGN TREASURER NAME<br><b>Leslie Cantu</b><br>COMMITTEE CAMPAIGN TREASURER ADDRESS<br><b>PO Box 2246 Austin, Tx 78768</b>  |   |                                   |

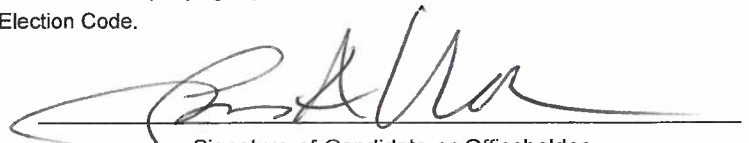
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

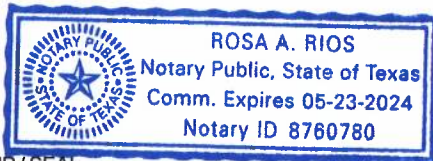
|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ _____                               |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 32,020. <sup>00</sup>               |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ _____                               |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 11,403.98                           |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ _____                               |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 1250. <sup>00</sup>                 |

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 James P. Mann this the 30<sup>th</sup> day of November,

2020, to certify which, witness my hand and seal of office.

Rosa A. Rios Rosa A. Rios Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 32,020. <sup>00</sup>               |
| 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   | \$ 1,250. <sup>00</sup>                |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 11,403. <sup>98</sup>               |
| 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: 17

2 FILER NAME **James Mann** 3 Filer ID (Ethics Commission Filers)

|  |  |   |
|--|--|---|
| 4 Date<br><b>10/26/20</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Arthur Tidwell</b> | 7 Amount of contribution (\$)<br><b>\$25.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>9600 Applewood Trl. Denton Tx 76207</b> |  |   |

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

|   |   |  |
|---|---|--|
| Date<br><b>11/5/20</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Pat Smith</b> | Amount of contribution (\$)<br><b>\$300.00</b> |
| Contributor address; City; State; Zip Code<br><b>1417 Cambridge Ln. Denton Tx 76209</b> |   |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|   |  |   |
|---|--|---|
| Date<br><b>11/10/2020</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Arthur &amp; Livia Tidwell</b> | Amount of contribution (\$)<br><b>\$50.00</b> |
| Contributor address; City; State; Zip Code<br><b>9600 Applewood Trl. Denton 76207</b> |  |   |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|   |   |  |
|---|---|--|
| Date<br><b>11/15/20</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Bill &amp; Avanell Patten</b> | Amount of contribution (\$)<br><b>\$500.00</b> |
| Contributor address; City; State; Zip Code<br><b>9801 Cypress St. Denton Tx 76207</b> |   |  |

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 FILER NAME<br><p style="text-align: center; font-size: 1.2em;">James Mann</p>  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><p style="font-size: 1.2em;">11/15/20</p>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Anonymans Cash Contribution</p> | 7 Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 20.<sup>00</sup></p>  |
| 6 Contributor address; City; State; Zip Code   |   |  |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)  |
| Date<br><p style="font-size: 1.2em;">11/16/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Craig &amp; Molly Hughes</p>      | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 1,000.<sup>00</sup></p> |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">901 S. Mopac Expressway Austin Tx 78746</p>   |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |
| Date<br><p style="font-size: 1.2em;">11/13/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Grant Pearson</p>                 | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 500.<sup>00</sup></p>   |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">15801 Artistway Apt. 4415 Addison Tx 75001</p>  |   | <del>Jan</del>   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |
| Date<br><p style="font-size: 1.2em;">11/11/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Charles Beyer</p>                 | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 1,000.<sup>00</sup></p> |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">6403B Westcott St. Houston TX 77007</p>   |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:   |
| 2 FILER NAME<br><p style="text-align: center; font-size: 1.2em;">James Mann</p>   |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><p style="font-size: 1.2em;">11/13/20</p>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;"><del>██████████</del> Nadya Dhanani</p>   | 7 Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 1,000.<sup>00</sup></p> |
| 6 Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">4055 Maranatha Dr. Sugar Land TX 77479</p> |   |  |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)  |
| Date<br><p style="font-size: 1.2em;">11/12/20</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Kathleen <del>██████████</del> Hamilton</p> | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 1,000.<sup>00</sup></p>   |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">1381 Paseo Don Juan, San Juan PR 00907</p>   |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)  |
| Date<br><p style="font-size: 1.2em;">11/12/20</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Andy <del>██████████</del> Bean</p>         | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 1,000.<sup>00</sup></p>   |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">3011 68th St. Lubbock TX 79413</p>           |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)  |
| Date<br><p style="font-size: 1.2em;">11/12/20</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;"><del>██████████</del> Charles Hamilton</p>  | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 1,000.<sup>00</sup></p>   |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">1381 Paseo Don Juan, San Juan PR 00907</p>   |   |  |
| 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 FILER NAME

James Mann

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/20

5 Full name of contributor

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

Andy Bean

7 Amount of contribution (\$)

\$1,000.<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

3011 68<sup>th</sup> St. Lubbock Tx 79413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/13/20

Full name of contributor

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

Zohaib Dhanani

Amount of contribution (\$)

\$1,000.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

240 E. Illinois St. Apt. 31d Chicago IL 60611

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/20

Full name of contributor

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

Haeli Rane Pearson

Amount of contribution (\$)

\$500.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

4061 Blue Sage Dr. Prosper Tx 75078

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/20

Full name of contributor

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

Eric W. Taylor

Amount of contribution (\$)

\$1,000.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

1701 Wild Basin Ledge Austin Tx 78746

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 FILER NAME

James Mann

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Edwin Oden

7 Amount of contribution (\$)

\$2,000<sup>00</sup>

6 Contributor address; City; State; Zip Code

PO Box 162883 Austin TX 78716

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/16/20

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

The Martha Gills Trust

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address; City; State; Zip Code

8013 American Way Denton TX 76207

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/20

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

Harold Reed

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address; City; State; Zip Code

2414 Northwood Terr. Denton TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/20

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

Darla Chupp

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address; City; State; Zip Code

10304 Murray S. Johnson Denton TX 76207

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 FILER NAME

James Mann

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Susan M. Lender

7 Amount of contribution (\$)

\$ 100.<sup>00</sup>

6 Contributor address; City; State; Zip Code

3200 Old Orchard Ln Denton TX 76209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/16/20

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

Leslie Brooks

Amount of contribution (\$)

\$ 100.<sup>00</sup>

Contributor address; City; State; Zip Code

8713 Franklin Dr. Denton TX 76207

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/20

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

Dick Smith

Amount of contribution (\$)

\$ 100.<sup>00</sup>

Contributor address; City; State; Zip Code

721<sup>W</sup> Hobson Denton TX 76205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/20

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

Marta Menn

Amount of contribution (\$)

\$ 50.<sup>00</sup>

Contributor address; City; State; Zip Code

2717 Skivue Dr. Argyle TX 76266

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 FILER NAME<br><p style="text-align: center; font-size: 1.2em;">James Mann</p>  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><p style="font-size: 1.2em;">11/16/20</p>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Lewis Toland</p>       | 7 Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 200.<sup>00</sup></p> |
| 6 Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">9700 Teakwood Ave. Denton, TX 76207</p>   |  |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)  |
| Date<br><p style="font-size: 1.2em;">11/16/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Philip Galvin, Jr.</p>   | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 200.<sup>00</sup></p>   |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">6 Timbergreen Cir. Denton, TX 76205</p>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| Date<br><p style="font-size: 1.2em;">11/17/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Robert Harris Realty</p> | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 300.<sup>00</sup></p>   |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">PO Box 1352 Denton TX 76202</p>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| Date<br><p style="font-size: 1.2em;">11/17/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Joe Alford</p>           | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 100.<sup>00</sup></p>   |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">1608 Lynhurst Denton TX 76205</p>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:  |
| 2 FILER NAME<br><p style="text-align: center; font-size: 1.2em;">James Mann</p>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><p style="font-size: 1.2em;">11/17/20</p>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Daniel K. Peugh LLC</p>                             | 7 Amount of contribution (\$)<br><p style="font-size: 1.5em;">\$ 300<sup>00</sup></p> |
| 6 Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">721 W. Mulberry Denton TX 76201</p>       |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)   |
| Date<br><p style="font-size: 1.2em;">11/13/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Apartment Assoc. of Greater Dallas <sup>PAC</sup></p> | Amount of contribution (\$)<br><p style="font-size: 1.5em;">\$2,500.<sup>00</sup></p> |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">5728 LBJ Frewy Sute 100 Dallas TX 75240</p> |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |
| Date<br><p style="font-size: 1.2em;">11/15/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Dena Meek</p>   | Amount of contribution (\$)<br><p style="font-size: 1.5em;">\$ 300.<sup>00</sup></p>  |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">500 Diamond Pt. Dr. Oak Point TX 75068</p>  |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |
| Date<br><p style="font-size: 1.2em;">11/18/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Tim Shoopman</p>                                      | Amount of contribution (\$)<br><p style="font-size: 1.5em;">\$ 100.<sup>00</sup></p>  |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">1004 N. Locust St. Denton TX 76201</p>      |   |   |
| 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 FILER NAME<br><p style="text-align: center; font-size: 1.2em;">James Mann</p>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><p style="font-size: 1.2em;">11/16/20</p>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Patricia Langa</p>                  | 7 Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$50.<sup>00</sup></p>  |
| 6 Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">9913 Grandview Dr. Denton TX 76207</p>  |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)   |
| Date<br><p style="font-size: 1.2em;">11/18/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Texas Association of Realtors PAC</p> | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$4,000.<sup>00</sup></p> |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">PO Box 2246 Austin TX 78768</p>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |
| Date<br><p style="font-size: 1.2em;">11/20/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Sherry Hansel</p>                     | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 100.<sup>00</sup></p>  |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">9808 Crestview Denton TX 76207</p>  |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |
| Date<br><p style="font-size: 1.2em;">11/20/20</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="font-size: 1.2em;">Arthur Tidwell</p>                    | Amount of contribution (\$)<br><p style="font-size: 1.2em;">\$ 25.<sup>00</sup></p>   |
| Contributor address; City; State; Zip Code<br><p style="font-size: 1.2em;">9600 Applewood Trl. Denton TX 76207</p>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

James Mann

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/20

5 Full name of contributor

Pat Ballow

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

7 Amount of contribution (\$)

\$ 150.<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

12104 Pepperidge Ave Denton Tx 76207

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/20/20

Full name of contributor

Tesh Beaty

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

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

2459 W. Blackjack Rd. Denton Tx 76227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/20

Full name of contributor

HBA of Greater Dallas HOME PAC

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

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

5816 W. Plano Pkwy Plano Tx 75093

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/22/20

Full name of contributor

Dorothy Smith

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

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

3309 N Bonnie Brae St. Denton Tx 76207

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 FILER NAME

James Mann

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/20

5 Full name of contributor

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

Weston Land Co. LLC.

6 Contributor address;

City;

State; Zip Code

P.O. Box 21 Weston, TX 75097

7 Amount of contribution (\$)

\$500.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/18/20

Full name of contributor

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

Shereese Glendenning

Contributor address;

City;

State; Zip Code

13267 WFM 428 Celina TX 75009

Amount of contribution (\$)

\$500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/6/20

Full name of contributor

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

Mark Michniacki

Contributor address;

City;

State; Zip Code

3813 Cuddy Dr. Denton TX 76210

Amount of contribution (\$)

\$50.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/8/20

Full name of contributor

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

Paul Juarez

Contributor address;

City;

State; Zip Code

1318 Princeton Denton TX 76201

Amount of contribution (\$)

\$100.<sup>00</sup>

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 FILER NAME

James Mann

3 Filer ID (Ethics Commission Filers)

4 Date

11/9/20

5 Full name of contributor

Lee Shanklin

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

4000 Thistle Hill Denton Tx 76210

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/10/20

Full name of contributor

John Rainey

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

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2909 Destin Dr. Denton Tx 76205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/20

Full name of contributor

William Knight

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

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

3860 Huling Rd Sanger Tx 76216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/20

Full name of contributor

Andy Lawson

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

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

2705 Fireside Ln 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 FILER NAME

James Mann

3 Filer ID (Ethics Commission Filers)

4 Date

11/10/20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Peggy Zilinsky

7 Amount of contribution (\$)

\$ 50.<sup>00</sup>

6 Contributor address; City; State; Zip Code

10404 Cascade Dr. Denton TX 76207

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/10/20

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

Thomas Wilson

Amount of contribution (\$)

\$ 1,000.<sup>00</sup>

Contributor address; City; State; Zip Code

10739 Bridge Hollow Ct. Dallas TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/20

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

Mark Goolsby

Amount of contribution (\$)

\$ 25.<sup>00</sup>

Contributor address; City; State; Zip Code

6604 Aster Ct. Denton TX 76208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/20

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

Sherry Lee

Amount of contribution (\$)

\$ 25.<sup>00</sup>

Contributor address; City; State; Zip Code

3106 Saints Denton TX 76209

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 FILER NAME

James Mann

3 Filer ID (Ethics Commission Filers)

4 Date

11/10/20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Carrell Ann Simmons

7 Amount of contribution (\$)

\$100.<sup>00</sup>

6 Contributor address; City; State; Zip Code

709 Ticonderoga Denton Tx 76205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/10/20

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

Faith Farber

Amount of contribution (\$)

\$50.<sup>00</sup>

Contributor address; City; State; Zip Code

1001 Lake Ridge Dr Sanger Tx ~~76209~~ 76266

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/20

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

Al McNatt

Amount of contribution (\$)

\$300.<sup>00</sup>

Contributor address; City; State; Zip Code

4401 N. I-35 #107 Denton Tx 76207

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/20

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

Larry Alford

Amount of contribution (\$)

\$100.<sup>00</sup>

Contributor address; City; State; Zip Code

9905 Grandview Dr. Denton Tx 76207

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 FILER NAME

James Mann

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/20

5 Full name of contributor

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

Cynthia Vick

6 Contributor address; City; State; Zip Code

6005 Ricks Rd Denton TX 76210

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/13/20

Full name of contributor

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

Roy Magno

Contributor address; City; State; Zip Code

1510 Pebble Creek Dr. Coppell TX ~~75019~~ 75019

Amount of contribution (\$)

\$500<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/20

Full name of contributor

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

Michael Warner

Contributor address; City; State; Zip Code

4727 Arvilla Houston TX 77021

Amount of contribution (\$)

\$500<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/20

Full name of contributor

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

Mehrdad Monyedi

Contributor address; City; State; Zip Code

1800 Valley View #300 Farmers Branch TX 75234

Amount of contribution (\$)

\$1,000<sup>00</sup>

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 FILER NAME

James Mann

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/20

5 Full name of contributor

Patrick Hamilton

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

7 Amount of contribution (\$)

\$ 250.<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

815a Brazos St. #681 Austin TX 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/16/20

Full name of contributor

James Mabrey

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

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

8181 Douglas Apt. 310 Dallas TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/20

Full name of contributor

Vickie Marriott

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

Amount of contribution (\$)

\$ 1,000.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

9299 FM 1201 Gainesville TX 76240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/17/20

Full name of contributor

Maria Balich

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

Amount of contribution (\$)

\$ 100.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

10013 Sandhurst Dr. Denton TX 76207

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 FILER NAME

James Mann

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Caitlin Reece

6 Contributor address; City; State; Zip Code

103E. Oak St. Denton, Tx 76201

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/23/20

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

Alfred Balda

Contributor address; City; State; Zip Code

6023 Waggoner Dr. Dallas TX 75230

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

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#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.                                  |  | 1 Total pages Schedule E:<br><b>1</b>  |
| 2 FILER NAME<br><b>James Mann</b>  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$ <del>2500</del>   |
| 5 Date of loan<br><b>11/5/2020</b>   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>James A. Mann</b> | 9 Loan Amount (\$) <b>250<sup>00</sup></b>   |
| 6 Is lender a financial Institution?<br><b>Y</b> <input checked="" type="radio"/> <b>N</b> | 8 Lender address; City; State; Zip Code<br><b>3933 Miramar Dr. Denton Tx 76210</b>               | 10 Interest rate   |
|  |  | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)<br><b>Clergy</b>                    |  | 13 Employer (See Instructions)<br><b>New Life Church</b>   |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                   |  | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable             | 17 Name of guarantor<br><br>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?<br><b>Y</b> <b>N</b>                                    | Lender address; City; State; Zip Code  | Interest rate  |
|  |  | Maturity date  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none                                 |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable                           | Name of guarantor<br><br>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

## 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:<br>6 | 2 FILER NAME<br>James Mann | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|----------------------------|---------------------------------------|

|                      |  |
|----------------------|--|
| 4 Date<br>10/27/2020 | 5 Payee name<br>Aaron, Thomas & Associates, Inc. |
|----------------------|--|

|   |   |
|---|---|
| 6 Amount (\$)<br>\$2,000. <sup>00</sup> | 7 Payee address; City; State; Zip Code<br>21344 Superior St. Chatsworth, CA 91311 |
|---|---|

|                          |   |                                |
|--------------------------|---|--------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br>Digital 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<br>10/28/2020 | Payee name<br>Denton Record - Chronicle |
|--------------------|---|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$337.50 | Payee address; City; State; Zip Code<br>P.O. Box 369 Denton, Tx 76202 |
|-------------------------|---|

|                        |   |                              |
|------------------------|---|------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Newspaper Ad. |
|                        | <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<br>10/30/20 | Payee name<br>BJ's Restaurant |
|------------------|-------------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$65.96 | Payee address; City; State; Zip Code<br>3250 S. I. 35 E Denton Tx 76210 |
|------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Exp.  | Description<br>Lunch for Toll Greeters |
|                        | <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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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<br><b>James Mann</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------|---------------------------------------|

|                           |  |
|---------------------------|--|
| 4 Date<br><b>10/22/20</b> | 5 Payee name<br><b>Aaron, Thomas ? Associates, Inc</b> |
|---------------------------|--|

|                                    |   |
|------------------------------------|---|
| 6 Amount (\$)<br><b>\$2,000.00</b> | 7 Payee address;<br><b>21344 Superior St. Chatsworth CA 91311</b> |
|------------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Adv. Exp.</b>  | (b) Description<br><b>Digital Mktg.</b> |
|                                    | (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<br><b>10/28/2020</b> | Payee name<br><b>Aaron, Thomas ? Associates, Inc.</b> |
|---------------------------|---|

|                                  |   |
|----------------------------------|---|
| Amount (\$)<br><b>\$6,189.44</b> | Payee address;<br><b>21344 Superior St. Chatsworth CA 91311</b> |
|----------------------------------|---|

|                        |   |                               |
|------------------------|---|-------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Adv. Exp.</b>  | Description<br><b>Mailout</b> |
|                        | <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<br><b>10/30/2020</b> | Payee name<br><b>EZ Politix</b> |
|---------------------------|---------------------------------|

|                                |  |
|--------------------------------|--|
| Amount (\$)<br><b>\$375.60</b> | Payee address;<br><b>314 N. 115th St. Omaha NE 68154</b> |
|--------------------------------|--|

|                        |   |                                  |
|------------------------|---|----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Adv. Exp.</b>  | Description<br><b>Text Mssg.</b> |
|                        | <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<br><b>James Mann</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------|---------------------------------------|

|                             |                                   |
|-----------------------------|-----------------------------------|
| 4 Date<br><b>10/31/2020</b> | 5 Payee name<br><b>Google LLC</b> |
|-----------------------------|-----------------------------------|

|                                 |  |
|---------------------------------|--|
| 6 Amount (\$)<br><b>\$50.40</b> | 7 Payee address;<br><b>1600 Amphitheatre<br/>Prlawy Mountain View CA 94043</b> |
|---------------------------------|--|

|                                    |   |  |
|------------------------------------|---|--|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense/OG.</b>  | (b) Description<br><b>Google Cloud-G Suite</b> |
|                                    | (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<br><b>12/03/2020</b> | Payee name<br><b>Dix Coney Island</b> |
|---------------------------|---------------------------------------|

|                               |   |
|-------------------------------|---|
| Amount (\$)<br><b>\$10.73</b> | Payee address;<br><b>123 Elm Street Denton Tx 76201</b> |
|-------------------------------|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Food/Bev. Exp.</b>   | Description<br><b>Poll Greater Lunch</b> |
|                               | <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<br><b>11/03/2020</b> | Payee name<br><b>McAlister's Deli</b> |
|---------------------------|---------------------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><b>\$11.67</b> | Payee address;<br><b>1901 S Loop 288 Denton Tx 76210</b> |
|-------------------------------|--|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Food / Bev. Exp.</b>   | Description<br><b>Poll Greater Lunch</b> |
|                               | <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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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<br><b>James Mann</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------|---------------------------------------|

|                             |  |
|-----------------------------|--|
| 4 Date<br><b>11/10/2020</b> | 5 Payee name<br><b>U.S. Postal Service</b> |
|-----------------------------|--|

|  |  |
|--|--|
| 6 Amount (\$)<br><b>\$67.<sup>00</sup></b> | 7 Payee address;<br><b>101 E. McKinney St. Denton Tx 76201</b> |
|--|--|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Office Expense</b>   | (b) Description<br><b>Mailbox Rental</b> |
|                          | (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<br><b>11/17/2020</b> | Payee name<br><b>Denton County Brewing Company</b> |
|---------------------------|--|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><b>\$42.86</b> | Payee address;<br><b>200 E. McKinney St. Denton Tx 76201</b> |
|-------------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Exp.</b>   | Description<br><b>Strategy Session</b> |
|                        | <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<br><b>11/18/20</b> | Payee name<br><b>El Chaparral</b> |
|-------------------------|-----------------------------------|

|  |   |
|--|---|
| Amount (\$)<br><b>\$30.<sup>00</sup></b> | Payee address;<br><b>324 E McKinney Denton Tx 76201</b> |
|--|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Food Beverage Exp</b>  | Description<br><b>Rep. Women's Club</b> |
|                        | <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<br><b>James Mann</b>   |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>11/18/20</b>                                    |  | 5 Payee name<br><b>Patriot Sandwich Shop</b>  |   |                                       |  |
| 6 Amount (\$)<br><b>\$22.04</b>                              |  | 7 Payee address; City; State; Zip Code<br><b>1507 S. Loop 288 #203 Denton TX 76205</b>      |   |                                       |  |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><b>Food / Beverage</b> |   | (b) Description<br><b>Denton Co. Rep. Veterans Club</b>                   |                                       |  |
|  | (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                         |  |
| Date<br><b>11/18/20</b>                                      |  | Payee name<br><b>Herr Business Forms</b>  |   |                                       |  |
| Amount (\$)<br><b>\$131.37</b>                               |  | Payee address; City; State; Zip Code<br><b>1740 Westminster St. Denton TX 76205</b>         |   |                                       |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |   | Description<br><b>Business Cards</b>                                      |                                       |  |
|  | <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                         |  |
| Date<br><b>11/19/20</b>                                      |  | Payee name<br><b>Cowboy Chicken - Denton</b>  |   |                                       |  |
| Amount (\$)<br><b>\$34.64</b>                                |  | Payee address; City; State; Zip Code<br><b>2520 W. University Dr. #1150 Denton TX 76201</b> |   |                                       |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Food / Beverage</b>     |   | Description<br><b>Strategy Meeting</b>                                    |                                       |  |
|  | <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                         |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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<br><b>James Mann</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------|---------------------------------------|

|                           |   |
|---------------------------|---|
| 4 Date<br><b>11/23/20</b> | 5 Payee name<br><b>Green House Restaurant</b> |
|---------------------------|---|

|                                 |  |
|---------------------------------|--|
| 6 Amount (\$)<br><b>\$34.77</b> | 7 Payee address; City; State; Zip Code<br><b>600 N. Locust St. Denton Tx 76201</b> |
|---------------------------------|--|

|                             |   |  |
|-----------------------------|---|--|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Food / Beverage Exp.</b>   | (b) Description<br><b>Strategy Session</b> |
|                             | (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 | 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 ONLY 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED