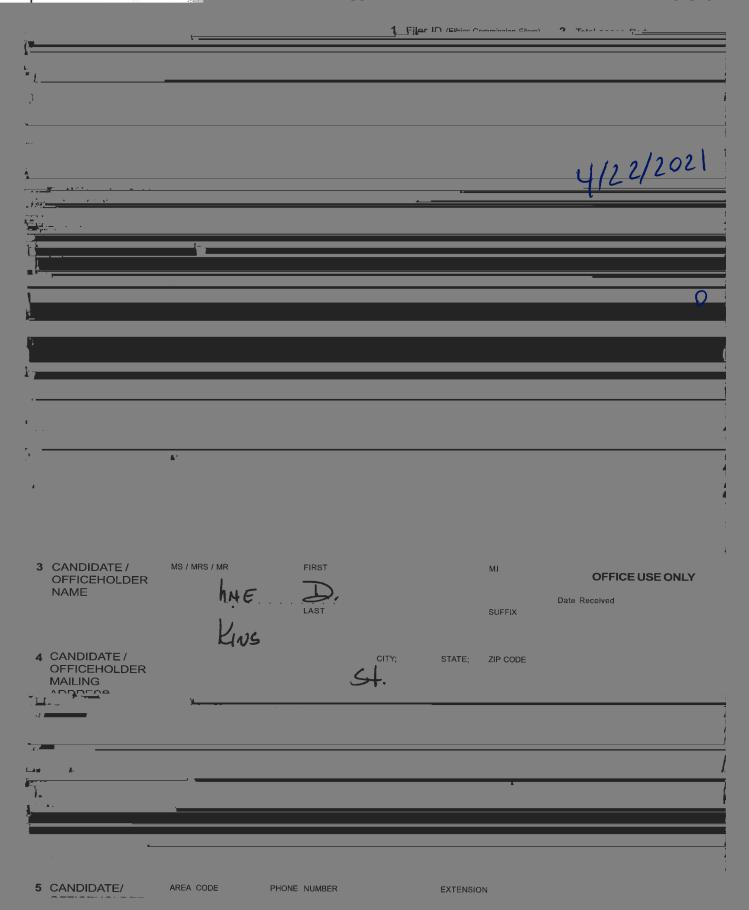
## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1



# CAND DATE / OFF CEHOLDER CA PA GN FI ANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 15 Filer ID (Ethics Commission Filers) NS 16 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO POLITICAL 0

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER N	•	20 Filer ID (Ethics Com	mission Filers)
		KINS		
21		LE SUBTOTALS FSCHEDULE		SUBTOTAL AMOUNT
1	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8900
2		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 11.938.45
3		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 5498.13
6.		SCHEDULE F2: LINPAID INCURRED OBLICATIONS		\$
7		\$CHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$
.*				\$
9.				\$
		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
		SCHOOL ECTOPOLITIES MADE EDOM DEDCOMMENT	ino	\$
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10		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	
7		SCHEDULE K: INTEREST, CREDITS, GAINS REFLINDS AND CONTRIBUTE	IONS BETHRNED	·
				:
*				

TO FILER

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages A1
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: )	7 Amount of contribution (\$)
address; City; State; Zip Code  8033 Hosta Fw Tx 76123	<b>+</b> 50
Out-of-state PAC  City PAC  State:  1202 6341 Klamath FfW 1x 16116	\$3500 -
out-of-state PAC (ID#:	
	<i>k</i> 4 00 0
out-of-state PAC (I	4
	Amount of contribution (\$)
Principal occupation / Joh title (See Instructions) Employer (See Instructions)	kene)
DateFull name of contributor	Amount of contribution (\$)

# MONETARY POLT CAL CONTRIBUTIONS

## SCHEDULE A1

The_inst	ruction Guida avalaine how	ta acranista this form	1 Total pages Schedule A1
			3 Eller ID (Ethics Commission Ellers)
5	Full name of contributes		
3	Eull name of contributor	To aut of state PAC (ID4)	
• -			1
	Improve Fu	UISD PAC	
2 FILER NAME			
		out-of-state PAC (ID#:	7 Amount of contribution (\$)
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,		City; State; Zip Code	
		out-of-state PAC (ID#:	, )
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Date		ut-of-state PAC	Amount of contribution (\$)
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## NON- ONETARY (N-KIND) POL T CAL CONTR BUT ONS

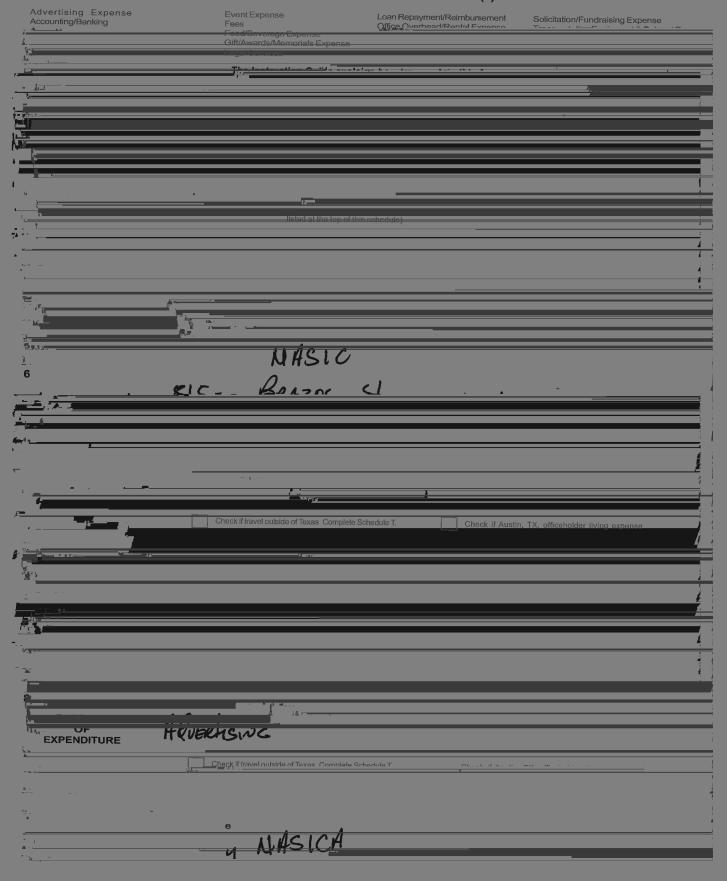
SCHEDULE A2



# POLT CAL EXPENDITURES MADE FROM POLT CAL CONTR BUTIONS

### SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**



Fort Worth Member Center	Arlington Member Center	Keller Member Center	phone: (817)572-1082
1900 55 100 830 84- 300	2010 11 11 11 11 11 11 11 11 11 11 11 11	TARREN NAME OF A STREET	F-12 - 17
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April 14, 2021

Daphne Brookins yia" email

Dear Daphne,

State law	equires us to provide notification to any candidate we supported with direct campaign expenditures.	
Below is t	information voluvill pend to complete semileras seation 46 on annual section 46 on annual sec	
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