

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: 37			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST Winifred	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME	LAST Cannon	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE
	325 N. St. Paul St	Suite 3100 Dallas			TX	75201
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 325-8856	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Janice	MI			
	NICKNAME	LAST Schwarz	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	12107 Prestonridge			Dallas	TX	75230
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 460-7283	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	/ 1	/ 2018	THROUGH	9	/ 27 / 2018
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	11	/ 6	/ 2018	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				County Commissioner-District #2		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Winifred Cannon

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.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,880.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,440.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,168.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00

18 AFFIDAVIT

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.

2-9D8A-4BC7-B656-8B4C9

10/09/18 - 10:56:39

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath 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	\$8,365.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$1,515.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$11,440.26
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
06/02/18

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

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
4364 Royal Ridge Dallas TX 75229

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Self

Date
09/14/18

Full name of contributor out-of-state PAC (ID#: _____)
Preston Hollow Democrats

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
7416 Wellcrest Dr Dallas TX 75230

Principal occupation / Job title (See Instructions)
Org

Employer (See Instructions)
Org

Date
09/20/18

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

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code
311 Woodbrook Dr Desoto TX 75115

Principal occupation / Job title (See Instructions)
Social Worker

Employer (See Instructions)
My Second Chance

Date
09/20/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2504 Summit Dr Irving TX 75062

Principal occupation / Job title (See Instructions)
Accounting Clerk

Employer (See Instructions)
DMN

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:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
09/19/18

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

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
1001 Red Wing Ct Dallas TX 76063

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Godsey - Martin

Date
09/01/18

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

Amount of contribution (\$)
\$30.00

Contributor address; City; State; Zip Code
1821 Keneipp Rd Dallas TX 75006

Principal occupation / Job title (See Instructions)
Animator

Employer (See Instructions)
TracyLocke

Date
09/08/18

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
7104 Grey Dawn Ln Dallas TX 75227

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Verizon

Date
09/01/18

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
2524 Melissa Ln Carrollton TX 75006

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
09/01/18

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

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
1821 Keneipp Rd Dallas TX 75006

8 Principal occupation / Job title (See Instructions)
Animator

9 Employer (See Instructions)
TracyLocke

Date
08/31/18

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
4188 Wilada Dallas TX 75220

Principal occupation / Job title (See Instructions)
Real Estate

Employer (See Instructions)
KellerWilliams

Date
08/27/18

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
2603 Country Place Carrollton TX 75006

Principal occupation / Job title (See Instructions)
Communications

Employer (See Instructions)
Veritude

Date
08/23/18

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
5580 Thunder Hill Rd Columbia MD 21045

Principal occupation / Job title (See Instructions)
Real Estate

Employer (See Instructions)
Self

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:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
08/23/18

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

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
3317 Knights Haven Garland TX 75044

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
08/06/18

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

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code
3607 Bowser Ct Dallas TX 75219

Principal occupation / Job title (See Instructions)
Psychologist

Employer (See Instructions)
Self

Date
08/02/18

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
6002 Schoolhouse Wood Burke VA 22015

Principal occupation / Job title (See Instructions)
Physician

Employer (See Instructions)
MVIM

Date
08/05/18

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
1919 Tremont Ct Arlington TX 76015

Principal occupation / Job title (See Instructions)
IH

Employer (See Instructions)
DTECH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
06/18/18

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
1415 Shores Blvd Rockwall TX 75087

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Jones Day

Date
06/21/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6130 Barnacle Dr Dallas TX 75249

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Simon Greenstone

Date
06/25/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4227 Adam Dr Grand Prairie TX 75052

Principal occupation / Job title (See Instructions)
Physician

Employer (See Instructions)
Texas Health

Date
06/25/18

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
3355 Blackburn St #84 Dallas TX 75204

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Kastl Law

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
07/16/18

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

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
1602 Myrtle Dr Little Elm TX 75068

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Self

Date
08/25/18

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

Amount of contribution (\$)
\$300.00

Contributor address; City; State; Zip Code
2913 Sunrise Dr Rowlett TX 75088

Principal occupation / Job title (See Instructions)
Artist

Employer (See Instructions)
Self

Date
08/25/18

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

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code
8610 Royal Montreal Dr Rowlett TX 75089

Principal occupation / Job title (See Instructions)
Self

Employer (See Instructions)
Self

Date
08/25/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
PO BOX 852256 Richardson TX 75085

Principal occupation / Job title (See Instructions)
Self

Employer (See Instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
08/26/18

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

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
4312 Amherst Dr Dallas TX 75225

8 Principal occupation / Job title (See Instructions)
Self

9 Employer (See Instructions)
Self

Date
08/25/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
PO Box 496683 Garland TX 75049

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Strategic Partners

Date
08/17/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6747 Lupton Dr Dallas TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/26/18

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
3404 Hanover St Dallas TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
08/26/18

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

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
3529 Asbury St Dallas TX 75205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/16/18

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
10145 Sanden Drive McKinney TX 75070

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/13/18

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
PO Box 1236 Desoto TX 75123

Principal occupation / Job title (See Instructions)
Paralegal

Employer (See Instructions)
Simon Greenstone

Date
08/27/18

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
739 Monterey Rockwall TX 75087

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

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:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
08/24/18

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

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
906 S. Shenandoah St. Los Angeles CA 90034

8 Principal occupation / Job title (See Instructions)
Engineer

9 Employer (See Instructions)

Date
09/17/18

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
1329 Meadow Creek Lancaster TX 75146

Principal occupation / Job title (See Instructions)
Educator

Employer (See Instructions)
DISD

Date
09/12/18

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
8101 Champion Dr Rowlett TX 75089

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date
09/11/18

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

Amount of contribution (\$)
\$10.00

Contributor address; City; State; Zip Code
2004 Clubbridge Dr Carrollton TX 75006

Principal occupation / Job title (See Instructions)
Data Analyst

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
08/31/18

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

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
14700 Marsh Lane Addison TX 75001

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Self

Date
08/31/18

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
2524 Melissa Ln Carrollton TX 75006

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Self

Date
08/29/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
7517 Wood Slope Dri Dallas TX 75249

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date
08/28/18

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
1819 Dancliff Dr Dallas TX 75224

Principal occupation / Job title (See Instructions)
College Adviser

Employer (See Instructions)
KITT DFW

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
08/27/18

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

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
3924 Hanover St Dallas TX 75225

8 Principal occupation / Job title (See Instructions)
Physician

9 Employer (See Instructions)
UT SWMC

Date
07/15/18

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
13430 Mill Grove Rd Dallas TX 75240

Principal occupation / Job title (See Instructions)
Project Manager

Employer (See Instructions)
Lash Group

Date
07/13/18

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

Amount of contribution (\$)
\$5.00

Contributor address; City; State; Zip Code
8622 San Fernando Way Dallas TX 75218

Principal occupation / Job title (See Instructions)
Self

Employer (See Instructions)
Self

Date
07/13/18

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

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
1915 Sandy Lake #79 Carrollton TX 75006

Principal occupation / Job title (See Instructions)
Education

Employer (See Instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
07/13/18

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
3409 Villanova St Dallas TX 75225

8 Principal occupation / Job title (See Instructions)
Domestic Engineer

9 Employer (See Instructions)
Casa Evans

Date
07/11/18

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
609 Prestonwood Trl Desoto TX 75115

Principal occupation / Job title (See Instructions)
Librarian

Employer (See Instructions)

Date
07/06/18

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

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
2805 Lago Vista Ln Rockwall TX 75032

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date
07/04/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
12330 Creekspan Dr Dallas TX 75243

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
07/03/18

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

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
3323 Dothan Dr Dallas TX 75229

8 Principal occupation / Job title (See Instructions)
Consultant

9 Employer (See Instructions)
Provisions Consulting

Date
08/20/18

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
1017 Caddo Dr Carrollton TX 75010

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date
08/20/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2518 Berkeley Austin TX 78745

Principal occupation / Job title (See Instructions)
Program Director

Employer (See Instructions)
Texas County

Date
08/17/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2916 Rosedale Ave Dallas TX 75205

Principal occupation / Job title (See Instructions)
Attorney

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:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
08/20/18

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

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
5104 Edgewater Ct Plano TX 75094

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)

Date
08/16/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2588 N. Houston St Dallas TX 75219

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Scheef & Stone

Date
08/15/18

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
308 Phillips Dr Coppell TX 75019

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
08/15/18

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
10808 Strait Ln Dallas TX 75229

Principal occupation / Job title (See Instructions)
Executive

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:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
08/14/18

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
8117 Preston Rd Dallas TX 75225

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)

Date
08/14/18

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
154 Shepherds Glen Heath TX 75032

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
08/13/18

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

Amount of contribution (\$)
\$75.00

Contributor address; City; State; Zip Code
1402 Sommerset Pl Richardson TX 75081

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Akerman LLP

Date
09/21/18

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
310 Parkview Dr Sunnyvale TX 75182

Principal occupation / Job title (See Instructions)
Judge

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:
16

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
09/15/18

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
1320 Carriage Creek Desoto TX 75115

8 Principal occupation / Job title (See Instructions)
Doctor

9 Employer (See Instructions)

Date
09/14/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
14309 DelCastle Dr Bowie MD 20721

Principal occupation / Job title (See Instructions)
Commissioner

Employer (See Instructions)
EEOC

Date
09/15/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
434 McKinley Cedar Hill TX 75104

Principal occupation / Job title (See Instructions)
Accountant

Employer (See Instructions)

Date
09/20/18

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
5521 Swiss Ave Dallas TX 75214

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Hamilton Wingo

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Winifred Cannon		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 08/29/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garland Democratic Voice	8 Amount of Contribution \$ \$50.00	9 In-kind contribution description Advertisement
7 Contributor address; City; State; Zip Code 3317 Knights Haven Ln Garland TX 75044		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Publication		11 Employer (FOR NON-JUDICIAL) (See Instructions) Publication	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/07/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine McGovern	Amount of Contribution \$ \$1,465.00	In-kind contribution description Yard Signs
Contributor address; City; State; Zip Code 4364 Royal Ridge Dallas TX 75229		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney		Employer (FOR NON-JUDICIAL) (See Instructions) Retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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
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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)
4 Date 07/27/18	5 Payee name Cafe Izmir	
6 Amount (\$) \$34.64	7 Payee address; City; State; Zip Code 211 N. Ervay #100 Dallas TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <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 09/27/18	Payee name North Dallas Gazette	
Amount (\$) \$185.25	Payee address; City; State; Zip Code PO Box 763866 Dallas TX 75313	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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 09/20/18	Payee name DMP BPO	
Amount (\$) \$2,248.04	Payee address; City; State; Zip Code 1601 Wallace Dr #120 Carrollton TX 75006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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	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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 09/10/18	5 Payee name Beyond the Slogan Consulting				
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 305 W. Commerce St Dallas TX 75208 #131				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/24/18	Payee name Reilly Echols Printing				
Amount (\$) \$395.00	Payee address; City; State; Zip Code PO Box 152358 Dallas TX 75315				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09/26/18	Payee name Reilly Echols Printing				
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 152358 Dallas TX 75315				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 07/05/18	5 Payee name Dollar Tree				
6 Amount (\$) \$6.50	7 Payee address; City; State; Zip Code 11722 Marsh Ln Dallas TX 75229				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/17/18	Payee name Office Depot				
Amount (\$) \$6.50	Payee address; City; State; Zip Code 2415 Haskell Ave Dallas TX 75204				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/02/18	Payee name Shane Hefner Enterprises				
Amount (\$) \$200.00	Payee address; City; State; Zip Code 3600 Alma Rd #3526 Richardson TX 75080				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 08/16/18	5 Payee name Far North Dallas Democrats				
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code PO Box 795247 Dallas TX 75379				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/31/18	Payee name USPS				
Amount (\$) \$50.00	Payee address; City; State; Zip Code 400 N. Ervay St Dallas TX 75201				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/08/18	Payee name 7-Eleven				
Amount (\$) \$38.25	Payee address; City; State; Zip Code 3710 Belt Line Rd Addison TX 75001				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)
4 Date 07/17/18	5 Payee name McArthur's	
6 Amount (\$) \$16.00	7 Payee address; City; State; Zip Code 14315 Midway Rd Addison TX 75001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <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 07/02/18	Payee name Times Ten Cellars	
Amount (\$) \$53.04	Payee address; City; State; Zip Code 6324 Prospect Ave Dallas TX 75214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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 09/04/18	Payee name Justin Nelson For Texas	
Amount (\$) \$25.00	Payee address; City; State; Zip Code P.O. Box 301926 Austin TX 78703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 09/04/18	5 Payee name ActBlue				
6 Amount (\$) \$310.00	7 Payee address; City; State; Zip Code PO Box 441146 Somerville MA 02144				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09/04/18	Payee name 55 Degrees				
Amount (\$) \$341.09	Payee address; City; State; Zip Code 1104 S Elm St Carrollton TX 75006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09/06/18	Payee name Sixth Floor Museum				
Amount (\$) \$8.00	Payee address; City; State; Zip Code 411 Elm St Dallas TX 75202				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 09/10/18	5 Payee name Belo Mansion				
6 Amount (\$) \$14.95	7 Payee address; City; State; Zip Code 2101 Ross Ave Dallas TX 75201				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09/10/18	Payee name GoDaddy.com				
Amount (\$) \$15.98	Payee address; City; State; Zip Code 1455 N Hayden Rd Scottsdale AZ 85260				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09/10/18	Payee name ExxonMobil				
Amount (\$) \$40.70	Payee address; City; State; Zip Code 3710 Belt Line Rd Addison TX 75001				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)
4 Date 09/12/18	5 Payee name ActBlue	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 366 Summer St Somerville MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <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 09/17/18	Payee name 7-Eleven	
Amount (\$) \$32.31	Payee address; City; State; Zip Code 14400 Marsh Ln Addison TX 75001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <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 09/18/18	Payee name Inspection Express	
Amount (\$) \$25.50	Payee address; City; State; Zip Code 703 S Main St Duncanville TX 75137	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District	Description <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	
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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 09/25/18	5 Payee name 7-Eleven				
6 Amount (\$) \$41.76	7 Payee address; City; State; Zip Code 14400 Marsh Ln Addison TX 75001				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09/28/18	Payee name Dallas Democrats				
Amount (\$) \$25.00	Payee address; City; State; Zip Code 4209 Parry Ave Dallas TX 75223				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/01/18	Payee name USPS				
Amount (\$) \$50.00	Payee address; City; State; Zip Code 4900 Airport Pkwy Addison TX 75001				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 08/01/18	5 Payee name ActBlue				
6 Amount (\$) \$310.00	7 Payee address; City; State; Zip Code 366 Summer St Somerville MA 02144				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/01/18	Payee name Fred Gackson Consulting				
Amount (\$) \$125.00	Payee address; City; State; Zip Code 2815 Main St A Dallas TX 75226				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/08/18	Payee name GoDaddy				
Amount (\$) \$15.98	Payee address; City; State; Zip Code 14455 N. Hayden Rd Scottsdale AZ 85260				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)
4 Date 08/09/18	5 Payee name Sixth Floor Museum	
6 Amount (\$) \$8.00	7 Payee address; City; State; Zip Code 411 Elm St Dallas TX 75202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <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 08/13/18	Payee name ActBlue	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 366 Summer St Somerville MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	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 08/17/18	Payee name Cafe Gecko	
Amount (\$) \$51.00	Payee address; City; State; Zip Code 1381 Campbell Rd. Richardson TX 75080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)
4 Date 08/17/18	5 Payee name Far North Dallas Democrats	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code PO Box 795247 Dallas TX 75379	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <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 08/17/18	Payee name Dallas Democratic Party	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4209 Parry Ave Dallas TX 75223	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <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 08/20/18	Payee name Braums	
Amount (\$) \$13.29	Payee address; City; State; Zip Code 3400 E Trinity Mills Rd Carrollton TX 75006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <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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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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 08/20/18	5 Payee name 7-Eleven				
6 Amount (\$) \$35.35	7 Payee address; City; State; Zip Code 14400 Marsh Ln Addison TX 75001				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/22/18	Payee name Dallas Democratic Party				
Amount (\$) \$250.00	Payee address; City; State; Zip Code 4209 Parry Ave Dallas TX 75223				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/23/18	Payee name Sixth Floor Museum				
Amount (\$) \$8.00	Payee address; City; State; Zip Code 411 Elm St Dallas TX 75202				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)
4 Date 08/27/18	5 Payee name 7-Eleven	
6 Amount (\$) \$8.01	7 Payee address; City; State; Zip Code 14400 Marsh Ln Addison TX 75001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <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 08/28/18	Payee name Raising Cane's	
Amount (\$) \$21.50	Payee address; City; State; Zip Code 2503 W Mockingbird Ln Dallas TX 75235	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <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 08/29/18	Payee name 7-Eleven	
Amount (\$) \$41.16	Payee address; City; State; Zip Code 14400 Marsh Ln Addison TX 75001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <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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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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 08/30/18	5 Payee name Dollar Tree				
6 Amount (\$) \$16.24	7 Payee address; City; State; Zip Code 11722 Marsh Ln Dallas TX 75229				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/02/18	Payee name ActBlue				
Amount (\$) \$310.00	Payee address; City; State; Zip Code 366 Summer St Somerville MA 02144				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/02/18	Payee name The Woolworth				
Amount (\$) \$845.00	Payee address; City; State; Zip Code 1520 Elm St #201 Dallas TX 75201				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 07/09/18	5 Payee name Ten Eleven Grill				
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1011 Corinth Street Dallas TX 75215				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/06/18	Payee name Fred Jackson Consulting				
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2815 Main St A Dallas TX 75226				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/23/18	Payee name North Dallas Chamber of Commerce				
Amount (\$) \$15.00	Payee address; City; State; Zip Code 10707 Preston Rd Dallas TX 75230				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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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: 20	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 08/01/18	5 Payee name Roxanna Vandehey				
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 10630 Royal Springs Dr Dallas TX 75229				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/10/18	Payee name ExxonMobil				
Amount (\$) \$38.25	Payee address; City; State; Zip Code 3710 Belt Line Rd Addison TX 75001				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/12/18	Payee name ActBlue				
Amount (\$) \$25.00	Payee address; City; State; Zip Code 366 Summer St Somerville MA 02144				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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