

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: 15														
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY													
		Winifred															
	NICKNAME	LAST	SUFFIX														
		Cannon															
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	PHONE NUMBER	EXTENSION														
	(972)	325-8856															
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Date Received</td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2">Date Hand-delivered or Date Postmarked</td></tr> <tr><td>Receipt #</td><td>Amount \$</td></tr> <tr><td colspan="2">Date Processed</td></tr> <tr><td colspan="2">Date Imaged</td></tr> </table>		Date Received				Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
	Date Received																
Date Hand-delivered or Date Postmarked																	
Receipt #	Amount \$																
Date Processed																	
Date Imaged																	
	Janice																
	NICKNAME	LAST	SUFFIX														
		Schwarz															
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	PHONE NUMBER	EXTENSION														
	(214)	460-7283															
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)										
	<input type="checkbox"/> July 15		<input checked="" 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											
	9	28	2018	THROUGH	10	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)

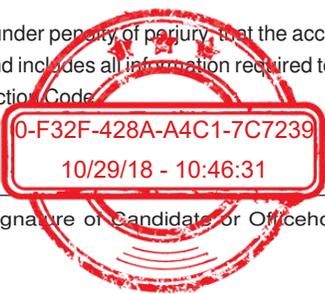
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED 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)	\$ 6,270.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,778.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 77.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000.00

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.



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	\$6,270.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$3,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$6,778.38
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$.00
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
09/28/18

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
3620 Waldorf Ave Dallas TX 75229

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
09/28/18

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

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
617 San Carlos Drive Garland TX 75043

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
10/01/18

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
132 Mount Zion Church Eastover SC 29044

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Self-Employed

Date
10/02/18

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
1906 Shenandoah St Los Angeles CA 90034

Principal occupation / Job title (See Instructions)
Project Manager

Employer (See Instructions)
Jacobs

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
10/03/18

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

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
254 Maidstone Cove Cibolo TX 78108

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
10/03/18

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
1416 Aldridge Dr. Lancaster TX 75134

Principal occupation / Job title (See Instructions)
Paralegal

Employer (See Instructions)
Jones Day

Date
10/06/18

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
6319 Pineview Rd Dallas TX 75248

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
10/06/18

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
10630 Royal Springs Dr Dallas TX 75229

Principal occupation / Job title (See Instructions)
None

Employer (See Instructions)
None

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
10/09/18

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

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
17010 Preston Bend Dr Dallas TX 75248

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Souther Glazer

Date
10/11/18

Full name of contributor out-of-state PAC (ID#: _____)
Mary Beth Lavercombe

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6526 Brooke Lake Dr Dallas TX 75248

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
10/11/18

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 Dallas TX 75204

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Kastl Law

Date
10/13/18

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
3846 Crest Cove Cir Dallas TX 75244

Principal occupation / Job title (See Instructions)
Audio Engineer

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:
7

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
10/15/18

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
2840 Daniel Park Run Dacula GA 30019

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
10/16/18

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

Amount of contribution (\$)
\$250.00

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

Principal occupation / Job title (See Instructions)
Real Estate Investor

Employer (See Instructions)
Self

Date
10/16/18

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

Amount of contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code
6712 Avalon Dallas TX 75214

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Bragalone Conroy

Date
10/17/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
11829 Sandy Lodge Manor TX 78653

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Texas

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:
7

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
10/17/18

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

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
212 W. Spring Valley Rd Richardson TX 75081

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
MAS Law Firm

Date
10/17/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
302 Windy Ln Cedar Hill TX 75104

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
UNT Dallas

Date
10/18/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2129 Blue Knob Terrace Silver Spring MD 20906

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
10/18/18

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

Amount of contribution (\$)
\$300.00

Contributor address; City; State; Zip Code
12444 Montego Pl Dallas TX 75230

Principal occupation / Job title (See Instructions)
Realtor

Employer (See Instructions)
Self Employed

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:
7

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
10/18/18

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 Ln Garland TX 75044

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
10/18/18

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
62 Snake Rd Catskill NY 12414

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Arshack, Hajeck, & Lehrn

Date
10/18/18

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

Amount of contribution (\$)
\$50.00

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

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Katrina Moore & Associates

Date
10/23/18

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
1405 Belle View Blvd Alexandria VA 22307

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
City of Alexandria

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
10/01/18

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

7 Amount of contribution (\$)
\$150.00

6 Contributor address; City; State; Zip Code
PO Box 59602 Dallas TX 75229

8 Principal occupation / Job title (See Instructions)
Democratic Support

9 Employer (See Instructions)
N/A

Date
10/20/18

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
3538 Vancouver Dallas TX 75229

Principal occupation / Job title (See Instructions)
Asset Management

Employer (See Instructions)
The Depository

Date
10/18/18

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

Amount of contribution (\$)
\$2,000.00

Contributor address; City; State; Zip Code
8150 N. Central Expressway Dallas TX 75206

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Carter Arnett

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$0.00

5 Date of loan
10/19/18

7 Name of lender out-of-state PAC (ID#: _____)
Jason Sanders

9 Loan Amount (\$)
\$3,000.00

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code
325 N. St. Paul St., Suite Dallas TX 75201
3100

10 Interest rate
0

11 Maturity date
12/31/18

12 Principal occupation / Job title (See Instructions)
Attorney

13 Employer (See Instructions)

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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
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: 7	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)
4 Date 09/28/18	5 Payee name Herve Sivuilu	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 6808 Skillman St. #4303 Dallas TX 75231	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/15/18	Payee name US Post Office	
Amount (\$) \$41.00	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/16/18	Payee name The 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) 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
	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: 7	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 10/25/18	5 Payee name 7-11				
6 Amount (\$) \$34.56	7 Payee address; City; State; Zip Code 3710 Beltline Rd 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 10/23/18	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 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 10/23/18	Payee name KFC				
Amount (\$) \$6.50	Payee address; City; State; Zip Code 4303 Lemmon Ave Dallas TX 75219				
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			
	<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: 7	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 10/23/18	5 Payee name Whataburger				
6 Amount (\$) \$5.55	7 Payee address; City; State; Zip Code 15255 Montfort Dr Addison TX 75248				
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 10/22/18	Payee name 7-11				
Amount (\$) \$43.75	Payee address; City; State; Zip Code 3710 Beltline 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 10/22/18	Payee name Fairmont Hotel Dallas				
Amount (\$) \$8.00	Payee address; City; State; Zip Code 1717 N Akard St 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: 7		2 FILER NAME Winifred Cannon		3 Filer ID (Ethics Commission Filers)	
4 Date 10/22/18		5 Payee name Direct Mail Partners			
6 Amount (\$) \$3,000.00		7 Payee address; City; State; Zip Code 1601 Wallace Dr Ste. Carrollton TX 75006 120			
8 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/19/18		Payee name Direct Mail Partners			
Amount (\$) \$2,073.70		Payee address; City; State; Zip Code 1601 Wallace Dr Ste. Carrollton TX 75006 120			
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 10/18/18		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) 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	

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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: 7	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 10/17/18	5 Payee name North Dallas Gazette				
6 Amount (\$) \$161.75	7 Payee address; City; State; Zip Code P. O. Box 763866 Dallas TX 75376				
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 10/15/18	Payee name Chili's				
Amount (\$) \$41.99	Payee address; City; State; Zip Code 4500 Belt Line Rd Addison TX 75001				
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			
	<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 10/12/18	Payee name 7-11				
Amount (\$) \$44.60	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
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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: 7	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)
4 Date 10/09/18	5 Payee name GoDaddy	
6 Amount (\$) \$15.98	7 Payee address; City; State; Zip Code 1455 N Hayden Rd Scottsdale AZ 85260	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 10/01/18	Payee name ActBlue	
Amount (\$) \$310.00	Payee address; City; State; Zip Code PO Box 441146 Somerville MA 02144	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
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) 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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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: 7	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 10/01/18	5 Payee name Beyond The Slogan				
6 Amount (\$) \$500.00	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:12.5%;">Office sought</td> <td style="width:12.5%;">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	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			
	<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:12.5%;">Office sought</td> <td style="width:12.5%;">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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Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
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	<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:12.5%;">Office sought</td> <td style="width:12.5%;">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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