

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST elizabeth	MI
	NICKNAME	LAST frizell	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	445 E. FM 1382		
	Ste. 3-603		
	Cedar Hill, TX 75104		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>OFFICE USE ONLY</b>  Date Received  2018 JUL 11 PM 3:36  FILED  COUNTY CLERK  DALLAS COUNTY  RECEIVED  BY: [Signature] </div>			
		Date Hand Delivered or Date Postmarked	Receipt #
		Date Processed	Amount
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Dr. Frederick D. Haynes	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	2030 W. Wheatland Rd.		
	Dallas, Texas 75232		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	228-5200	
8 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 checked="" 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)		
9 PERIOD COVERED	Month	Day	Year
	02/25/2018	THROUGH	06/30/2018
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	03/06/2018		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			Criminal District Attorney

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 16

13 C / OH NAME frizell, elizabeth	14 Filer ID
--------------------------------------	-------------

15 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.

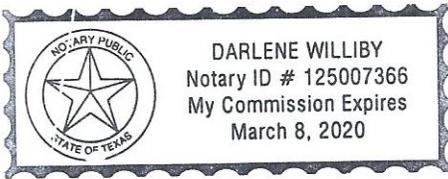
Additional Pages

<input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME The Real Justice PAC COMMITTEE ADDRESS 45 Powers Ave. San Francisco, CA 94110 COMMITTEE CAMPAIGN TREASURER NAME Bond, Rebecca COMMITTEE CAMPAIGN TREASURER ADDRESS 45 Powers Ave. San Francisco, CA 94110
--	---

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	2,200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	39,375.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	2,850.00
	4. TOTAL POLITICAL EXPENDITURES	\$	49,129.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	404.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,000.00

17 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.



*Elizabeth Frizell*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth Frizell, this the 16th day of July, 20 18, to certify which, witness my hand and seal of office.

*Darlene Williby*  
Signature of officer administering

Darlene Williby  
Printed name of officer administering

*Notary*  
Title of officer administering oath

# SUBTOTALS - C/OH

18 FILER NAME frizell, elizabeth		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,900.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 29,475.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 23,329.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5,800.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 20,000.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 1/2 Rpt: 5/14

2 FILER NAME  
frizell, elizabeth

3 Filer ID

4 Date  
02/26/2018

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

6 Contributor address; City; State; Zip Code  
P.O.Box 441146  
Somerville, MA 02144

7 Amount of Contribution (\$)  
\$1,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/04/2018

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

Contributor address; City; State; Zip Code  
P.O. Box 441146  
Somerville, MA 02144

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/02/2018

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

Contributor address; City; State; Zip Code  
407 N. Cedar Ridge  
Duncanville, TX 75116

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

Principal occupation / Job title (See Instructions)  
Business Owner

Employer (See Instructions)  
Self Employed

Date  
03/01/2018

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

Contributor address; City; State; Zip Code  
4801 Frankford Rd.  
Dallas, TX 75287

Amount of Contribution (\$)  
\$300.00

Principal occupation / Job title (See Instructions)  
Business Owner

Employer (See Instructions)  
State Farm Insurance

Date  
03/01/2018

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

Contributor address; City; State; Zip Code  
325 N. St. Paul  
Ste. 3350  
Dallas, TX 75201

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

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Private Practice

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 2/2 Rpt: 6/14

2 FILER NAME  
frizell, elizabeth

3 Filer ID

4 Date  
03/01/2018

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

6 Contributor address; City; State; Zip Code  
1801 N Hampton Rd.  
Ste. 430  
Dallas, TX 75115

7 Amount of Contribution (\$) \$100.00

8 Principal occupation / Job title (See Instructions)  
Attorney

9 Employer (See Instructions)  
Self Employed

Date  
02/27/2018

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

Contributor address; City; State; Zip Code  
1015 N. Duncanville Rd.  
  
Duncanville, TX 75116

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

Principal occupation / Job title (See Instructions)  
Business Owner

Employer (See Instructions)  
Self Employed

Date  
03/28/2018

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

Contributor address; City; State; Zip Code  
5213 Cedar Bush Dr.  
  
Fort Worth, TX 76123

Amount of Contribution (\$) \$100.00

Principal occupation / Job title (See Instructions)  
Supervisor

Employer (See Instructions)  
Dept. of Justice

Date  
02/28/2018

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

Contributor address; City; State; Zip Code  
125 Harding Rd.  
  
Red Bank, TX 07701

Amount of Contribution (\$) \$500.00

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Self Employed

Date  
02/28/2018

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

Contributor address; City; State; Zip Code  
3 Cherbourg Dr.  
  
West Milford, NJ 07480

Amount of Contribution (\$) \$200.00

Principal occupation / Job title (See Instructions)  
Engineer

Employer (See Instructions)  
Self Employed

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/2 Rpt: 7/14	
<b>2</b> FILER NAME frizell, elizabeth		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 03/02/2018	<b>6</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00632554 ) Real Justice PAC	<b>8</b> Amount of contribution (\$) \$5,000.00	<b>9</b> In-kind contribution description Advertising
<b>7</b> Contributor address; City; State; Zip Code 45 Powers Ave.  San Francisco, CA 94110		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/01/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00632554 ) Real Justice PAC	Amount of contribution (\$) \$727.00	In-kind contribution description Advertising
Contributor address; City; State; Zip Code 45 Powers Ave.  San Francisco, CA 94110		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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)			
Date 02/28/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00632554 ) Real Justice PAC	Amount of contribution (\$) \$17,095.00	In-kind contribution description Advertising
Contributor address; City; State; Zip Code 45 Powers Ave.  San Francisco, CA 94110		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/2 Rpt: 8/14
2 FILER NAME frizell, elizabeth		3 Filer ID
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 02/26/2018	6 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00632554 ) Real Justice PAC 7 Contributor address; City; State; Zip Code 45 Powers Ave.  San Francisco, CA 94110	8 Amount of contribution (\$) \$6,653.00   9 In-kind contribution description Event Expense  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
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)		

# POLITICAL EXPENDITURES 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: Sch: 1/6 Rpt: 9/14		2 FILER NAME frizell, elizabeth		3 Filer ID
4 Date 06/10/2018	5 Payee name AW2 Productions			
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code  TX			
8 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 Photography		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
Date 03/02/2018	Payee name Bison Business Solutions			
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code  TX			
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 Signs		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
Date 03/08/2018	Payee name CB Business Productions			
Amount (\$) \$500.00	Payee address; City; State; Zip Code  Dallas, TX			
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 Push Cards/Flyers/Copies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 2/6 Rpt: 10/14	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 03/29/2018	<b>5</b> Payee name Caldwell Creative	
<b>6</b> Amount (\$) \$3,150.00	<b>7</b> Payee address; City; State; Zip Code P. O. Box 822011  Dallas, TX 75382	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising/Social Media
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 06/28/2018	Payee name Caldwell Creative	
Amount (\$) \$4,494.00	Payee address; City; State; Zip Code P. O. Box 822011  Dallas, TX 75382	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media/Graphics
	<b>Complete ONLY</b> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/28/2018	Payee name Candella Brum Group	
Amount (\$) \$450.00	Payee address; City; State; Zip Code 5000 EL DORADO PARKWAY Suite 150  Frisco, TX 75033	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videography
	<b>Complete ONLY</b> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 3/6 Rpt: 11/14	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 03/04/2018	<b>5</b> Payee name Connect Dallas	
<b>6</b> Amount (\$) \$400.00	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Student Transportation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 03/02/2018	Payee name Constant Contact	
Amount (\$) \$280.00	Payee address; City; State; Zip Code 3675 Precision Dr.  Loveland, CO 80538	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mrktg/Acct. Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 06/26/2018	Payee name Dallas Black Chamber	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 2922 MLK Jr. Blvd.  Dallas, TX 75215	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 4/6 Rpt: 12/14	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 06/26/2018	<b>5</b> Payee name Dallas Examiner	
<b>6</b> Amount (\$) \$375.00	<b>7</b> Payee address; City; State; Zip Code P.O.Box 3720  Dallas, TX 75208	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/08/2018	Payee name Delta Charley's	
Amount (\$) \$1,788.00	Payee address; City; State; Zip Code Challenger's Way  Dallas, TX 75232	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Election Watch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2018	Payee name Espy Sports Group	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 4206 Goodfellow Dr.  Dallas, TX 75229	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mrktg/Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 5/6 Rpt: 13/14	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 03/06/2018	<b>5</b> Payee name Fun Incorporated Productions	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 5728 Polo Club Dr.  Arlington, TX 76017	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Music/Sound
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2018	Payee name Love Creations	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 8022 Oakington  Houston, TX 77071	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Planner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2018	Payee name Office Depot	
Amount (\$) \$207.00	Payee address; City; State; Zip Code  Dallas, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies/Copies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES 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: Sch: 6/6 Rpt: 14/14		2 FILER NAME frizell, elizabeth		3 Filer ID
4 Date 03/01/2018	5 Payee name Pretty Diver			
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code Ross St.  Dallas, TX 75207			
8 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 Venue Deposit		
9 Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 02/28/2018	Payee name Steward, Paige			
Amount (\$) \$1,860.00	Payee address; City; State; Zip Code  Cedar Hill, TX 75104			
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 PR/Media		
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 03/01/2018	Payee name Texas Organizing Project			
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 400 S. Zang Blvd.  Dallas, TX 75208			
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 Advertising		
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held