

**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	2 Total pages filed: 19
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		
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
	2020 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 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)		
9 PERIOD COVERED	Month	Day	Year
	01/26/2018		THROUGH 02/24/2018
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	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) District Attorney

2018 FEB 27 PM 4:57  
**FILED**  
 JOHN F. WARREN  
 COUNTY CLERK  
 COUNTY DEPUTY

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

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<b>13 C / OH NAME</b> frizell, elizabeth	<b>14 Filer ID</b>
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**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.

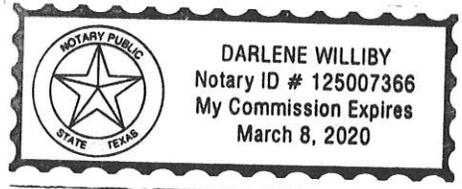
Additional Pages

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		Texas Organizing Project
		COMMITTEE ADDRESS
		P.O. Box 120296
		San Antonio, TX 78212
		COMMITTEE CAMPAIGN TREASURER NAME
		Halvorson, Steven
		COMMITTEE CAMPAIGN TREASURER ADDRESS
		1013 W. Elaine Ave.
		Pasadena, TX 77506

<b>16 CONTRIBUTION TOTALS</b>	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)	\$ 59,572.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 180.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,378.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,167.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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 27th day of Feb, 20 2018, 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

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
ADDENDUM

Page 3 of 19

C / OH NAME      frizell, elizabeth	Filer ID
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<p>.. This box is for notice of political expenditures 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 ..</p>																				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> GENERAL</td> <td style="padding: 5px;">Real Justice PAC</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td style="padding: 5px;">45 Powers Ave</td> </tr> <tr> <td></td> <td style="padding: 5px;">San Francisco, CA 94110</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">Bond, Rebecca</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td style="padding: 5px;">45 Powers Ave.</td> </tr> <tr> <td></td> <td style="padding: 5px;">San Francisco, CA 94110</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input checked="" type="checkbox"/> GENERAL	Real Justice PAC	<input type="checkbox"/> SPECIFIC	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	
COMMITTEE TYPE	COMMITTEE NAME																				
<input checked="" type="checkbox"/> GENERAL	Real Justice PAC																				
<input type="checkbox"/> SPECIFIC	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																				

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> frizell, elizabeth	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	22,625.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	36,947.00
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	\$	19,378.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 5/19
<b>2</b> FILER NAME frizell, elizabeth		<b>3</b> Filer ID
<b>4</b> Date 01/26/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bluitt, Calvin	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 8326 Old Ox Rd.  Dallas, TX 75241		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bluitt, Calvin	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 8326 Old Ox Rd.  Dallas, TX 75241		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbert, Gregory	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 651 Rickey Canyon ave  Desoto, TX 75115		
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions)
Date 02/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, James	Amount of Contribution (\$)  \$2,000.00
Contributor address; City; State; Zip Code 8439 Ridgescreek Dr.  Dallas, TX 75249		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis , Kevin	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code 4801 Frankford Rd.  Dallas, TX 75287		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) State Farm Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/5 Rpt: 6/19
2 FILER NAME frizell, elizabeth		3 Filer ID
4 Date 01/29/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frizell, Elizabeth	7 Amount of Contribution (\$) \$2,250.00
6 Contributor address; City; State; Zip Code 5787 S. Hampton Rd.  Dallas, TX 75232		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 02/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frizell, Elizabeth	Amount of Contribution (\$) \$2,200.00
Contributor address; City; State; Zip Code 5787 S. Hampton Rd.  Dallas, TX 75232		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 02/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton , Ruel	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 325 N. St. Paul Ste. 3350 Dallas , TX 75201		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Private Practice
Date 02/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton , Ruel	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 325 N. St. Paul Ste. 3350 Dallas , TX 75201		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Private Practice
Date 02/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Don	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 6840 Talbot Pkwy.  Dallas, TX 75232		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 7/19
<b>2</b> FILER NAME frizell, elizabeth		<b>3</b> Filer ID
<b>4</b> Date 02/19/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Evelyn	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>6</b> Contributor address; City; State; Zip Code 6840 Talbot Pkwy.  Dallas, TX 75232		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self Employed
Date 02/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Tammy	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 2401 South Blvd.  Dallas, TX 75215		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Sprint
Date 01/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Janet	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis , Jill	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code 1717 Main St. #2800  Dallas, TX 75201		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) K & L Gates
Date 02/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lycke, Edith	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code 4730 Melissa Ln.  Dallas, TX 75229		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 8/19
<b>2</b> FILER NAME frizell, elizabeth		<b>3</b> Filer ID
<b>4</b> Date 02/21/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nwokocha, Cordelia	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>6</b> Contributor address; City; State; Zip Code 7001 Stony Oak Ct.  Allen, TX 75002		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self Employed
Date 02/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pride Richardson, Lynn	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code P.O. Box 496683  Garland, TX 75049		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Public Defender
Date 01/31/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00632554 _____ ) Real Justice PAC	Amount of Contribution (\$)  \$5,000.00
Contributor address; City; State; Zip Code 45 Powers Ave.  San Francisco, CA 94110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Hillary	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Farmer Law Group	Amount of Contribution (\$)  \$1,500.00
Contributor address; City; State; Zip Code 400 S. Zang Blvd. Ste. 350 Dallas, TX 75208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 9/19
<b>2</b> FILER NAME frizell, elizabeth		<b>3</b> Filer ID
<b>4</b> Date 02/15/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vital, Victor	<b>7</b> Amount of Contribution (\$)  \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code 2100 McKinney Ave.  Dallas, TX 75201	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Barnes & Thornburg
Date 02/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Belinda	Amount of Contribution (\$)  \$75.00
	Contributor address; City; State; Zip Code 2507 White Tail Dr  Mesquite , TX 75181	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)

# 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: 1/1 Rpt: 10/19	
2 FILER NAME frizell, elizabeth		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/16/2018	6 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00632554 ) Real Justice PAC	8 Amount of contribution (\$) \$3,130.00	9 In-kind contribution description Campaign Literature
	7 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.	
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)			

Date 02/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Organizing Project	Amount of contribution (\$) \$33,817.00	In-kind contribution description Field Operation, Phone Banking, Neighborhood Canvassing
	Contributor address; City; State; Zip Code PO Box 120296  San Antonio, TX 78212	<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)			

# 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: 1/9 Rpt: 11/19	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 02/09/2018	<b>5</b> Payee name 30/30 Vision	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 3030 Ross Ave.  Dallas, TX 75204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage 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 Expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/01/2018	Payee name BOA	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 156 W. Belt Line Rd.  Cedar Hill, TX 75104	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 Fees
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/06/2018	Payee name Big East Democrats	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 3629 W. Miller Rd.  Garland, TX 75041	
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 DACED Ad
	<b>9</b> 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: 2/9 Rpt: 12/19	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 02/10/2018	<b>5</b> Payee name C & G Associates	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code  Dallas, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Administration	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Admin.
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/29/2018	Payee name Caldwell Creative	
Amount (\$) \$1,093.00	Payee address; City; State; Zip Code P. O. Box 822011  Dallas, TX 75382	
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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/06/2018	Payee name Caldwell Creative	
Amount (\$) \$470.00	Payee address; City; State; Zip Code P. O. Box 822011  Dallas, TX 75382	
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
	<b>9</b> 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: 3/9 Rpt: 13/19	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 02/20/2018	<b>5</b> Payee name Caldwell Creative	
<b>6</b> Amount (\$) \$3,100.00	<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) Consulting 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 PR
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/20/2018	Payee name Caldwell Creative	
Amount (\$) \$470.00	Payee address; City; State; Zip Code P. O. Box 822011  Dallas, TX 75382	
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 Internet Marketing
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/21/2018	Payee name Castle Business Solutions	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 2777 Stemmons Frwy. Ste. 1242 Dallas, TX 75207	
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 Mailer
	<b>9</b> 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: 4/9 Rpt: 14/19	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 02/05/2018	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$75.00	<b>7</b> Payee address; City; State; Zip Code 3675 Precision Dr.  Loveland, CO 80538	
<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 Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/12/2018	Payee name Constant Contact	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 3675 Precision Dr.  Loveland, CO 80538	
PURPOSE OF EXPENDITURE	<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 E-mail Marketing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/01/2018	Payee name Daniel Clayton	
Amount (\$) \$2,400.00	Payee address; City; State; Zip Code 2400 S. Ervay St.  Dallas, TX 75215	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting 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 Consultation Fees
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: 5/9 Rpt: 15/19	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 02/12/2018	<b>5</b> Payee name Espy Sports Group	
<b>6</b> Amount (\$) \$800.00	<b>7</b> Payee address; City; State; Zip Code 4206 Goodfellow Dr.  Dallas, TX 75229	
<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 Public Relations
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/05/2018	Payee name I-Messenger Media	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 320 S.R.L.Thornton Frwy. Ste. 220-A Dallas, TX 75203	
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 Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/26/2018	Payee name JAB Productions	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 5921 Shady Crest  Dallas, TX 75241	
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 Canvassing
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: 6/9 Rpt: 16/19	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 02/03/2018	<b>5</b> Payee name JAB Productions	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 5921 Shady Crest  Dallas, TX 75241	
<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 Canvassing
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2018	Payee name Jenkins, Lawrence	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1060 Cotton Depot Ln.  Fort Worth, TX 75024	
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 Photography
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/15/2018	Payee name KHVN	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 5787 S. Hampton Rd.  Dallas, TX 75232	
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 Radio Ads
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: 7/9 Rpt: 17/19	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 02/15/2018	<b>5</b> Payee name Martin, A	
<b>6</b> Amount (\$) \$250.00	<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 Tickets
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/09/2018	Payee name Princess Ogunbanwo	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 4041 W. Wheatland Rd.  Dallas, TX 75237	
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 Artwork
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/15/2018	Payee name Princess Ogunbanwo	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 4041 W. Wheatland Rd.  Dallas, TX 75237	
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 Artist
	<b>9</b> 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: 8/9 Rpt: 18/19	<b>2</b> FILER NAME frizell, elizabeth	<b>3</b> Filer ID
<b>4</b> Date 02/08/2018	<b>5</b> Payee name Shane Hefner	
<b>6</b> Amount (\$) \$420.00	<b>7</b> Payee address; City; State; Zip Code 3314 Alma Rd.  Richardson, TX 75080	
<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 Business Advertisement
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/10/2018	Payee name Shane Hefner	
Amount (\$) \$420.00	Payee address; City; State; Zip Code 3314 Alma Rd.  Richardson, TX 75080	
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 Business Advertisement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/07/2018	Payee name The Dallas Examiner	
Amount (\$) \$1,125.00	Payee address; City; State; Zip Code P.O. Box 3720  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 Ads
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: 9/9 Rpt: 19/19	2 FILER NAME frizell, elizabeth	3 Filer ID
4 Date 02/06/2018	5 Payee name The Plug	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 324  Cedar Hill, TX 75104	
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 Electronic Bs. Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Office held		