

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Patrick</i> MI: <i>L.</i> NICKNAME: <i>HARDEN</i> LAST:      SUFFIX:	OFFICE USE ONLY Date Received: <i>2020 JUL 12 PM 4:10</i> Date Hand-delivered or Date Postmarked: <i>2020 JUL -2 PM 4:12</i> Receipt #:      Amount \$: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>7137 Hummicut Rd. Dallas, TX 75227</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(214) 732-7826</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Patrick</i> MI: <i>L.</i> NICKNAME: <i>HARDEN</i> LAST:      SUFFIX:	Receipt #:      Amount \$: Date Processed: Date Imaged:	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7137 Hummicut Rd Dallas, TX 75227</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(214) 732-7826</i>		
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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <i>07 / 15 / 2020      06 / 30 / 2020</i>		
11 ELECTION	ELECTION DATE Month      Day      Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Dallas County Commissioner District 1</i>	

RECEIVED FOR FILING  
DALLAS COUNTY ELECTIONS DEPARTMENT  
RECEIVED FOR FILING  
DALLAS COUNTY ELECTIONS DEPARTMENT

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 10.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,100

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3,044.93

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

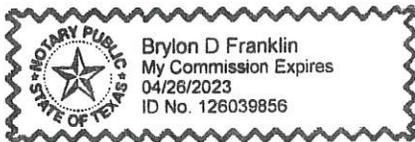
\$ 2,100

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4,850.00

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.

*Patrick L. Harden*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patrick L. Harden, this the 2 day of July, 2020, to certify which, witness my hand and seal of office.

*Brylon D. Franklin*

Signature of officer administering oath

Brylon D. Franklin

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> <i>Patrick L. Harden</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,100
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,044.93
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 350.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1</b>
2 FILER NAME <b>Patrick L. Harden</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/22/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fred Moses</b>	7 Amount of contribution (\$) <b>1,000</b>
6 Contributor address; City; State; Zip Code <b>4581 Hallmark DR Plano TX 75024</b>		
8 Principal occupation / Job title (See Instructions) <b>owner</b>		9 Employer (See Instructions) <b>self-employed</b>
Date <b>6/4/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Abramson</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3248 CK105 Celeste TX 75423</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/11/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Lawson</b>	Amount of contribution (\$) <b>\$30.00</b>
Contributor address; City; State; Zip Code <b>314 Meadowcreek Ln Garland TX 75043</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>6-18-2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Lee</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code <b>9735 Sophora Circle Dallas TX 75249</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles E. Harden</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
	6 Contributor address; City; State; Zip Code <i>6731 Sweet Sue Ln Dallas, TX 75241</i>	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynn Zurl</i>	Amount of contribution (\$) <i>\$ 250.00</i>
	Contributor address; City; State; Zip Code <i>7557 Rambler Rd. Dallas TX 75231</i>	
Principal occupation / Job title (See Instructions) <i>Accountant</i>		Employer (See Instructions) <i>self-employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Milton Watkins</i>	Amount of contribution (\$) <i>\$ 500.00</i>
	Contributor address; City; State; Zip Code <i>8624 McShannon Rd Dallas TX 75230</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arthur Young</i>	Amount of contribution (\$) <i>\$ 50.00</i>
	Contributor address; City; State; Zip Code <i>1732 Cathedral Dr Plano TX 75023</i>	
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Patrick Harden</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/24/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susan Fournier</i>	7 Amount of contribution (\$) <i>\$ 100,00</i>
6 Contributor address; City; State; Zip Code <i>10630 Chesterton Dr Dallas TX 75238</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Patrick Hardem</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/30/2020</i>	5 Payee name <i>Amazon</i>	
6 Amount (\$) <i>\$97.41</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 81226 Seattle WA 98108</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other/Event Exp</i>	(b) Description <i>event equipment</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>6/26/2020</i>	Payee name <i>Amedot</i>	
Amount (\$) <i>\$24.60</i>	Payee address; City; State; Zip Code <i>1920 McKinney Ave 7th floor Dallas TX 75201</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>	Description <i>Processing Charges</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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	
Complete ONLY 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Patrick L. Harden</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>6/15/2020</i>	<b>5</b> Payee name <i>BBVA</i>	
<b>6</b> Amount (\$) <i>15.00</i>	<b>7</b> Payee address: <i>P.O. Box 10184</i> City: <i>Birmingham</i> State: <i>AL</i> Zip Code: <i>35202</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <i>Monthly Charge</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>6-10-2020</i>	Payee name <i>Walmart</i>	
Amount (\$) <i>17.74</i>	Payee address: <i>702 SW. 8th St.</i> City: <i>Bentonville</i> State: <i>AR</i> Zip Code: <i>72716</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>	Description <i>Printer Ink</i>
	<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 <i>6-4-2020</i>	Payee name <i>Metro PCS</i>	
Amount (\$) <i>56.00</i>	Payee address: <i>2250 Lakeside Blvd</i> City: <i>Richardson</i> State: <i>TX</i> Zip Code: <i>75082</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Communications</i>	Description <i>Cell phone</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Patrick L. Hardden</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>6-3-2020</i>	<b>5</b> Payee name <i>Skype Zoom</i>	
<b>6</b> Amount (\$) <i>10.33</i>	<b>7</b> Payee address; City; State; Zip Code <i>55 Almaden Blvd 6th Floor San Jose CA 95113</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Communication</i>	<b>(b)</b> Description <i>Video Conferencing</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>5-15-2020</i>	Payee name <i>BIBYA</i>	
Amount (\$) <i>15.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 10184 Birmingham AL 35202</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Monthly Charge</i>
	<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 <i>5-1-2020</i>	Payee name <i>Metro PCS</i>	
Amount (\$) <i>70.06</i>	Payee address; City; State; Zip Code <i>2350 Lakeside Blvd Richardson TX 75082</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Communications</i>	Description <i>Cell phone</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Patrick L. Hardens</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-15-2020</i>	5 Payee name <i>BIBVA</i>	
6 Amount (\$) <i>15.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 10184 Birmingham AL 35202</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Monthly Charge</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3-25-2020</i>	Payee name <i>PMA Technology Group</i>	
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>203 Sherline DR Mesquite TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	Description <i>Web site</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3-18-2020</i>	Payee name <i>Envelopes.COM</i>	
Amount (\$) <i>102.16</i>	Payee address; City; State; Zip Code <i>5300 New Horizons Blvd. Amityville NY 11701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Fee</i>	Description <i>envelopes</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 3-16-2020		5 Payee name B3BVA			
6 Amount (\$) 18.00		7 Payee address; P.O. Box 10184		City; Birmingham	State; AL
				Zip Code 35202	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly Charges		
	(c) <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 3-9-2020		Payee name U.S. Post Office			
Amount (\$) 59.00		Payee address; 8624 Ferguson Rd.		City; Dallas	State; TX
				Zip Code 75228	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental Exp		Description P.O. Box Rental		
	<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 2-20-2020		Payee name Signs on the Cheap			
Amount (\$) 245.23		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp		Description Painting Exp		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Patrick L. Harden</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2-18-2020</i>	5 Payee name <i>BBVA</i>
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6 Amount (\$) <i>3.00</i>	7 Payee address; <i>P.O. Box 10184</i>	City; <i>Birmingham</i>	State; <i>AL</i>	Zip Code <i>35202</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Monthly Charge</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-13-2020</i>	Payee name <i>U.S. Post Office</i>
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Amount (\$) <i>11.00</i>	Payee address; <i>8624 Ferguson Rd</i>	City; <i>Dallas</i>	State; <i>TX</i>	Zip Code <i>75260</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Office Exp</i>	Description <i>Stamps</i>
	<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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Date <i>2-11-2020</i>	Payee name <i>Print Place</i>
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Amount (\$) <i>68.58</i>	Payee address; <i>1130 Ave H</i>	City; <i>Arlington, TX</i>	State; <i>TX</i>	Zip Code <i>76011</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	Description <i>Printing Material</i>
	<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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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:	2 FILER NAME <i>District L. Hardem</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2-7-2020</i>	5 Payee name <i>Pay Pal</i>
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6 Amount (\$) <i>9.95</i>	7 Payee address; <i>2211 N. 1st St.</i>	City; <i>San Jose</i>	State; <i>CA</i>	Zip Code <i>95131</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Commission fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-4-2020</i>	Payee name <i>Eugene Ralph / WTC Strategies LLC</i>
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Amount (\$) <i>1,800</i>	Payee address; <i>2311 Licorice Place Ste 103</i>	City; <i>Dallas</i>	State; <i>TX</i>	Zip Code <i>75217</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Exp</i>	Description <i>consultant</i>
	<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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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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	

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                        | 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:	2 FILER NAME <i>Patrick Harden</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/21/2020</i>	5 Payee name <i>Sam's Club</i>
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6 Amount (\$) <i>\$10.80</i>	7 Payee address; <i>2101 SE Simpkins Spring Dr. Bentonville, AR 72716</i>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>other</i>	(b) Description <i>bottled water</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/22/2020</i>	Payee name <i>Pay Pal</i>
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Amount (\$) <i>\$29.51</i>	Payee address; <i>2211 N. 1st St San Jose CA 95131</i>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>service fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/25/2020</i>	Payee name <i>Dallas Morning News</i>
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Amount (\$) <i>\$1.07</i>	Payee address; <i>1954 Commerce St. Dallas TX 75201</i>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>other</i>	Description <i>subscription</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Patrick Harden</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/28/2020</i>	5 Payee name <i>Go Daddy</i>
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6 Amount (\$) <i>\$15.82</i>	7 Payee address; City; State; Zip Code <i>14455 N. Hayden Rd Scottsdale, AZ 85260</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp.</i>	(b) Description <i>domain</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/28/2020</i>	Payee name <i>Print Noise</i>
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Amount (\$) <i>\$23.82</i>	Payee address; City; State; Zip Code <i>888 S. Greenville Ave Richardson TX 75087</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>	Description <i>Printing Material</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/30/2020</i>	Payee name <i>Go Daddy</i>
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Amount (\$) <i>\$25.85</i>	Payee address; City; State; Zip Code <i>14455 N. Hayden Rd Scottsdale, AZ 85260</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	Description <i>EMAIL</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <u>1</u>
2 FILER NAME <u>Patrick L. Harden</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/17/2020</u>	5 Name of person from whom amount is received <u>Textedly</u>	8 Amount (\$) <u>\$350.00</u>
6 Address of person from whom amount is received; City; State; Zip Code <u>819 W. Arapaho Rd. Richardson, TX 75088</u>		
7 Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer <u>Advertising Exp</u>		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**