

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: NICKNAME: LAST: <i>Harden</i> SUFFIX:	OFFICE USE ONLY Date Received: 2020 SEP 32 AM 8: 44 RECEIVED FOR FILING DALLAS COUNTY ELECTIONS DEPARTMENT	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of 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>		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Patrick</i> MI: NICKNAME: LAST: <i>Harden</i> SUFFIX:	Receipt #	Amount \$
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 checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>07 / 01 / 2020</i> <i>THROUGH</i> <i>10 / 02 / 2020</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 03 / 2020</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Dallas County Commissioner District 9</i>	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Patrick Harden 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

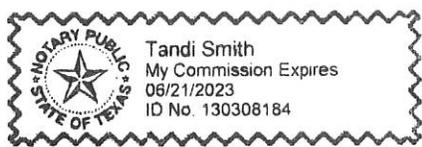
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,322.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,509.43
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 Harden, this the 5th day of October, 2020, to certify which, witness my hand and seal of office.

Jane Smith Signature of officer administering oath
Tandi Smith Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Patrick Harden</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,200
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	\$ 4,318.52
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,003.65
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 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: 4
2 FILER NAME <i>Patrick Haxden</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/4/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Black</i> 6 Contributor address; City; State; Zip Code <i>10206 Fairway Vista Rowlett TX 75089</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
8 Principal occupation / Job title (See Instructions) <i>Program Manager</i>		9 Employer (See Instructions) <i>EY</i>
Date <i>9/18/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Black</i> Contributor address; City; State; Zip Code <i>10206 Fairway Vista Rowlett TX 75089</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Principal occupation / Job title (See Instructions) <i>Program Manager</i>		Employer (See Instructions) <i>EY</i>
Date <i>10/2/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Black</i> Contributor address; City; State; Zip Code <i>10206 Fairway Vista Rowlett TX 75089</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Principal occupation / Job title (See Instructions) <i>Program Manager</i>		Employer (See Instructions) <i>EY</i>
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)

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: 6
2 FILER NAME <i>Patrick Harden</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/13/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cody Arvidson</i>	7 Amount of contribution (\$) <i>\$ 300.00</i>
6 Contributor address; City; State; Zip Code <i>1302 Versailles Dr. Richardson Tx 75087</i>		
8 Principal occupation / Job title (See Instructions) <i>Education</i>		9 Employer (See Instructions) <i>Degree Solutions Group</i>
Date <i>8/7/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Black</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>10206 Fairway Vista Dr Rowlett TX 75089</i>		
Principal occupation / Job title (See Instructions) <i>Program Manager</i>		Employer (See Instructions) <i>EY</i>
Date <i>8/21/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Black</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>10206 Fairway Vista Dr Rowlett TX 75089</i>		
Principal occupation / Job title (See Instructions) <i>Program Manager</i>		Employer (See Instructions) <i>EY</i>
Date <i>8/31/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laura Woodell</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address; City; State; Zip Code <i>5956 Sherry Ln Dallas, TX 75225</i>		
Principal occupation / Job title (See Instructions) <i>Investments</i>		Employer (See Instructions) <i>self-employed</i>

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: <i>6</i>
2 FILER NAME <i>Patrick L. Handen</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/14/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>K. B. Westbrook</i> 6 Contributor address; City; State; Zip Code <i>3831 Turtle Creek Blvd. Dallas TX 75219</i>	7 Amount of contribution (\$) <i>\$ 250.00</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>8/11/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wesley Bowen</i> Contributor address; City; State; Zip Code <i>9427 Windy Knoll Dallas TX 75243</i>	Amount of contribution (\$) <i>\$ 40.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/24/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mesquite Republican Women's (PAC)</i> Contributor address; City; State; Zip Code <i>P.O. Box 851464 Mesquite TX 75185</i>	Amount of contribution (\$) <i>\$ 1160.00</i>
Principal occupation / Job title (See Instructions) <i>PAC</i>		Employer (See Instructions)
Date <i>8/26/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>First Ladies Republican Women's Club</i> Contributor address; City; State; Zip Code <i>3304 Ivy Dr. Mesquite TX 75150</i>	Amount of contribution (\$) <i>\$ 400.00</i>
Principal occupation / Job title (See Instructions) <i>PAC</i>		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

2 FILER NAME Patrick L. Handem

3 Filer ID (Ethics Commission Filers)

4 Date 7/18/2020
 5 Full name of contributor out-of-state PAC (ID#: _____)
Karol Omlor
 6 Contributor address; City; State; Zip Code
2838 Lawtherwood Pl Dallas TX 75214

7 Amount of contribution (\$)
1,000.00

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date 7/6/2020
 Full name of contributor out-of-state PAC (ID#: _____)
Park Cities Republican Women
 Contributor address; City; State; Zip Code
25 Highland Park Village Dallas TX 75205

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

Principal occupation / Job title (See Instructions)
PAC

Employer (See Instructions)

Date 7/30/2020
 Full name of contributor out-of-state PAC (ID#: _____)
Mr & Mrs Mac Smith
 Contributor address; City; State; Zip Code
3938 Vinecrest Dr Dallas TX 75229

Amount of contribution (\$)
\$ 200.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date 7/31/2020
 Full name of contributor out-of-state PAC (ID#: _____)
Cynthia Anderson
 Contributor address; City; State; Zip Code
4465 Twin Post Rd Dallas TX 75244

Amount of contribution (\$)
\$ 500.00

Principal occupation / Job title (See Instructions)
homemaker

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

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8/26/2020

Charles Carole Bouton
Contributor address; City; State; Zip Code

\$ 50.00

629 Lane Carlos DR Garland, TX 75043

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/1/2020

Ronald Jones
Contributor address; City; State; Zip Code

\$ 100.00

1209 Trake Ln Garland TX 75044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

9/17/2020

Brock Greer
Contributor address; City; State; Zip Code

\$ 100.00

2315 Moser Ave Dallas, TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/18/2020

Joan Coker / Charles Smith
Contributor address; City; State; Zip Code

\$ 100.00

6925 Hammond Ave Dallas, TX 75223

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

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: 4

2 FILER NAME

Patrick Harder

3 Filer ID (Ethics Commission Filers)

4 Date

9/14/2020

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

Linda & William Russell
 6 Contributor address; City; State; Zip Code

9016 Maguines Bridge Dr. Dallas, TX 75231

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9/25/2020

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

K. B. Westbrook
 Contributor address; City; State; Zip Code

2831 Turtle Creek Blvd Dallas, TX 75249

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/30/2020

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

Bill Underhill
 Contributor address; City; State; Zip Code

9201 Moss Farm Dallas, TX 75243

Amount of contribution (\$)

\$ /00.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

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: 10	2 FILER NAME Patrick L. Harden	3 Filer ID (Ethics Commission Filers)
----------------------------------	-----------------------------------	---------------------------------------

4 Date 7/3/2020	5 Payee name Signs on the Cheap
--------------------	------------------------------------

6 Amount (\$) \$385.99	7 Payee address: 11525-B Stonehollow Dr #220 Austin, TX 78758	City;	State;	Zip Code
---------------------------	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description Signs
	(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 6/15/2020	Payee name BBVA
-------------------	--------------------

Amount (\$) \$115.00	Payee address: P.O. Box 10184 Birmingham, AL 35202	City;	State;	Zip Code
-------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Bank fee / service charge
	<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 8/17/2020	Payee name Walmart
-------------------	-----------------------

Amount (\$) \$37.76	Payee address: 702 SW 8th St. Bentonville AR 72716	City;	State;	Zip Code
------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising fee	Description Printer Ink
	<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 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: 10	2 FILER NAME Patrick L. Harden	3 Filer ID (Ethics Commission Filers)
4 Date 8/17/2020	5 Payee name BBVA	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code P.O. Box 16184 Birmingham, AL 35202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description monthly charge
	(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 8/21/2020	Payee name Facebook	
Amount (\$) \$53.07	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Exp	Description Ads
	<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 8/31/2020	Payee name Facebook	
Amount (\$) \$390.88	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Exp	Description Ads
	<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 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: 19	2 FILER NAME Patrick Harden	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------	---------------------------------------

4 Date 9/1/2020	5 Payee name Facebook
--------------------	--------------------------

6 Amount (\$) \$61.30	7 Payee address; 1601 Willow Rd	City; Menlo Park	State; CA	Zip Code 94025
--------------------------	------------------------------------	---------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ady Exp	(b) Description Ad Signs
	(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 9/2/2020	Payee name Facebook
------------------	------------------------

Amount (\$) \$67.24	Payee address; 1601 Willow Rd	City; Menlo Park	State; CA	Zip Code 94025
------------------------	----------------------------------	---------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ady Exp	Description Ads
	<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 9/8/2020	Payee name Dallas News
------------------	---------------------------

Amount (\$) \$9.34	Payee address; 1954 Commerce St	City; Dallas	State; TX	Zip Code 75201
-----------------------	------------------------------------	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Fees
	<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: 10	2 FILER NAME Patrick Harden	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------	---------------------------------------

4 Date 9/8/2020	5 Payee name Facebook
--------------------	--------------------------

6 Amount (\$) \$ 9.66	7 Payee address: 2661 Willow Rd	City: Menlo Park CA	State: CA	Zip Code 94025
--------------------------	------------------------------------	------------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Exp	(b) Description Ads
	(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 9/8/2020	Payee name Primit Noize
------------------	----------------------------

Amount (\$) \$ 182.94	Payee address: 709 Lingco Dr. Ste 102	City: Richardson TX	State: TX	Zip Code 75081
--------------------------	--	------------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exp	Description postcards
	<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 9/14/2020	Payee name Primit Noize
-------------------	----------------------------

Amount (\$) \$ 54.12	Payee address: 709 Lingco Dr. Ste 102	City: Richardson TX	State: TX	Zip Code 75081
-------------------------	--	------------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exp	Description postcards
	<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: 10	2 FILER NAME Patrick Handen	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------	---------------------------------------

4 Date 9/15/2020	5 Payee name BBVA
---------------------	----------------------

6 Amount (\$) \$15.00	7 Payee address: P.O. Box 10184 Birmingham, AL 35202	City:	State:	Zip Code
--------------------------	---	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Bank fees
	(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 9/21/2020	Payee name Print Place
-------------------	---------------------------

Amount (\$) \$233.28	Payee address: 1130 Avenue H	City: Arlington	State: TX	Zip Code 76021
-------------------------	---------------------------------	--------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing exp	Description dischargers
	<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 9/23/2020	Payee name Print Place
-------------------	---------------------------

Amount (\$) \$208.44	Payee address: 1130 Avenue H	City: Arlington	State: TX	Zip Code 76021
-------------------------	---------------------------------	--------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exp	Description dischargers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Patrick Harden	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------	---------------------------------------

4 Date 9/28/2020	5 Payee name SIGNS on the Champ
---------------------	------------------------------------

6 Amount (\$) 463.50	7 Payee address; 11525-B Stonehollow Dr #220 Austin TX 78758	City;	State;	Zip Code
-------------------------	---	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Exp	(b) Description yard signs
	(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 9/28/2020	Payee name Office Maps
-------------------	---------------------------

Amount (\$) 19.47	Payee address; 1515 N. Town East Se 112 Mesquite TX 75150	City;	State;	Zip Code
----------------------	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exp	Description maps
	<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 8/31/2020	Payee name U.S. Postal Service
-------------------	-----------------------------------

Amount (\$) \$59.00	Payee address; 624 Ferguson Rd Dallas TX 75228	City;	State;	Zip Code
------------------------	---	-------	--------	----------

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description P.O. Box fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>10</i>	2 FILER NAME <i>Patrick L. Anderson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/13/2020</i>	5 Payee name <i>Amedot</i>	
6 Amount (\$) <i>\$12.30</i>	7 Payee address; City; State; Zip Code <i>5555 Hilton Baton Rouge</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description
	(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 <i>8/17/2020</i>	Payee name <i>Amedot</i>	
Amount (\$) <i>\$2.30</i>	Payee address; City; State; Zip Code <i>5555 Hilton Baton Rouge</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/21/2020</i>	Payee name <i>Amedot</i>	
Amount (\$) <i>\$2.30</i>	Payee address; City; State; Zip Code <i>5555 Hilton Baton Rouge, LA</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	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

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: <i>10</i>	2 FILER NAME <i>Patrick Anderson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/31/2020</i>	5 Payee name <i>Arredot</i>	
6 Amount (\$) <i>\$ 8.30</i>	7 Payee address; City; State; Zip Code <i>5555 Hilton Boston Rouge LA</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>service 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		
Date <i>9/4/2020</i>	Candidate / Officeholder name <i>Arredot</i>	
Amount (\$) <i>\$2.30</i>	Office sought <i>Boston Rouge LA</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Office held
	<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		
Date <i>9/18/2020</i>	Candidate / Officeholder name <i>Arredot</i>	
Amount (\$) <i>\$ 2.30</i>	Office sought <i>Boston Rouge, LA</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Office held
	<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		

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: <i>10</i>	2 FILER NAME <i>Patrick Aredot</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/2/2020</i>	5 Payee name <i>Aredot</i>	
6 Amount (\$) <i>\$ 2.30</i>	7 Payee address; City; State; Zip Code <i>5555 Hilton Boston Rouge LA</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Service fees</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		
Date <i>8/4/2020</i>	Payee name <i>Metro by T-Mobile</i>	
Amount (\$) <i>\$ 36.00</i>	Payee address; City; State; Zip Code <i>6155 Samuell Blvd Dallas, TX 75228</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>communications</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>8/28/2020</i>	Payee name <i>Metro by T-Mobile</i>	
Amount (\$) <i>\$ 36.00</i>	Payee address; City; State; Zip Code <i>6155 Samuell Blvd Dallas TX 75228</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>communications</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		

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: <i>00</i>	2 FILER NAME <i>Patrick Harden</i>	3 Filer ID (Ethics Commission Filers)
---	---------------------------------------	---------------------------------------

4 Date <i>9/10/2020</i>	5 Payee name <i>AMEX</i>
----------------------------	-----------------------------

6 Amount (\$) <i>\$1,150.75</i>	7 Payee address; <i>P.O. Box 650448</i>	City; <i>Dallas,</i>	State; <i>Tx</i>	Zip Code <i>75265</i>
------------------------------------	--	-------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>	(b) Description <i>Paid for campaign charges</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
--	-------------------------------	---------------	-------------

Date <i>8/13/2020</i>	Payee name <i>Amex</i>
--------------------------	---------------------------

Amount (\$) <i>\$851.68</i>	Payee address; <i>P.O. Box 650448</i>	City; <i>Dallas</i>	State; <i>Tx</i>	Zip Code <i>75265</i>
--------------------------------	--	------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>	Description <i>Paid for campaign 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3	2 FILER NAME Patrick Harden	3 Filer ID (Ethics Commission Filers)
---------------------------------	--------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date 8/8/2020	6 Payee name UZ Marketing
--------------------	------------------------------

7 Amount (\$) \$397.61	8 Payee address; 5900 Bingle Rd	City; Houston	State; TX	Zip Code 77092
---------------------------	------------------------------------	------------------	--------------	-------------------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 8/8/2020	Payee name UZ Marketing
------------------	----------------------------

Amount (\$) \$395.17	Payee address; 5900 Bingle Rd	City; Houston	State; TX	Zip Code 77092
-------------------------	----------------------------------	------------------	--------------	-------------------

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description signs
	<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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3	2 FILER NAME <i>Patrick Harden</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>8/28/2020</i>	6 Payee name <i>Permit Noise</i>	
7 Amount (\$) <i>\$ 54.12</i>	8 Payee address; City; State; Zip Code <i>709 Dingsco Dr. Ste 102 Richardson TX 75081</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Adv. Exp</i>	(b) Description <i>postcards</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Patrick Harden</i>	Office sought <i>County Commissioner, D1</i>
Date <i>9/3/2020</i>	Payee name <i>UZ Marketing</i>	
Amount (\$) <i>\$ 605.37</i>	Payee address; City; State; Zip Code <i>5900 Bingle Rd. Houston TX 77092</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp</i>	Description <i>SIGNS</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3	2 FILER NAME Patrick Hoader	3 Filer ID (Ethics Commission Filers)
---------------------------------	--------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date 9/3/2020	6 Payee name U2 Marketing
--------------------	------------------------------

7 Amount (\$) \$ 551.38	8 Payee address; City; State; Zip Code 5900 Birgle Rd. Richardson Houston TX 77092
----------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adm Exp	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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