





# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,155.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$937.45
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$1,250.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**3**

**2** FILER NAME  
Chad Prda

**3** Filer ID (Ethics Commission Filers)

**4** Date  
01/04/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Michael Blohm

**7** Amount of contribution (\$)  
\$100.00

**6** Contributor address; City; State; Zip Code  
4114 Azelea Ln Garland TX 75043

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
01/10/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Caron Hill

Amount of contribution (\$)  
\$50.00

Contributor address; City; State; Zip Code  
6638 Leameadow Dallas TX 75248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/13/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Felicia Resendez

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
5027 Stagecoach Way Grand Prarie TX 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/13/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
James Rodriguez

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
5027 Stagecoach Way Grand Prarie TX 75052

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:  
**3**

**2** FILER NAME  
Chad Prda

**3** Filer ID (Ethics Commission Filers)

**4** Date  
01/25/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Emmanuel Lewis

**7** Amount of contribution (\$)  
\$80.00

**6** Contributor address; City; State; Zip Code  
1909 Anderson St Irving TX 75062

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
01/18/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Roger Geigle

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
2201 Mill Pond Garland TX 75044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/10/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jeannie Forrest

Amount of contribution (\$)  
\$200.00

Contributor address; City; State; Zip Code  
6108 Glennox Ln Dallas TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/17/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
James Huntley

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
10434 Sylvia Dallas TX 75228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**3**

**2** FILER NAME  
Chad Prda

**3** Filer ID (Ethics Commission Filers)

**4** Date  
01/17/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bryan Davis

**7** Amount of contribution (\$)  
\$100.00

**6** Contributor address; City; State; Zip Code  
4422 Galaxie Rd Garland TX 75044

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 2	<b>2</b> FILER NAME Chad Prda	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/23/18	<b>5</b> Payee name Bunni Pounds and Associates	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 620 W. State Street Garland TX 75040	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Faith Johnson Office sought: District Attorney Office held: District Attorney	
Date 01/29/18	Payee name Party City	
Amount (\$) \$86.96	Payee address; City; State; Zip Code 1340 N. Town East Blvd Mesquite TX 75150	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/11/18	Payee name Premier Gun Shows	
Amount (\$) \$80.00	Payee address; City; State; Zip Code 2323 Big Town Blvd. Mesquite TX 75149	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Chad Prda	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/24/18	<b>5</b> Payee name Dallas Police Association
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<b>6</b> Amount (\$) \$1,250.00	<b>7</b> Payee address; City; State; Zip Code 1412 Griffin St Dallas TX 75215
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<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
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<b>9</b> 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
<input type="checkbox"/> Reimbursement from political contributions intended	

<b>PURPOSE OF EXPENDITURE</b>	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
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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
<input type="checkbox"/> Reimbursement from political contributions intended	

<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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