





# 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	\$2,596.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2,477.22
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: 4
<b>2</b> FILER NAME Chad Prda		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/30/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Kalka  <b>6</b> Contributor address; City; State; Zip Code 10746 Odair Ct Dallas TX 75218	<b>7</b> Amount of contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 05/08/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Darren Shields  <b>Contributor address; City; State; Zip Code</b> 13204 Alsatian Ct. Dallas TX 75253	<b>Amount of contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b> DSO		<b>Employer (See Instructions)</b>
<b>Date</b> 06/15/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Helenmay Nichols  <b>Contributor address; City; State; Zip Code</b> 3620 Longcourt Circle Mesquite TX 75150	<b>Amount of contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 06/15/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina Aviles  <b>Contributor address; City; State; Zip Code</b> 621 Forest Park PI Grand Prairie TX 75052	<b>Amount of contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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 Chad Prda		3 Filer ID (Ethics Commission Filers)
4 Date 06/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Paulsen  6 Contributor address; City; State; Zip Code 3002 Cheyenne St Irving TX 75062	7 Amount of contribution (\$) \$46.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Ford  Contributor address; City; State; Zip Code 5803 Redwood Ln Rowlett TX 75089	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel Lievsay  Contributor address; City; State; Zip Code 2520 Brook Hollow Ct Mesquite TX 75150	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Rodriguez  Contributor address; City; State; Zip Code 3003 Candelbrook Dr Wylie TX 75098	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 Chad Prda		3 Filer ID (Ethics Commission Filers)
4 Date 06/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Russell  6 Contributor address; City; State; Zip Code 12427 Veronica Cir Farmers TX 75234	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Tressler  Contributor address; City; State; Zip Code 3310 Ridgemont Irving TX 75062	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeannie Forrest  Contributor address; City; State; Zip Code 6108 Glennox Ln Dallas TX 75214	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Johnson  Contributor address; City; State; Zip Code 6108 Yellowstone Dr Mesquite TX 75150	Amount of contribution (\$) \$100.00
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: 4
2 FILER NAME Chad Prda		3 Filer ID (Ethics Commission Filers)
4 Date 06/18/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammy Bickham	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 13901 Midway Rd. Ste 102 Dallas TX 75244		
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)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Chad Prda	<b>3</b> Filer ID (Ethics Commission Filers)
--	----------------------------------	--

<b>4</b> Date 06/29/2019	<b>5</b> Payee name Angry Dog
-----------------------------	----------------------------------

<b>6</b> Amount (\$) \$92.12	<b>7</b> Payee address; City; State; Zip Code 2726 Commerce St Dallas TX 75226
---------------------------------	---

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) FoodBeverageExpense	<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	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 06/01/2019	Payee name I-20 Liquor Depot
--------------------	---------------------------------

Amount (\$) \$100.63	Payee address; City; State; Zip Code 13881 Interstate 20 Balch Springs TX 75181
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EventExpense	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 06/03/2019	Payee name Target
--------------------	----------------------

Amount (\$) \$84.46	Payee address; City; State; Zip Code 1629 Town East Blvd Mesquite TX 75150
------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EventExpense	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**

# 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.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Chad Prda	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/14/2019	<b>5</b> Payee name H&S Heat Transfer Vinyl and More	
<b>6</b> Amount (\$) \$351.78	<b>7</b> Payee address; City; State; Zip Code 3220 Gus Thomasson Mesquite TX 75150 Rd Ste 241	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) PrintingExpense	<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: _____ Office sought: _____ Office held: _____	

Date 05/20/2019	Payee name Denny's		
Amount (\$) \$60.53	Payee address; City; State; Zip Code 4400 N. Central Expy Dallas TX 75206		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FoodBeverageExpense	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 06/15/2019	Payee name Target		
Amount (\$) \$82.85	Payee address; City; State; Zip Code 1629 Town East Blvd Mesquite TX 75150		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EventExpense	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**

# 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.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Chad Prda	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/09/2019	<b>5</b> Payee name Albertsons	
<b>6</b> Amount (\$) \$66.36	<b>7</b> Payee address; City; State; Zip Code 1500 Beltline Rd Mesquite TX 75149	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) EventExpense	<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 Office sought Office held	

Date 06/15/2019	Payee name Afactory Studio	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 3032 Commerce St Dallas TX 75226	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EventExpense	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 06/21/2019	Payee name DPA	
Amount (\$) \$275.00	Payee address; City; State; Zip Code 1412 Griffin St Dallas TX 75215	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EventExpense	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

# 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.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Chad Prda	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/30/2019	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$126.00	<b>7</b> Payee address; City; State; Zip Code PO Box 81226 Seattle WA 98108	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense	<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	Office sought      Office held

Date 07/08/2019	Payee name Imprint	
Amount (\$) \$214.85	Payee address; City; State; Zip Code 14550 Beechnut St Houston TX 77083	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PrintingExpense	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 06/11/2019	Payee name Office Depot	
Amount (\$) \$142.56	Payee address; City; State; Zip Code 3795 Emporium Cir Mesquite TX 75150	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PrintingExpense	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

# 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.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Chad Prda	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/17/2019	<b>5</b> Payee name Go Daddy	
<b>6</b> Amount (\$) \$78.80	<b>7</b> Payee address; City; State; Zip Code 1455 N. Hayden Rd Ste Scottsdale AZ 85260 219	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) AdvertisingExpense	<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 Office sought Office held	

Date 06/08/2019	Payee name USPS		
Amount (\$) \$55.00	Payee address; City; State; Zip Code 15300 Seagoville Rd Dallas TX 75253		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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 05/28/2016	Payee name Joinus Dallas		
Amount (\$) \$121.97	Payee address; City; State; Zip Code 11311 Harry Hines Blvd Dallas TX 75229 Ste 302		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PrintingExpense	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

# 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.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Chad Prda	<b>3</b> Filer ID (Ethics Commission Filers)
--	----------------------------------	--

<b>4</b> Date 06/15/2019	<b>5</b> Payee name Tina Aviles
-----------------------------	------------------------------------

<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 621 Forest Park Pl Grand Prairie TX 75052
----------------------------------	--

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	<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	Office sought	Office held
---	-------------------------------	---------------	-------------

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

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

<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
-------------------------------	--	---

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
-------------	--------------------------------------

<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
-------------------------------	--	---

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