

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Chad Prda	15 Filer ID (Ethics Commission Filers)
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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. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,590.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 436.94
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,478.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,176.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.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.

1-9C5F-44AA-8B69-324F3B

07/17/20 - 01:34:37

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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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	\$10,590.00
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	\$3,478.79
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.

1 Total pages Schedule A1:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
06/12/2020

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

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
1106 Ruby Dr. Van Buren AR 72956

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
06/26/2020

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
6530 Waggoner Dr Dallas TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/23/2020

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
1519 Barrolo Dr Rockwall TX 75032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/26/2020

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

Amount of contribution (\$)
\$350.00

Contributor address; City; State; Zip Code
2110 Holly Ridge Ct Cedar Hill TX 75104

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:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
06/29/2020

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

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
5609 Willowbrook Dr Rowlett TX 75088

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
06/27/2020

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

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

Contributor address; City; State; Zip Code
245 Blue Heron Ln Heath TX 75032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/20/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
3883 Turtle Creek Blvd Apt 702 Dallas TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/02/2020

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
6635 Leameadow Dr Dallas TX 75248

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:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
02/22/2020

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

7 Amount of contribution (\$)
\$150.00

6 Contributor address; City; State; Zip Code
2315 Moser Ave #304 Dallas TX 75206

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/18/2020

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
6811 Harview Ln Dallas TX 75217

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/08/2020

Full name of contributor out-of-state PAC (ID#: _____)
Dallas Star Republican Women

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
943 Stacks Rd Ennis TX 75139

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2020

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

Amount of contribution (\$)
\$40.00

Contributor address; City; State; Zip Code
9254 W. Lake Highlands Dr Dallas TX 75218

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:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
06/30/2020

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

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
3883 Turtle Creek Blvd #1512 Dallas TX 75219

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
06/30/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
372 W, Lawson Rd Dallas TX 75253

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2020

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
4329 Livingston Ave Dallas TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2020

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
1117 Morningstar Trl Richardson TX 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
06/30/2020

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

7 Amount of contribution (\$)
\$20.00

6 Contributor address; City; State; Zip Code
901 N. Pacific St. Mineola TX 75773

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
06/30/2020

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
5929 Malmesbury Rd Dallas TX 75252

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4311 Versailles Ave Dallas TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2020

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
6338 Waggoner Dr Dallas TX 75230

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:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
06/30/2020

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
4124 Hawethorne Ave Dallas TX 75219

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
06/30/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
3831 Turtle Creek Blvd # 24B Dallas TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2020

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
6544 Dykes Way Dallas TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
9406 Inverness Rowlett TX 75089

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
06/25/2020

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

7 Amount of contribution (\$)
\$75.00

6 Contributor address; City; State; Zip Code
1219 Wildwood Trail Lancaster TX 75146

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
06/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Park Cities Republican Women

Amount of contribution (\$)
\$2,500.00

Contributor address; City; State; Zip Code
25 Highland Park Village Dallas TX 75205
#100-840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/23/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
737 Santiago Dr Garland TX 75043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/19/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
262 Benwick Dr Sunnyvale TX 75180

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
04/10/2020

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

7 Amount of contribution (\$)
\$20.00

6 Contributor address; City; State; Zip Code
2009 Pinehurst Lane Mesquite TX 75150

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/10/2020

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

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code
427 Blanco St Duncanville TX 75317

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/10/2020

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
10630 Chesterton Dr Dallas TX 75238

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/16/2020

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

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
13017 Bella Italia Ct Ft. Worth TX 76126

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:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
02/02/2020

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

7 Amount of contribution (\$)
\$20.00

6 Contributor address; City; State; Zip Code
1615 Pleasant Run Keller TX 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/31/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
3223 Lemmon Ave # 5109 Dallas TX 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/30/2020

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

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
100 South Beltline Rd #96 Dallas TX 75253

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/30/2020

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

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
10630 Chesterton Dr Dallas TX 75238

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:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
01/30/2020

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

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
2267 Chenault Dr Frisco TX 75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/20/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
902 South Alamo Rd Rockwall TX 75087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/07/2020

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
4354 Walsh Ln Grand Prairie TX 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/07/2020

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
1005 Fayette Dr Euless TX 76039

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:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
01/04/2020

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

7 Amount of contribution (\$)
\$40.00

6 Contributor address; City; State; Zip Code
5051 Berridge Ln Dallas TX 75227

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/04/2020

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

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
515 Oakmont Alexander AR 72002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/03/2020

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

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
709 Longbeach Dr Garland TX 75043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/03/2020

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

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
1013 Rockledge Dr Garland TX 75043

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:
12

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
06/29/2020

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
2581 N. FM 116 Copperas TX 76522

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
06/22/2020

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

Amount of contribution (\$)
\$2,500.00

Contributor address; City; State; Zip Code
4303 Normandy Ave Dallas TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/22/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2101 Randi Road Rowlett TX 75089

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)

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
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2020	5 Payee name USPS	
6 Amount (\$) \$50.63	7 Payee address; City; State; Zip Code 501 E. Oates Dr Garland TX 75043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <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 06/29/2020	Payee name H & S Vinyl	
Amount (\$) \$95.58	Payee address; City; State; Zip Code 3220 GusThomasson Rd. #241 Mesquite TX 75150	
PURPOSE OF EXPENDITURE	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 06/29/2020	Payee name Lids	
Amount (\$) \$375.12	Payee address; City; State; Zip Code 2063 Town East Mall SP 1182 Mesquite TX 75150	
PURPOSE OF EXPENDITURE	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
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 06/29/2020	5 Payee name USPS	
6 Amount (\$) \$16.60	7 Payee address; City; State; Zip Code 501 E. Oates Dr Mesquite TX 75043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <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 06/29/2020	Payee name Michaels	
Amount (\$) \$63.28	Payee address; City; State; Zip Code 1655 N. Town East Blvd Mesquite TX 75150 Ste 100	
PURPOSE OF EXPENDITURE	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 06/29/2020	Payee name Joinus Dallas	
Amount (\$) \$72.00	Payee address; City; State; Zip Code 11311 Harry Hines Blvd. Dallas TX 75229 #302	
PURPOSE OF EXPENDITURE	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
	9 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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 06/29/2020	5 Payee name Walmart	
6 Amount (\$) \$26.90	7 Payee address; City; State; Zip Code 555 W. Interstate 30 Garland TX 75043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description <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 06/26/2020	Payee name Michaels	
Amount (\$) \$57.02	Payee address; City; State; Zip Code 1655 N. Town East Blvd Mesquite TX 75150 Ste 100	
PURPOSE OF EXPENDITURE	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 06/25/2020	Payee name Michaels	
Amount (\$) \$32.45	Payee address; City; State; Zip Code 1655 N. Town East Blvd Mesquite TX 75150 Ste 100	
PURPOSE OF EXPENDITURE	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
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 06/25/2020	5 Payee name Dallas East Sports	
6 Amount (\$) \$757.75	7 Payee address; City; State; Zip Code 10244 Garland Rd Dallas TX 75218	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense	(b) Description <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 06/24/2020	Payee name Imprint.com	
Amount (\$) \$232.74	Payee address; City; State; Zip Code 14550 Beechnut St Houston TX 77083	
PURPOSE OF EXPENDITURE	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 06/15/2020	Payee name Walmart	
Amount (\$) \$75.21	Payee address; City; State; Zip Code 555 W. Interstate 30 Garland TX 75043	
PURPOSE OF EXPENDITURE	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 _____	
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 05/01/2020	5 Payee name Bank of America	
6 Amount (\$) \$16.00	7 Payee address; City; State; Zip Code 5610 Broadway Blvd Garland TX 75043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <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 04/28/2020	Payee name USPS	
Amount (\$) \$16.70	Payee address; City; State; Zip Code 501 E. Oates Dr Garland TX 75043	
PURPOSE OF EXPENDITURE	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 04/27/2020	Payee name Michaels	
Amount (\$) \$35.90	Payee address; City; State; Zip Code 1655 N. Town East Blvd Ste 100 Mesquite TX 75150	
PURPOSE OF EXPENDITURE	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 _____	
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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.

1 Total pages Schedule F1: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2020	5 Payee name Jiffy Shirts	
6 Amount (\$) \$26.55	7 Payee address; City; State; Zip Code 1000 N. West St. Ste 1200 Wilmington DE 19801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense	(b) Description <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 04/13/2020	Payee name Walmart	
Amount (\$) \$54.56	Payee address; City; State; Zip Code 555 W. Interstate 30 Garland TX 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	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 04/07/2020	Payee name Go Daddy	
Amount (\$) \$71.96	Payee address; City; State; Zip Code 14455 N. Hayden Rd Ste 226 Scottsdale AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	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
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)			
4 Date 03/26/2020	5 Payee name Walmart				
6 Amount (\$) \$81.79	7 Payee address; City; State; Zip Code 555 W. Interstate 30 Garland TX 75043				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 03/26/2020	Payee name Facebook				
Amount (\$) \$9.67	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94205				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 03/25/2020	Payee name Walmart				
Amount (\$) \$64.16	Payee address; City; State; Zip Code 555 W. Interstate 30 Garland TX 75043				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2020	5 Payee name Facebook	
6 Amount (\$) \$64.55	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description <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 03/04/2020	Payee name Lids	
Amount (\$) \$242.29	Payee address; City; State; Zip Code 2063 Town East Mall Mesquite TX 75150 SP 1182	
PURPOSE OF EXPENDITURE	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 02/24/2020	Payee name H & S Vinyl	
Amount (\$) \$236.60	Payee address; City; State; Zip Code 3220 GusThomasson Rd. #241 Mesquite TX 75150	
PURPOSE OF EXPENDITURE	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	
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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.

1 Total pages Schedule F1: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2020	5 Payee name Albertsons	
6 Amount (\$) \$118.39	7 Payee address; City; State; Zip Code 5710 Broadway Blvd Garland TX 75043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EventExpense	(b) Description <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 02/18/2020	Payee name Walmart	
Amount (\$) \$101.60	Payee address; City; State; Zip Code 555 W. Interstate 30 Garland TX 75043	
PURPOSE OF EXPENDITURE	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 02/12/2020	Payee name Go Daddy	
Amount (\$) \$45.85	Payee address; City; State; Zip Code 14455 N. Hayden Rd Ste 226 Scottsdale AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	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		