

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

APR 03 2024

FORM C/OH  
COVER SHEET PG 1

City Secretary's Office

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (City of Grand Prairie) Total pages filed: 11

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received <i>04/03/2024</i> <i>Shirley Colman</i>	
<input type="checkbox"/> Change of Address	309 N.E. 31 <sup>ST</sup> GRAND PRAIRIE TX 75050						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
	(214)	755 3288					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged			
		TISHA	A				
		SHOTWELL					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	309 NE 31 <sup>ST</sup>			GRAND PRAIRIE TX		75050	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(940)	390 - 6500					
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	Month	Day	Year	
	2	5	24	THROUGH	3	25	
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	5	4	24	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				CITY COUNCIL DIST. 5			
14 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"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
City Secretary's Office  
City of Grand Prairie  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3745.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4954.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

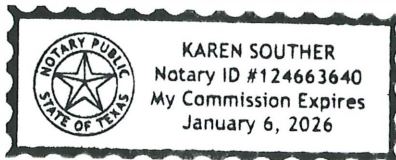
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Tony Shotwell*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tony Shotwell this the 3rd day of April, 2024, to certify which, witness my hand and seal of office.

*[Signature]* Karen Souther Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

APR 03 2024

FORM C/OH  
COVER SHEET PG 3

City Secretary's Office

19 FILER NAME

City of Grand Prairie

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8700
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	\$ 3745.25
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

APR 03 2024

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report. City Secretary's Office City of Grand Prairie

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 4

2 FILER NAME TONY SHOTWELL 3 Filer ID (Ethics Commission Filers)

4 Date: 2/12 5 Full name of contributor: MARIA ALVAREZ 6 Contributor address; City; State; Zip Code: GP TX 75050 7 Amount of contribution (\$): 500.00

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date: 2/10 Full name of contributor: JERRY & DOLANNA COLLEY 6 Contributor address; City; State; Zip Code: G.P. TX 75050 Amount of contribution (\$): 500.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: 2/28 Full name of contributor: ANTONIO TORRES 6 Contributor address; City; State; Zip Code: GP TX 75051 Amount of contribution (\$): 1000.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: 2/15 Full name of contributor: TOM & KAREN COX 6 Contributor address; City; State; Zip Code: GP TX 75050 Amount of contribution (\$): 500.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Empty section for additional contributions.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

APR 03 2024

MONETARY POLITICAL CONTRIBUTIONS

City Secretary's Office  
City of Grand Prairie  
SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME TONY SHOTWELL		3 Filer ID (Ethics Commission Filers)
4 Date 2/10	5 Full name of contributor RICARDO CAMARENA <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] G.P. TX 75050	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/11	Full name of contributor RON CORNELIUS <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] G.P. TX 75050	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12	Full name of contributor BLANCA BARBOSA <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] G.P. TX 75052	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15	Full name of contributor PATRICIO ROCHA <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] GP TX 75050	Amount of contribution (\$) 500.00
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>		

APR 03 2024

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

City Secretary's Office  
City of Grand Prairie

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME TONY SHOTWELL		3 Filer ID (Ethics Commission Filers)
4 Date 2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK CARPENTER	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code [REDACTED] DFW, TX 75062		
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.

APR 03 2024

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

City Secretary's Office  
City of Grand Prairie

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: <b>4</b>
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2 FILER NAME <b>TONY SHOTWELL</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/28</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RODNEY DEBAUN</b>	7 Amount of contribution (\$) <b>2,000.00</b>
	6 Contributor address; City; State; Zip Code [REDACTED] <b>MIDWINTER TX 76065</b>	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date <b>3/1</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SANJEEV JAIN</b>	Amount of contribution (\$) <b>300.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>PLANO TX 75075</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>3/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALFREDO MESSIA</b>	Amount of contribution (\$) <b>300.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>GIA TX 75050</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARY SHOTWELL</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>VENUS TX 76084</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

RECEIVED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

APR 03 2024 SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in City Secretary's Office

EXPENDITURE CATEGORIES FOR BOX 8(a) City of Grand Prairie

- 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: 4; 2 FILER NAME: TONY SHOTWELL; 3 Filer ID (Ethics Commission Filers)

4 Date: 3/1; 5 Payee name: WIX.COM

6 Amount (\$): 25.98; 7 Payee address; City: ST. LOUIS MO; State; Zip Code

8 PURPOSE OF EXPENDITURE: ADVERTISING; (a) Category: ADVERTISING; (b) Description: WEB HOST; (c) Check if travel outside of Texas. Complete Schedule T. [ ] 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: 3/1; Payee name: WIX.COM

Amount (\$): 28.48; Payee address; City: ST. LOUIS MO; State; Zip Code

PURPOSE OF EXPENDITURE: ADVERTISING; Category: ADVERTISING; Description: WEB SITE; (c) Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense [ ]

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

Date: 3/27; Payee name: EDWARD & PATTERSON

Amount (\$): 151.55; Payee address; City: 203 S. BELTLINE; State; Zip Code: 75060

PURPOSE OF EXPENDITURE: ADVERTISING; Category: ADVERTISING; Description: SIGNS; (c) Check if travel outside of Texas. Complete Schedule T. [ ] 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**

APR 03 2024  
**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

City Secretary's Office  
City of Grand Prairie

**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: 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 3/20	5 Payee name HARLAND CLARKE
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6 Amount (\$) 18,17	7 Payee address; City; State; Zip Code C/O CADENCE BANK GP TX 75051
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) FEE	(b) Description CHECKS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/18	Payee name OFFICE DEPT
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Amount (\$) 57,68	Payee address; City; State; Zip Code 1000 W AIRPORT FRY IRVING, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PRINTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/15	Payee name EDWARDS & PATTERSON
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Amount (\$) 302.10	Payee address; City; State; Zip Code 203 S. BELTLINE IRVING TX 75060
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

APR 03 2024

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

City Secretary's Office

If the requested information is not applicable, **DO NOT** include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | 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: <b>4</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/4</b>	5 Payee name <b>TEXAS DEMOCRATS LIST</b>
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6 Amount (\$) <b>335.00</b>	7 Payee address; <b>AUSTIN TX</b> City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FEE</b>	(b) Description <b>LIST</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/13</b>	Payee name <b>WALLIS AGBE MAPLE</b>
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Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>WEB SITE MANAGER</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/20</b>	Payee name <b>WALLIS AGBE MAPLE</b>
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Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>WEB SITE MANAGER</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

APR 03 2024

**SCHEDULE F1**

City Secretary's Office  
City of Grand Prairie

If the requested information is not applicable, **DO NOT** include this page in the report.

**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: <b>4</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/11</b>	5 Payee name <b>KUSTOM KODIK PRINT</b>
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6 Amount (\$) <b>319,34</b>	7 Payee address; <b>212 W. IRVING BLVD IRVING TX 75060</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>DOOR HANGERS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/18</b>	Payee name <b>OFFICE DEPOT</b>
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Amount (\$) <b>57.68</b>	Payee address; <b>1800 W AIRPORT FWY IRVING TX 75068</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	Description <b>CARDS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/27</b>	Payee name <b>EDWARDS + PATTERSON SIGNS</b>
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Amount (\$) <b>1697.26</b>	Payee address; <b>203 S. BELTLINE IRVING TX 75060</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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