

CAND DATE / OFF CEHOLDER CA PA GN F NANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers) 2 Total pages filed:

| | | |
|-------------------|----------------|-----------------------|
| MS / MRS / MR | FIRST | MI |
| Mrs. Serena | | |
| NICKNAME | LAST | SUFFIX |
| Ashcroft | | |
| ADDRESS / PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE |

| | | | |
|-----------|--------------|-----------|---------------------------------------|
| AREA CODE | PHONE NUMBER | EXTENSION | Date Used delivered as Date Processed |
|-----------|--------------|-----------|---------------------------------------|

3 CANDIDATE / OFFICEHOLDER NAME OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

PO Box 6311 McKinney, TX, 75071

4.17.23
1:29 p.m.

Change of Address (909)

5 CANDIDATE / OFFICEHOLDER PHONE

| | | | | | |
|----------------|--------------|-----------|----|-----------|-----------|
| MS / MRS / MR | PHONE NUMBER | EXTENSION | MI | Receipt # | Amount \$ |
| Mrs. Stephanie | 510-358-2860 | | | | |

6 CAMPAIGN TREASURER NAME

Mrs. Stephanie

| | | | | |
|----------|------|--------|----------------|--------------------------|
| NICKNAME | LAST | SUFFIX | Date Processed | Date Imaged |
| | | | | <input type="checkbox"/> |

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Novak 0344 1116 TX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

Year: _____ Year: _____

Day (469 /) 0358-2860

8 CAMPAIGN REPORT TYPE TREASURER PHONE

15th day after campaign

9 PERIOD COVERED

01 01 THROUGH 03 31 2023

10 ELECTION COMMITTEE ADDRESS

Month: _____

US

11 OFFICE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages Schedule A1

Contributor Name: [REDACTED]

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Contributor Type: PAC Individual Out-of-state PAC

Amount: *0.00*

Date: *3/22*

Signature: *Lewis*

Address: *603 E. Tripp Rd* City: *Vale TX*

Amount: *1,000*

6 Contributor

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9

(See Instructions)

[REDACTED]

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

out-of-state PAC

If contributor information is not applicable, DO NOT include this name in the report. *3000*

02/07

MCK

Date

PAC

2

out-of-state PAC

800

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

0428

4 Date 5 Full name of contributor

7 Amount of contribution (\$)

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

MONETARY POLITICAL CONTRIBUTIONS

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

2/15 250⁰⁰

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date 5 out-of-state PAC

7 Amount of contribution (\$)

2/09 6 Contributor address; City: mck State: Zip Code

250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date Date Full name of contributor out-of-state PAC
02/08 City: mck State: Zip Code

Amount of contribution (\$)

50⁰⁰

out-of-state PAC (ID#)

02/07 50⁰⁰

MONETARY POLITICAL CONTRIBUTIONS

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

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

PAC (I

7 Amount of contribution (\$)

2/25

mli

City;

State;

Zip Code

mckinney

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

of

out-of-state PAC (ID#:

2/25

address;

mckinney

20⁰⁰

Date

Full

PAC (ID#

Amount of contribution (\$)

2/25

State;

Zip Code

mckinney

25⁰⁰

out-of-state PAC

2/21

City;

State;

Zip Code

25⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

of contributor

Contributor address;

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages Schedule A1

The Instruction Guide explains how to complete this form



2 FILER NAME

2/28

5 Full name of contributor

out-of-state PAC
Mckinney

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

25⁰⁰

8 Principal occupation / Job title (See Instructions)

out-of-state PAC
Mckinney

(See Instructions)

2/26

Date

Amount of contribution (\$)

Date Full name of Principal occupation / Job title (See Instructions)

out-of-state PAC

Contributor address;

State; Zip Code

1,000⁰⁰

2/25

Frisco

Employer (See Instructions)

Amount of contribution (\$)



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages Schedule A1

3 Filer ID (Ethics Commission Filers)

4 Date

out-of-state PAC

City:

Mckinney

Nicole Miller

100.00

7 Amount of contribution (\$)

Date

Mckinney
 out-of-state PAC ID#

300.00

City: State: Zip Code

Mckinney

State: Zip Code

0000

Mckinney 9

Full name of contributor

Amount of contribution (\$)

Contributor address;

Principal occupation / Job title (See Instructions)

(See Instructions)

MONETARY POLITICAL CONTR BUT ONS

SCHEDULE A1

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

1 Total received Schedule A1

3 Filer ID (Ethics Commission Filers)

4 Date 5 Full name of out-of-state PAC

3/22 Bob
0023 McKinney TX
State; Zip Code 10000
Principal occupation / Job title (See Instructions)

out-of-state PAC

0319 Donald
Contributor address; State; Zip Code 2500
2023

2 FILER NAME

Date name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$)

6 Address City; 25000
McKinney TX 75071
9 Employer (See Instructions)

Date Full name of contributor Amount of contribution (\$)

City; 10000
McKinney TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages Schedule A1

3 Filer ID (Ethics Commission Filers)

out-of-state PAC (ID#)

03-31

50⁰⁰

Date

out-of-state PAC (ID#)

City; State; Zip Code

Date

The Instruction Guide explains how to complete this form.

2 FILER NAME

4 Date

5 Full name of contributor

7 Amount of contribution (\$)

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Amount of contribution (\$)

21

Contributor address



POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If this information is not available, DO NOT include this in the

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Accounting/Bookkeeping Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Accounting/Bookkeeping Expense Food/Beverage Expense Polling Expense Travel In District

If the information is not applicable, DO NOT include this in the EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 5 Payee name *Mustang Strategies*

6 Amount (\$) 7 Payee address: City: State: Zip Code

8 (b) Description
 Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
PURPOSE OF EXPENDITURE

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

Date

City State Zip Code

Credit Card Payment

Date *2/20*

380.00

(a) Category (See Categories listed at the top of this schedule)

PURPOSE OF EXPENDITURE

FB Ads

Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the information is not available, DO NOT include this in the

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Accounting/Bookkeeping Fees Other Other

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee name

Mustare Strategic

6 Amount (\$)

City;

State;

Zip Code

8

(b) Description

PURPOSE
OF
EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Amount (\$)

Payee address:

State:

Zip Code

Description

PURPOSE
OF
EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the information is not **DO NOT** include this in the

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense Loan Reimbursement Solicitation/Fundraising Expense
Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense
Consulting Expense Food/Beverage Expense Other

The Instruction Guide explains how to complete this form.

1 Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

6 Payee name: *Mustang Strategies*
7 Payee address; City; State; Zip Code

8 (a) PURPOSE OF EXPENDITURE (b) Description

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date
Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Description

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

PURPOSE OF EXPENDITURE Description

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