

Date Received

4-28-2023

1.67...

APT / SUITE #; CITY; STATE; ZIP CODE

75075

AREA CODE PHONE NUMBER

Date Hand Delivered or Date Postmarked  
**COVER SHEET PG 1**

Receipt # Amount \$

# CAMPAIGN FINANCE REPORT

FIRST

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

Date Processed

3 CANDIDATE / OFFICEHOLDER NAME

4 CANDIDATE / OFFICEHOLDER

ADDRESS

5 CANDIDATE /

PHONE

6 CAMPAIGN TREASURER NAME

8 CAMPAIGN TREASURER PHONE

(214) 578 3194

9 REPORT TYPE

MS / MRS

MI

10 PERIOD COVERED  
7 CAMPAIGN TREASURER ADDRESS

Mel

# CAND DATE / OFFICEHOLDER CAMPA GN F NANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY) \$

2. TOTAL POLITICAL CONTRIBUTIONS \$ 425

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE \$

4. TOTAL POLITICAL EXPENDITURES 810.80

EXPENDITURE  
TOTALS

CONTRIBUTION  
BALANCE 5

Please complete either option below

OUTSTANDING  
LOAN TOTALS 6

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE

18 SIGNATURE  
(1) Affidavit

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

re of Candidate or Officeholder

(2) Unsworn Declaration

2

NOTARY STAMP / SEAL

8

Sworn to and subscribed before me by

this the \_\_\_\_\_ day of

20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

# 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

3 Filer ID (Ethics Commission Filers)

Dankel

4 Date

Full name of contributor

out-of-state PAC

7 Amount of contribution (\$)

4/11/23

David R. Brooks

6 State

City

Zip Code

1,000.00

0

LN

McKinn

7 71

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

2 FILER NAME

Am

Full name of contributor

out-of-state PAC

Amount of contribution (\$)

4/12/23

State

City

State; Zip Code

500.00

2601 Rovine RD

McKin

7507

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

out-of-state PAC (ID#)

Mc

4/12/23

Robert  
Contributor address

e

City

State; Zip Code

100.00

500.00

6800 Anthem

CONTRIBUTIONS

1 Total pages Schedule A1

FILER NAME

3 Filer ID (Ethics Commission Filers)

Anna Dankel

out-of-state PAC (I

7 Amount of contribution (\$)

4/23/23

6 Contrib 812 Michael az

ress; umn Ridge Dr. Me City; TX State; Zip Code

50.00

out-of-state PAC (ID#

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

The Instruction Guide explains how to complete this form.

4 Date

5 Full name of contributor

25.00

9

out-of-state PAC (I

Date

Full name of contributor

Amount of contribution (\$)

4. and

Contrib 405 Gershwin Way McKinney, TX City; State; Zip Code

75072 250.00

Principal occupation / Job title (See Instructions)

Emp (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#

Amount of contribution (\$)

4/17/23

Alison is

Contributor address; 711 N. D. D. City; Ala State; Zip Code

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

Living Equipment  
 Travel In District  
 Travel Out Of District  
 Other (enter a not above)

4 1 25

Advertising Expense 810.80  
 Event License Fees  
 1400 Presidential Dr.  
 Loan Office  
 City: Richardson State: TX Zip Code: 75081  
 Campaign Expense

Consulting Expense  
 Expense  
 Polling Expense  
 (a) Category (b) Description

Advertising signs & fliers

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living

Ca holder/Political Committee Legal Services Sala Labor

State Zip Code

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

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

Anna Dankel

4 Payee name

6 Amount