

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE 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:

22

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	Jaynie				
	NICKNAME	LAST	SUFFIX	Date Received	
	Schultz				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE
	11222 St. Michaels Drive		Dallas	TX	75230
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	( )				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	
	Lois			Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed	
	Finkelman			Date Imaged	
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE
	11437 W. Ricks Circle		Dallas	TX	75230
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	( )				
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10</b> PERIOD COVERED	Month      Day      Year		Month      Day      Year		
	05 / 27 / 2021		THROUGH 06 / 30 / 2021		
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE		
	Month      Day      Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)		
			Council District 11		

**GO TO PAGE 2**

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

---

Forms provided by Texas Ethics Commission      [www.ethics.state.tx.us](http://www.ethics.state.tx.us)      Revised 9/8/2015

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

**19** FILER NAME

Jaynie Schultz

**20** Filer ID (Ethics Commission Filers)

**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,556.00
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	\$ 40,923.97
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:  
1 of 10**2** FILER NAME

Jaynie Schultz

**3** Filer ID (Ethics Commission Filers)**4** Date

06/15/2021

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

The Real Estate Council Political Action Committee

**6** Contributor address;

City; State; Zip Code

3100 McKinnon Street

Dallas, TX 75201

**7** Amount of contribution (\$)

2500.00

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

## Date

06/13/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ken Malcolmson

## Contributor address;

City; State; Zip Code

4315 Buena Vista Street

Dallas, TX 75205

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

06/05/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Richard Fine

## Contributor address;

City; State; Zip Code

6211 Turner Way

Dallas, TX 75230

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

06/04/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Richard Skibell

## Contributor address;

City; State; Zip Code

5841 Park Lane

Dallas, TX 75225

## Amount of contribution (\$)

1000.00

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:  
2 of 10

2 FILER NAME

Jaynie Schultz

3 Filer ID (Ethics Commission Filers)

4 Date

06/03/2021

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Christine Ozley

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

12037 Edgestone Rd

Dallas, TX 75230

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/03/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Beth Chapman

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

11545 West Ricks Circle

Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/03/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Stephanie Miguez

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

6205 La Cosa Drive

Dallas, TX 75248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/03/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Wayne Rampey

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

6560 Turner Way

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:  
3 of 10

**2** FILER NAME

Jaynie Schultz

**3** Filer ID (Ethics Commission Filers)

**4** Date

06/02/2021

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Yerachmiel & Becky Udman

**6** Contributor address;

City; State; Zip Code

5851 Meletio Lane

Dallas, TX 75230

**7** Amount of contribution (\$)

18.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

06/02/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Beth Brant

Contributor address;

City; State; Zip Code

5459 Vanderbilt Avenue

Dallas, TX 75206

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/02/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Trish Houck

Contributor address;

City; State; Zip Code

1547 Cedar Hill Ave

Dallas, TX 75208

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/01/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kathy Coffman

Contributor address;

City; State; Zip Code

10805 Larkglen Circle

Dallas, TX 75230

Amount of contribution (\$)

200.00

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:  
4 of 10

**2** FILER NAME

Jaynie Schultz

**3** Filer ID (Ethics Commission Filers)

**4** Date

05/31/2021

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Don Glendenning

**6** Contributor address;

City; State; Zip Code

3401 Lee Parkway

Dallas, TX 75219

**7** Amount of contribution (\$)

250.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

05/31/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Robert Tobey

Contributor address;

City; State; Zip Code

12018 Lueders Lane

Dallas, TX 75230

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/31/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Eric Witmeyer

Contributor address;

City; State; Zip Code

11338 Park Central Place

Dallas, TX 75230

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/31/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Roger Albright

Contributor address;

City; State; Zip Code

1701 North Collins Boulevard

Richardson, TX 75080

Amount of contribution (\$)

500.00

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:  
5 of 10**2** FILER NAME

Jaynie Schultz

**3** Filer ID (Ethics Commission Filers)**4** Date

05/30/2021

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kyle Morris

**7** Amount of contribution (\$)

100.00

**6** Contributor address;

City; State; Zip Code

7409 Cliffbrook Drive

Dallas, TX 75254

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

## Date

05/30/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Richard Schumacher

## Amount of contribution (\$)

50.00

## Contributor address;

City; State; Zip Code

P.O. Box 835526

Richardson, TX 75083

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

05/29/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gail Enda

## Amount of contribution (\$)

150.00

## Contributor address;

City; State; Zip Code

7138 Northaven Road

Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

05/28/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Nathan Swartzbaugh

## Amount of contribution (\$)

10.00

## Contributor address;

City; State; Zip Code

7716 Royal Ln

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:  
6 of 10**2** FILER NAME

Jaynie Schultz

**3** Filer ID (Ethics Commission Filers)**4** Date

05/28/2021

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cross Mocerì

**7** Amount of contribution (\$)

1000.00

**6** Contributor address;

City; State; Zip Code

7829 Escala Drive

Austin, TX 78735

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

## Date

05/28/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ben Epstein

## Amount of contribution (\$)

18.00

## Contributor address;

City; State; Zip Code

6107 Prestoncrest Ln.

Dallas, TX 75230

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

05/27/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Arun Agarwal

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

123 Oak Lawn Avenue

Dallas, TX 75207

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

05/27/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amanda Clair

## Amount of contribution (\$)

250.00

## Contributor address;

City; State; Zip Code

7628 Fallmeadow Lane

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:  
7 of 10**2** FILER NAME

Jaynie Schultz

**3** Filer ID (Ethics Commission Filers)**4** Date

05/27/2021

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sami Sattar

**7** Amount of contribution (\$)

100.00

**6** Contributor address;

City; State; Zip Code

7119 Kenny Lane

Dallas, TX 75230

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

## Date

05/27/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Victoria Agnich

## Amount of contribution (\$)

250.00

## Contributor address;

City; State; Zip Code

11 11 Cheltenham Way

Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

05/27/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jane Saginaw

## Amount of contribution (\$)

500.00

## Contributor address;

City; State; Zip Code

3831 Turtle Creek Blvd Suite 23C Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

05/27/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Griggs

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

6438 Stefani Dr

Dallas, TX 75225

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:  
8 of 10

**2** FILER NAME

Jaynie Schultz

**3** Filer ID (Ethics Commission Filers)

**4** Date

05/27/2021

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Stephen Lerer

**7** Amount of contribution (\$)

500.00

**6** Contributor address;

City; State; Zip Code

3831 Turtle Creek Boulevard

Dallas, TX 75219

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

05/27/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Janice Weinberg

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

10810 Branch Oaks Circle

Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/27/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Stanley Pomarantz

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

5840 Encore Drive

Dallas, TX 75240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/27/2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sierra Club Political Committee of Texas

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

615 Willow St

San Antonio, TX 78202

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:  
9 of 10**2** FILER NAME

Jaynie Schultz

**3** Filer ID (Ethics Commission Filers)**4** Date

05/27/2021

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rock Strategic LLC

**6** Contributor address;

City; State; Zip Code

P.O. Box 496539

Garland, TX 75049

**7** Amount of contribution (\$)

500.00

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

## Date

05/27/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joseph Baker

## Contributor address;

City; State; Zip Code

112 Gail Drive

Weatherford, TX 76085

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

05/27/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Martha Baker

## Contributor address;

City; State; Zip Code

180 Gail Drive

Weatherford, TX 76085

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

05/27/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

H.B. Baker

## Contributor address;

City; State; Zip Code

180 Gail Drive

Weatherford, TX 76085

## Amount of contribution (\$)

1000.00

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:  
10 of 10**2** FILER NAME

Jaynie Schultz

**3** Filer ID (Ethics Commission Filers)**4** Date

05/27/2021

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Louis Okon

**7** Amount of contribution (\$)

1000.00

**6** Contributor address;

City; State; Zip Code

7219 Kenny Lane

Dallas, TX 75230

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

## Date

05/27/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lynda Newman

## Amount of contribution (\$)

250.00

## Contributor address;

City; State; Zip Code

5908 Desco Dr

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

05/27/2021

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Downwinders at Risk

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

1808 S Good-Latimer Suite 202

Dallas, TX 76226

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.

<b>1</b> Total pages Schedule F1: 1 of 9		<b>2</b> FILER NAME Jaynie Schultz		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/24/2021		<b>5</b> Payee name United States Postal Service			
<b>6</b> Amount (\$) 220.00		<b>7</b> Payee address; City; State; Zip Code 1351 N Buckner Blvd Dallas, TX 75218			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense		<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  Campaign Postage	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/29/2021		Payee name Reilly Echols Printing, Inc.			
Amount (\$) 503.36		Payee address; City; State; Zip Code 1710 S Harwood St Dallas, TX 75215			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Printing Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Letterhead	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/23/2021		Payee name Office Depot			
Amount (\$) 34.29		Payee address; City; State; Zip Code 5111 Greenville Ave Dallas, TX 75206			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Office Overhead		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Office Supplies	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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.

<b>1</b> Total pages Schedule F1: 2 of 9		<b>2</b> FILER NAME Jaynie Schultz		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 05/27/2021		<b>5</b> Payee name Murphy Nasica			
<b>6</b> Amount (\$) 2096.86		<b>7</b> Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense		<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  Text Messages	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 05/27/2021		Payee name Murphy Nasica			
Amount (\$) 7850.39		Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Direct Mail	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 05/28/2021		Payee name Murphy Nasica			
Amount (\$) 1271.40		Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Text Messages	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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.

<b>1</b> Total pages Schedule F1: 3 of 9	<b>2</b> FILER NAME Jaynie Schultz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/31/2021	<b>5</b> Payee name Murphy Nasica	
<b>6</b> Amount (\$) 319.16	<b>7</b> Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<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  Doorhanger
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/01/2021	Payee name Murphy Nasica	
Amount (\$) 1362.12	Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Text Messages
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/01/2021	Payee name Murphy Nasica	
Amount (\$) 5852.12	Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Direct Mail
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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.

<b>1</b> Total pages Schedule F1: 4 of 9		<b>2</b> FILER NAME Jaynie Schultz		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/01/2021		<b>5</b> Payee name Murphy Nasica			
<b>6</b> Amount (\$) 3535.34		<b>7</b> Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense		<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  Direct Mail	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/02/2021		Payee name Murphy Nasica			
Amount (\$) 50.00		Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Yard Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/03/2021		Payee name Murphy Nasica			
Amount (\$) 784.62		Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Consulting Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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.

<b>1</b> Total pages Schedule F1: 5 of 9	<b>2</b> FILER NAME Jaynie Schultz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/03/2021	<b>5</b> Payee name Murphy Nasica	
<b>6</b> Amount (\$) 3507.30	<b>7</b> Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<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  Phone Banking
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/04/2021	Payee name Murphy Nasica	
Amount (\$) 2176.13	Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Text Messages
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/14/2021	Payee name Murphy Nasica	
Amount (\$) 5000.00	Payee address; City; State; Zip Code 815 A Brazos St Suite 304 Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Services
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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.

<b>1</b> Total pages Schedule F1: 6 of 9	<b>2</b> FILER NAME Jaynie Schultz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/17/2021	<b>5</b> Payee name Janice Schwarz	
<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code 12107 Prestonridge Rd Dallas, TX 75230	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Reimbursement	<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  Printing Campaign Flyers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/14/2021	Candidate / Officeholder name Payee name Classic Caps	
Amount (\$) 91.32	Payee address; City; State; Zip Code 820 E Walnut St Garland, TX 75040	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Advertising Material
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/28/2021	Candidate / Officeholder name Payee name Dalya Romaner	
Amount (\$) 450.00	Payee address; City; State; Zip Code 11222 St. Michaels Dr Dallas, TX 75230	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Election Night Watch Party
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F1: 7 of 9		<b>2</b> FILER NAME Jaynie Schultz		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 05/30/2021		<b>5</b> Payee name Elizabeth De Leon			
<b>6</b> Amount (\$) 5000.00		<b>7</b> Payee address; City; State; Zip Code 534 Parkhurst Dr Dallas, TX 75218			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting Expense		<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  Campaign Services	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 05/28/2021		Payee name United States Postal Service			
Amount (\$) 360.00		Payee address; City; State; Zip Code 1351 N Buckner Blvd Dallas, TX 75218			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/14/2021		Payee name Anedot, Inc.			
Amount (\$) 10.31		Payee address; City; State; Zip Code 1340 Poydras St Suite 1700 New Orleans, LA 70112			
<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  Credit Card Processing Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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.

<b>1</b> Total pages Schedule F1: 8 of 9	<b>2</b> FILER NAME Jaynie Schultz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/06/2021	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) 10.31	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Suite 1700 New Orleans, LA 70112	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<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  Credit Card Processing Fees
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/04/2021	Payee name Anedot, Inc.	
Amount (\$) 36.24	Payee address; City; State; Zip Code 1340 Poydras St Suite 1700 New Orleans, LA 70112	
<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  Credit Card Processing Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/02/2021	Payee name Anedot, Inc.	
Amount (\$) 20.62	Payee address; City; State; Zip Code 1340 Poydras St Suite 1700 New Orleans, LA 70112	
<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  Credit Card Processing Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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.

<b>1</b> Total pages Schedule F1: 9 of 9	<b>2</b> FILER NAME Jaynie Schultz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/31/2021	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) 7.91	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras St Suite 1700 New Orleans, LA 70112	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<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  Credit Card Processing Fees
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 05/27/2021	Payee name Anedot, Inc.	
Amount (\$) 174.17	Payee address; City; State; Zip Code 1340 Poydras St Suite 1700 New Orleans, LA 70112	
<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  Credit Card Processing Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED