CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

L							
Th	e C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00066412		2 Total pages	filed: L05
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Jasmine F.		MI	OFFICE Date Received	USE ONLY
		NICKNAME	LAST Crockett		SUFFIX Esq.	ELECTRONIC 01/15/2021	CALLY FILED
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT P.O. Box 152868	/ SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
	Change of Address	Dallas, TX 75315				Date Processed Date Imaged	
5	CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Carmen		MI		
		NICKNAME	LAST Ayala		SUFFIX		
6	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PC 3530 Melinda Hills) BOX PLEASE);	AP	T / SUITE #; CI	TY; ST	TATE; ZIP CODE
	(Residence or Business)	Dallas, TX 75212					
7	CAMPAIGN TREASURER PHONE	AREA CODE PHOI (469) 826-4906	NE NUMBER E	EXTENSION			
8	REPORT TYPE	X January 15	30th day before		Runoff Exceeded modified reporting limit	15th day after c appointment (of Final Report (At	
9	PERIOD COVERED	Month Day Year 07/05/2020	TH	IROUGH	Month Da 12/31/2		
10	ELECTION	ELECTION DATE Month Day Year 03/01/2022		rimary Seneral	ELECTION TYPE Runoff Special	Other	
11	OFFICE	OFFICE HELD (if any) State Representative Dist	trict 100 Dallas		12 OFFICE SOUG State Represe	GHT (if known) entative District 10	0
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 105

13 C / OH NAME	Crockett Esq., Jasmii	ne F. (Ms.)	14 Filer ID (00066412	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 80,652.35		
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 31,056.68		
CONTRIBUTION BALANCE	REPORTING PE			\$ 55,675.35		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFADAVIT						
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		Ms. Jasr	mine F. Crockett Esq.			
		Signature of	Candidate or Officehole	der		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subscribed before me, by the said day						
		ertify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER SHE	3 of 105
	LER NA rockett	ME Esq., Jasmine F. (Ms.)	19 Filer ID 00066412	(Ethics Comm	ission Filers)
20 S	CHEDU	LE SUBTOTALS		CURTOT	AL AMOUNT
N	AME OF	306101	AL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	75,652.35
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,000.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	31,056.68	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10). <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1:	L. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
				•	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/28 Rpt: 4/105	
2	FILER NAME Crockett Esc	դ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	on Filers)
4	Date 10/01/2020	5 Full name of contributor out-of-state PAC (ID#:_ACT FOR TEXAS CLASSROOM TEACHERS A 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	AUSTIN, TX 78701 spation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
_	T inicipal occu	pation 7 sob title (see instructions)	Employer (See Instructions	,		
	Date 08/18/2020	Full name of contributor out-of-state PAC (ID#:_AT&T PAC			Amount of Contribution (\$)	\$1,000.00
	Dringing aggr	AUSTIN, TX 78701	Employer (See Instruction			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/01/2020	Full name of contributor out-of-state PAC (ID#:_ATMOS ENERGY PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/09/2020	Full name of contributor out-of-state PAC (ID#:_Allen, Larry Contributor address; City; State; Zip Code Mesquite, TX 75149			Amount of Contribution (\$)	\$104.15
	Principal occu Ins & Fin Sv	pation / Job title (See Instructions) CS	Employer (See Instructions Self Employed)		
	Date 10/12/2020	Full name of contributor out-of-state PAC (ID#:_Anchia, Rafael Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$1,000.00
		rector/OfCounsel/StateRep	Employer (See Instructions CivitasCapitalGroup/Hay		esAndBoone/StateOfTexa	s

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 2/28 Rpt: 5/105	
2	FILER NAME Crockett Esq	լ., Jasmine F. (Ms.)			3	Filer ID (Ethics Commission 00066412	on Filers)
4	Date 12/12/2020	5 Full name of contributor Atakpa, Atsu6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$52.23
8	Principal occu Data Scientis	Dallas, TX 75208 pation / Job title (See Instructions	9	Employer (See Instructions Range Resources	5)		
	Date 07/17/2020	Full name of contributor BENNETT, COURTNEY Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$26.27
	Principal occu unemployed	Rising Sun, MD 21911 pation / Job title (See Instructions	(;)	Employer (See Instructions Unemployed	<u> </u> s)		
	Date 12/12/2020	Full name of contributor Birmingham, Lea Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$26.27
		Fort Worth, TX 75234 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> S)		
	Date 07/28/2020	a Specialist Full name of contributor Black, Albert Contributor address; City; Si Dallas, TX 75208	out-of-state PAC (ID#:	Fort Worth ISD		Amount of Contribution (\$)	\$1,038.73
	Principal occu Executive Ch	pation / Job title (See Instructions nairman	5)	Employer (See Instructions On-Target Logistics	5)		
	Date 09/28/2020	Full name of contributor Black, Albert Contributor address; City; S Dallas, TX 75208	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$1,038.73
	Principal occu Board Chairr	pation / Job title (See Instructions man	s)	Employer (See Instructions On-Target Supplies & L		stics	
			•				

	MONEI	ARY POLITICAL C	CONTRIBUTION	IS	SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 3/28 Rpt: 6/105
2	FILER NAME Crockett Eso	ı., Jasmine F. (Ms.)			3 Filer ID (Ethics Commission Filers) 00066412
4	Date 10/28/2020	5 Full name of contributor Black, Albert6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7 Amount of Contribution (\$) \$2,082.35
8	Principal occu Chairman	Dallas, TX 75208 pation / Job title (See Instructions) 9	Employer (See Instructions On-Target Supplies & Lo	
	Date 08/04/2020	Full name of contributor Black, Tre,Äô Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	Amount of Contribution (\$) \$1,557.94
	Principal occu Executive	pation / Job title (See Instructions)	Employer (See Instructions On-Target)
	Date 11/17/2020	Full name of contributor Bobosky, Shelby Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		Amount of Contribution (\$) \$1,000.00
	Principal occu	DALLAS, TX 75214 pation / Job title (See Instructions)	Employer (See Instructions	,
	Executive Di	rector		Texas Humane Legislati	ion Network
	Date 07/09/2020	Full name of contributor Brunner, Hayley Contributor address; City; St Dallas, TX 75206	out-of-state PAC (ID#: ate; Zip Code		Amount of Contribution (\$) \$10.70
	Principal occu Librarian	pation / Job title (See Instructions)	Employer (See Instructions University of North Texa	L c) as Health Science Center
	Date 08/09/2020	Full name of contributor Brunner, Hayley Contributor address; City; St Dallas, TX 75206	out-of-state PAC (ID#:		Amount of Contribution (\$) \$10.70
	Principal occu Librarian	pation / Job title (See Instructions)	Employer (See Instructions University of North Texa	s Health Science Center

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 4/28 Rpt: 7/105	
2	FILER NAME Crockett Eso	լ., Jasmine F. (Ms.)			3 Filer ID (Ethics Commission 00066412	n Filers)
1	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
4	09/09/2020	Brunner, Hayley 6 Contributor address; City; S	-		γ Amount of Contribution (φ)	\$10.70
		Dallas, TX 75206	,			
8		pation / Job title (See Instructions	s)	9 Employer (See Instructions		
	Librarian			University of North Texa	as Health Science Center	
	Date 10/09/2020	Full name of contributor Brunner, Hayley Contributor address; City; S	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.70
		Dallas, TX 75206				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)	
	Librarian			University of North Texa	as Health Science Center	
	Date 11/09/2020	Full name of contributor Brunner, Hayley Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$10.70
		Dallas, TX 75206				
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>	
	Librarian	patient, des title (ees met detent		, , ,	as Health Science Center	
		Full pages of acestrileto:				
	Date 11/19/2020	Full name of contributor CENTENE CORP PAC Contributor address; City; S AUSTIN, TX 78701	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)	
	Date 09/11/2020	Full name of contributor COMCAST CORPORATI Contributor address; City; S)	Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions	s)	Employer (See Instructions	2)	
			,			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/28 Rpt: 8/105	
2	FILER NAME Crockett Esc	դ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	n Filers)
4	Date 12/11/2020	 Full name of contributor out-of-state PAC (ID#:_Cadena, Laura Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	Duinning Langu	Dallas, TX 75127	In Francisco (Con Instructions			
8	City of Dalla	pation / Job title (See Instructions) S	9 Employer (See Instructions Assistant)		
	Date 07/17/2020	Full name of contributor out-of-state PAC (ID#:_ Cathey, Vernesha Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.27
	B	Garland, TX 75043				
	Secretary	pation / Job title (See Instructions)	Employer (See Instructions City of Dallas	5)		
	Date 12/12/2020	Full name of contributor out-of-state PAC (ID#:_ Cathey, Vernesha Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.27
		Garland, TX 75043				
	Principal occu Secretary	pation / Job title (See Instructions)	Employer (See Instructions City of Dallas	5)		
	Date 12/08/2020	Full name of contributor out-of-state PAC (ID#:_ Citizens for Ag Development Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 11/27/2020	Full name of contributor out-of-state PAC (ID#:_CraftPAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/28 Rpt: 9/105	
2	FILER NAME	լ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	n Filers)
4	Date 10/14/2020	 5 Full name of contributor		7	Amount of Contribution (\$)	\$52.23
_	Drive in all account	Dallas, TX 75211	Coolington (Coolington of the Coolington of the	_		
8	Security Spe	pation / Job title (See Instructions) ecialist	9 Employer (See Instructions DalladISD	5)		
	Date 08/18/2020	Full name of contributor out-of-state PAC (ID#:_ Dinh, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.15
		Dallaslas, TX 75207		Ĺ		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions Distinctive Vision Care	5)		
	Date 07/07/2020	Full name of contributor out-of-state PAC (ID#:_ Dior, Ashlei Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$156.07
		Dallas, TX 75225				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Gradney PC	i)		
	Date 10/06/2020	Full name of contributor out-of-state PAC (ID#:_ Dior, Ashlei Contributor address; City; State; Zip Code Dallas, TX 75225			Amount of Contribution (\$)	\$208.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Gradney PC	5)		
	Date 12/08/2020	Full name of contributor out-of-state PAC (ID#:_ Domaschk, Amanda Contributor address; City; State; Zip Code Dallas, TX 75223			Amount of Contribution (\$)	\$104.15
	Principal occu Marketing	pation / Job title (See Instructions)	Employer (See Instructions PhotoFusion Tech	<u>(</u>		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/28 Rpt: 10/105	
2	FILER NAME	ı., Jasmine F. (Ms.)			3	Filer ID (Ethics Commission 00066412	on Filers)
_					L		
4	Date 12/12/2020	 5 Full name of contributor Dzekunskas, Meagan 6 Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.70
		Farmers Branch, TX 7523					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Registered D	Dietitian		Methodist Health Syster	n		
	Date 07/18/2020	Full name of contributor Farrington, Zachary Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.89
		Plano, TX 75074					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Software Dev	veloper		CarOffer			
	Date 10/07/2020	Full name of contributor Fitzgerald, Darrick Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$700.00
		Coppell, TX 75019					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>. </u>		
	unemployed	,		unemployed	•		
	Date 11/02/2020	Full name of contributor FormPAC Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)).	Employer (See Instructions	s)		
	Date 12/11/2020	Full name of contributor Foster, Marcellus Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Program Mai	nager		Lockheed Martin			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/28 Rpt: 11/105
2	FILER NAME Crockett Esc	., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission Filers) 00066412
4	Date 12/12/2020	 5 Full name of contributor		7	Amount of Contribution (\$) \$104.15
		Dallas, TX 75214			
8	Principal occu unemployed	pation / Job title (See Instructions)	9 Employer (See Instructions unemployed	s)	
	Date 09/17/2020	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$52.23
	Principal occu	Dallas, TX 75206 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	unemployed	· · ·	unemployed		
	Date 07/17/2020	Full name of contributor			Amount of Contribution (\$) \$1,000.00
	Dringinal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	·/	
	Fillicipal occu	January 300 line (See Instructions)	Employer (See instructions))	
	Date 09/28/2020	Full name of contributor out-of-state PAC (ID#: GRACE & MCEWAN CONSULTING Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$250.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Date 10/07/2020	Full name of contributor out-of-state PAC (ID#:_Gallien, Brandy Contributor address; City; State; Zip Code Plano, TX 75074			Amount of Contribution (\$) \$104.15
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Medical City Green Oak		lospital
		•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/28 Rpt: 12/105	
2	FILER NAME Crockett Esc	դ., Jasmine F. (Ms.)		3 Filer ID (Ethics Commission 00066412	on Filers)
4	Date 12/12/2020	 Full name of contributor		7 Amount of Contribution (\$)	\$156.07
0	Principal occu	Garland, TX 75043 pation / Job title (See Instructions)	9 Employer (See Instructions)	
8	Law Enforce		Dallas County Constable		
	Date 11/19/2020	Full name of contributor out-of-state PAC (ID#:_ Gregg, Amber Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$52.23
	Dein sin al a a a a	Desoto, TX 75115	Final hour (October the Artist th		
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Dallas County)	
	Date 10/14/2020	Full name of contributor out-of-state PAC (ID#:_ HALEY, ANTHONY Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78701			
	Principal occu consultant	pation / Job title (See Instructions)	Employer (See Instructions hmwk, IIc		
	Date 09/17/2020	Full name of contributor out-of-state PAC (ID#:_ HILLCO PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 08/31/2020	Full name of contributor out-of-state PAC (ID#:_ Hamilton, Chris Contributor address; City; State; Zip Code Dallas, TX 75214)	Amount of Contribution (\$)	\$1,000.00
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Hamilton Wingo, LLP)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/28 Rpt: 13/105	
2	FILER NAME Crockett Esc	դ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	n Filers)
4	Date 09/24/2020	5 Full name of contributor out-of-state PAC (ID#:_ Hehman, William 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$26.27
		Dallas, TX 75206				
8	Principal occu Pilot	pation / Job title (See Instructions)	9 Employer (See Instructions United Airlines	5)		
	Date 12/12/2020	Full name of contributor out-of-state PAC (ID#:_ Hein, H A Tillmann Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$104.15
	Principal occu Physician	Dallas, TX 75220 pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 09/29/2020	Full name of contributor out-of-state PAC (ID#:_ Hendrix, Kevie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Dallas, TX 75210 pation / Job title (See Instructions)	Employer (See Instructions			
	Managing Di		National Material Supply		o., LLC	
	Date 12/12/2020	Full name of contributor out-of-state PAC (ID#:_ Hines, Christopher Contributor address; City; State; Zip Code Dallas, TX 75232			Amount of Contribution (\$)	\$5.00
	Principal occu Packer	pation / Job title (See Instructions)	Employer (See Instructions Amazon	i)		
	Date 11/30/2020	Full name of contributor out-of-state PAC (ID#:_ HomePAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/28 Rpt: 14/105	
2	FILER NAME Crockett Esc	ղ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	on Filers)
4	Date 12/12/2020	 Full name of contributor out-of-state PAC (ID#:_ Hooper, Aubrey Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$20.00
_	Dringing Logg	Dallas, TX 75216	Continue (Continue to an analysis and an analy			
8	Principal occu Policy Advis	pation / Job title (See Instructions) or	Employer (See Instructions Harris County)		
	Date 10/05/2020	Full name of contributor out-of-state PAC (ID#:_ House, Jessica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$52.23
	Dringing aggr	Dallas, TX 75205	Employer (See Instructions			
	Marketing	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 07/08/2020	Full name of contributor out-of-state PAC (ID#:_ Hughes, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$519.52
		Grand Prairie's, TX 75052				
	Principal occu Finance	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 09/24/2020	Full name of contributor out-of-state PAC (ID#:_IBAT PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/05/2020	Full name of contributor out-of-state PAC (ID#:_ Irvin, Caroline Contributor address; City; State; Zip Code Dallas, TX 75220			Amount of Contribution (\$)	\$26.27
	Principal occu Developmen	pation / Job title (See Instructions)	Employer (See Instructions Dallas Museum of Art)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/28 Rpt: 15/105	
2	FILER NAME Crockett Esc	դ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	n Filers)
4	Date 08/25/2020	5 Full name of contributor out-of-state PAC (ID#:_ JESSE ANCIRA LEGE CONSULTING 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$300.00
_		AUSTIN, TX 78701	10 5 1 10 11 11			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/01/2020	Full name of contributor out-of-state PAC (ID#:_ JOE MOODY CAMPAIGN Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	EL PASO, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/12/2020	Full name of contributor out-of-state PAC (ID#:_ Keeling, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$52.23
	Principal occu	Dallas, TX 75232 pation / Job title (See Instructions)	Employer (See Instructions)		
		ontinuity Manager	Real Time Resolutions			
	Date 12/12/2020	Full name of contributor out-of-state PAC (ID#:_ Korgel, Skyler Contributor address; City; State; Zip Code Weatherford, TX 76085			Amount of Contribution (\$)	\$7.58
	Principal occu Manufacturir	pation / Job title (See Instructions)	Employer (See Instructions Lockheed Martin Aerona		ics	
	Date 10/07/2020	Full name of contributor out-of-state PAC (ID#:_LINEBARGER, BLAIR AND SAMPSON Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/28 Rpt: 16/105	
2	FILER NAME Crockett Esc	դ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	on Filers)
4	Date 08/20/2020	Full name of contributor)	7	Amount of Contribution (\$)	\$2,596.37
_		Dallas, TX 75254				
8	Principal occu GM	pation / Job title (See Instructions)	9 Employer (See Instructions) Favorite Brands)		
	Date 07/09/2020	Full name of contributor out-of-state PAC (ID#:_ Lewis, Becky Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.27
	Dringinal occu	DeSoto, TX 75203	Employer (See Instructions			
	Admin	pation / Job title (See Instructions)	City of DeSoto) 		
	Date 07/16/2020	Full name of contributor out-of-state PAC (ID#:_ Lewis, Becky Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.27
		DeSoto, TX 75203				
	Principal occu Admin	pation / Job title (See Instructions)	Employer (See Instructions City of DeSoto)		
	Date 07/23/2020	Full name of contributor out-of-state PAC (ID#:_Lewis, Becky Contributor address; City; State; Zip Code DeSoto, TX 75203)		Amount of Contribution (\$)	\$26.27
	Principal occu Admin	pation / Job title (See Instructions)	Employer (See Instructions City of DeSoto)		
	Date 10/15/2020	Full name of contributor out-of-state PAC (ID#:_Long, Naomi Contributor address; City; State; Zip Code Houston, TX 77002)		Amount of Contribution (\$)	\$104.15
	Principal occu Co-Owner	pation / Job title (See Instructions)	Employer (See Instructions Three Point Strategies)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/28 Rpt: 17/105
2	FILER NAME	., Jasmine F. (Ms.)		3 Filer ID (Ethics Commission Filers) 00066412
4	Date 09/20/2020	 5 Full name of contributor		7 Amount of Contribution (\$) \$1,000.00
		Mission, TX 78573		
8	Principal occu unemployed	pation / Job title (See Instructions)	9 Employer (See Instructions unemployed	5)
	Date 10/17/2020	Full name of contributor out-of-state PAC (ID#:_ Maduka, Charles Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
	Principal occu	Arlington, TX 76017 pation / Job title (See Instructions)	Employer (See Instructions	s)
	Attorney		Self	
	Date 12/12/2020	Full name of contributor out-of-state PAC (ID#: Maduka, Charles Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$250.00
		Arlington, TX 76017		
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	5)
	Date 12/12/2020	Full name of contributor out-of-state PAC (ID#:_Martin, Vikki Contributor address; City; State; Zip Code Dallas, TX 75228)	Amount of Contribution (\$) \$26.27
	Principal occu Ex Dir	pation / Job title (See Instructions)	Employer (See Instructions	S)
	Date 10/05/2020	Full name of contributor out-of-state PAC (ID#:_ Matthews, Frederick Contributor address; City; State; Zip Code Murphy, TX 75094)	Amount of Contribution (\$) \$250.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self	s)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/28 Rpt: 18/105	
2	FILER NAME Crockett Esc	դ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	on Filers)
4	Date 12/12/2020	5 Full name of contributor out-of-state PAC (ID#:_McGee, Brandon 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	Dringing! goog	Aubrey, TX 76227	O Employer (See Instructions			
8	Truck Driver	pation / Job title (See Instructions)	Employer (See Instructions) AAA Cooper) 		
	Date 10/08/2020	Full name of contributor out-of-state PAC (ID#:_ NORTH TEXAS AUTO DEALERS PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/27/2020	Full name of contributor out-of-state PAC (ID#:_ Nelson, Drew Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	North Richland Hills, TX 76182 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	unemployed		unemployed			
	Date 07/06/2020	Full name of contributor out-of-state PAC (ID#:_ Orozco, Michael Contributor address; City; State; Zip Code Dallas, TX 75227)		Amount of Contribution (\$)	\$104.15
	Principal occu Constable	pation / Job title (See Instructions)	Employer (See Instructions Dallas County)		
	Date 08/13/2020	Full name of contributor out-of-state PAC (ID#:_PAC, ONE TEXAS Contributor address; City; State; Zip Code San Antonio, TX 78205)		Amount of Contribution (\$)	\$2,500.00
	Principal occu unemployed	pation / Job title (See Instructions)	Employer (See Instructions unemployed)		

arker-Bright, Chantel contributor address; City; State; Zip Code arker-Bright, Chantel contributor address; City; State; Zip Code allas, TX 75229 a / Job title (See Instructions) ull name of contributor out-of-state PAC (ID#:_arks, Michael contributor address; City; State; Zip Code earland, TX 77584)	1 Total pages Sc Sch: 16/28 R 3 Filer ID (Ethic 00066412 7 Amount of Con	pt: 19/105 cs Commission F tribution (\$)	
ull name of contributor out-of-state PAC (ID#:_arker-Bright, Chantel ontributor address; City; State; Zip Code vallas, TX 75229 1 Job title (See Instructions) ull name of contributor out-of-state PAC (ID#:_arks, Michael ontributor address; City; State; Zip Code	Employer (See Instructions unemployed	00066412 7 Amount of Con	tribution (\$)	
ull name of contributor out-of-state PAC (ID#:_arker-Bright, Chantel ontributor address; City; State; Zip Code vallas, TX 75229 1 Job title (See Instructions) ull name of contributor out-of-state PAC (ID#:_arks, Michael ontributor address; City; State; Zip Code	Employer (See Instructions unemployed	7 Amount of Con		\$104.15
ull name of contributor out-of-state PAC (ID#:_arks, Michael ontributor address; City; State; Zip Code	unemployed	·	tribution (\$)	
ull name of contributor	unemployed	·	tribution (\$)	
arks, Michael ontributor address; City; State; Zip Code)	Amount of Con	tribution (\$)	
earland, TX 77584			(,,	\$52.23
	Frankrije (O. a. kastrostiana			
/ Job title (See Instructions)	Employer (See Instructions Parks Exec Group	5)		
ull name of contributor		Amount of Con	tribution (\$)	\$10.70
/ylie, TX 75098				
/ Job title (See Instructions)	Employer (See Instructions unemployed	5)		
erkins, Mathis		Amount of Con	tribution (\$)	\$26.27
allas, TX 75216				
7 Job title (See Instructions)	unemployed	5)		
ontributor address; City; State; Zip Code		Amount of Con		\$259.92
/ Job title (See Instructions)	Employer (See Instructions Self	s)		
	Il name of contributor	Employer (See Instructions unemployed Il name of contributor out-of-state PAC (ID#:	Employer (See Instructions) Employer (See Instructions) unemployed	Employer (See Instructions) Employer (See Instructions) unemployed

	FARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
The Instru	action Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 17/28 Rpt: 20/105
2 FILER NAME Crockett Esc	q., Jasmine F. (Ms.)		3 Filer ID (Ethics Commission Filers) 00066412
4 Date 09/21/2020	5 Full name of contributor		7 Amount of Contribution (\$) \$26.27
	Dallas, TX 75240		
8 Principal occuN/a	upation / Job title (See Instructions)	9 Employer (See Instructions N/a	s)
Date 07/07/2020	Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$21.08
Principal occu Program Dir	upation / Job title (See Instructions)	Employer (See Instructions Paul Quinn College	s)
Date 08/07/2020	Full name of contributor out-of-state PAC (II Pitt, JaShana Contributor address; City; State; Zip Code Fort Worth, TX 76133	D#:)	Amount of Contribution (\$) \$21.08
Principal occu Program Dir	upation / Job title (See Instructions)	Employer (See Instructions Paul Quinn College	I s)
Date 11/21/2020	Full name of contributor out-of-state PAC (II		Amount of Contribution (\$) \$104.15
Principal occu	Sachse, TX 75048 upation / Job title (See Instructions)	Employer (See Instructions	
Realtor	upation / 300 title (See instructions)	Self employed	5)
Date 12/12/2020	Full name of contributor out-of-state PAC (II Prevost, Kendra Contributor address; City; State; Zip Code Sachse, TX 75048	D#:)	Amount of Contribution (\$) \$25.00
	upation / Job title (See Instructions)	Employer (See Instructions	<u>s</u>)

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/28 Rpt: 21/105	
2	FILER NAME Crockett Esc	դ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	on Filers)
4	Date 10/28/2020	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 08/13/2020	Full name of contributor out-of-state PAC (ID#:_Ramirez, Rene Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,038.73
	Dringing! goog	Edinburg, TX 78539	Employer (Co.) Instructions			
	Lobbyists	pation / Job title (See Instructions)	Employer (See Instructions) Self)		
	Date 08/13/2020	Full name of contributor out-of-state PAC (ID#:_ Salter, Carolyn Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Palestine, TX 75801				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions) Self)		
	Date 11/19/2020	Full name of contributor out-of-state PAC (ID#:_Sparks, Kesha Contributor address; City; State; Zip Code Little Elm, TX 75068			Amount of Contribution (\$)	\$50.00
	Principal occu Auditor	pation / Job title (See Instructions)	Employer (See Instructions USAA)		
	Date 07/25/2020	Full name of contributor out-of-state PAC (ID#:_Stafford, Tonya Contributor address; City; State; Zip Code Cedar Hill, TX 75104)		Amount of Contribution (\$)	\$208.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions It's Going To Be Ok)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/28 Rpt: 22/105	
2	FILER NAME Crockett Esc	ղ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	r Filers)
4	Date 10/15/2020	5 Full name of contributor out-of-state PAC (ID#:_ Straker, Derek 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.70
		Marlborough, MA 01752				
8	Principal occu Programmer	pation / Job title (See Instructions)	Employer (See Instructions Meditech)		
	Date 08/07/2020	Full name of contributor out-of-state PAC (ID#:_ Symmonds, Joanna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75227				
	Principal occu unemployed	pation / Job title (See Instructions)	Employer (See Instructions unemployed)		
	Date 09/07/2020	Full name of contributor out-of-state PAC (ID#:_ Symmonds, Joanna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75227				
	Principal occu unemployed	pation / Job title (See Instructions)	Employer (See Instructions unemployed)		
	Date 10/07/2020	Full name of contributor out-of-state PAC (ID#:_ Symmonds, Joanna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75227 upation / Job title (See Instructions)	Employer (See Instructions unemployed)		
	Date 11/07/2020	Full name of contributor out-of-state PAC (ID#:_ Symmonds, Joanna Contributor address; City; State; Zip Code Dallas, TX 75227			Amount of Contribution (\$)	\$10.00
	Principal occu unemployed	pation / Job title (See Instructions)	Employer (See Instructions unemployed)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/28 Rpt: 23/105	
2	FILER NAME Crockett Esc	ղ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	on Filers)
4	Date 12/07/2020	5 Full name of contributor out-of-state PAC (ID#:_ Symmonds, Joanna 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_		Dallas, TX 75227				
8	unemployed	pation / Job title (See Instructions)	9 Employer (See Instructions unemployed)		
	Date 11/30/2020	Full name of contributor out-of-state PAC (ID#:_ TAPA PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	AUSTin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	'	, ,				
	Date 10/23/2020	Full name of contributor out-of-state PAC (ID#:_ TBA BANK PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/08/2020	Full name of contributor out-of-state PAC (ID#:_ TEXANS FOR LAWSUIT REFORM Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/28/2020	Full name of contributor out-of-state PAC (ID#:_ TEXANS FOR LAWSUIT REFORM Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/28 Rpt: 24/105	
2	FILER NAME Crockett Esc	ղ., Jasmine F. (Ms.)		3	Filer ID (Ethics Commission 00066412	on Filers)
4	Date 08/31/2020	5 Full name of contributor out-of-state PAC (ID#:_ TEXAS AFT COPE FUND 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Logg	AUSTIN, TX 78701	D. Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/04/2020	Full name of contributor out-of-state PAC (ID#:_ TEXAS AUTOMOBILE DEALERS PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	•	,		,		
	Date 11/17/2020	Full name of contributor out-of-state PAC (ID#:_ TEXAS AUTOMOBILE DEALERS PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/31/2020	Full name of contributor out-of-state PAC (ID#:_ TEXAS BLACK DEMOCRATS Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/19/2020	Full name of contributor out-of-state PAC (ID#:_ TEXAS CONSTTRUCTION ASSOC. PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	DULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 22/28 Rpt: 25/105		
2	FILER NAME Crockett Esq., Jasmine F. (Ms.)			3	Filer ID (Ethics Commission 00066412	on Filers)	
4	Date 11/16/2020	5 Full name of contributor out-of-state PAC (ID#:_ TEXAS OPTEMETRIC PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00	
_	Daine in all account	AUSTIN, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 08/18/2020	Full name of contributor out-of-state PAC (ID#:_ TEXAS STATE TEACHERS ASSOC. PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/18/2020	Full name of contributor out-of-state PAC (ID#:_ TEXAS TRIAL LAWYERS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 07/23/2020	Full name of contributor out-of-state PAC (ID#:_ TEXAS TRIAL LAWYERS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/23/2020	Full name of contributor out-of-state PAC (ID#:_ TEXPAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	DULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 23/28 Rpt: 26/105		
2	FILER NAME Crockett Esq., Jasmine F. (Ms.)			3	Filer ID (Ethics Commission 00066412	on Filers)	
4	Date 10/07/2020	5 Full name of contributor out-of-state PAC (ID#:_ THE WILLIS GROUP 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
_		AUSTIN, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 12/08/2020	Full name of contributor out-of-state PAC (ID#:_ TREPAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/13/2020	Full name of contributor out-of-state PAC (ID#:_ TSA PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/03/2020	Full name of contributor out-of-state PAC (ID#:_ Texas AFL CIO Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/23/2020	Full name of contributor out-of-state PAC (ID#:_ Texas Architecture Committee Contributor address; City; State; Zip Code Austin, TX 78702			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

The Instruction Guide explains how to complete this form. 2 FILER NAME Crockett Esq., Jasmine F. (Ms.)	Total pages Schedule A1: Sch: 24/28 Rpt: 27/105 Filer ID (Ethics Commission Filers) 00066412 Amount of Contribution (\$) \$104.15
Crockett Esq., Jasmine F. (Ms.) 4 Date 11/20/2020 5 Full name of contributor out-of-state PAC (ID#:) Thomas, Jerry 6 Contributor address; City; State; Zip Code	00066412 7 Amount of Contribution (\$) \$104.15
4 Date 11/20/2020 5 Full name of contributor out-of-state PAC (ID#:) Thomas, Jerry 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$104.15
11/20/2020 Thomas, Jerry 6 Contributor address; City; State; Zip Code	\$104.15
I DULAUUUS AB / IMUI	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Admin Npc	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/28/2020 Thomas, Labeebah	\$727.21
Contributor address; City; State; Zip Code	
DeSoto, TX 75115	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
unemployed unemployed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/14/2020 Tucker, Jamil	\$10.70
Contributor address; City; State; Zip Code	
DeSoto, TX 75115	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Designer 12:48 Neckwear	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/08/2020 Tucker, Jamil	\$10.70
Contributor address; City; State; Zip Code	
DeSoto, TX 75115	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Designer 12:48 Neckwear	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/11/2020 Turner, Chris	\$2,500.00
Contributor address; City; State; Zip Code	
Arlington, TX 76096	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Chris Turner Campaign This is from the	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	EDULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 25/28 Rpt: 28/105		
2	FILER NAME Crockett Esq., Jasmine F. (Ms.)			3	Filer ID (Ethics Commission 00066412	on Filers)	
4	Date 10/02/2020	5 Full name of contributor out-of-state PAC (ID#:_ UA PLUMBERS AND PIPEFITTERS 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
_	Deine in all a servi	AUSTIN, TX 78701					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 11/16/2020	Full name of contributor out-of-state PAC (ID#:_VISTRA ENERGY LEADERS PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	AUSTIN, TX 78701 spation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/09/2020	Full name of contributor out-of-state PAC (ID#:_ Van de Putte, Leticia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00	
	Principal occu	San Antonio, TX 78213 upation / Job title (See Instructions)	Employer (See Instructions				
	Consultant/p		Andrade-VandePutte	,			
	Date 12/09/2020	Full name of contributor out-of-state PAC (ID#:_ WHOLESALE BEER PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/10/2020	Full name of contributor out-of-state PAC (ID#:_Wally, Liz Contributor address; City; State; Zip Code Dallas, TX 75214			Amount of Contribution (\$)	\$26.27	
	Principal occu consultant	ipation / Job title (See Instructions)	Employer (See Instructions self)			

	MONETARY POLITICAL CONTRIBUTIONS				ULE A1		
	The Instru	ction Guide explains how to	o complete this forr	m.	1	Total pages Schedule A1: Sch: 26/28 Rpt: 29/105	
2	FILER NAME	լ., Jasmine F. (Ms.)			3	Filer ID (Ethics Commission 00066412	n Filers)
_	Date	5 Full name of contributor	out-of-state PAC (ID#:)	<u> </u>		
4	11/04/2020 Warner, Michael 6 Contributor address; City; State; Zip Code		'	Amount of Contribution (\$)	\$1,038.73		
		Houston, TX 77021	la la				
8	Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 11/23/2020	Full name of contributor Wells, Carlotta Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$104.15
		Hot Springs, AR 71901					
	Principal occupation / Job title (See Instructions) Employer (See Instructions) So ark foot and anklo		5)				
	Physician Se ark foot and ankle						
	Date 07/08/2020	Full name of contributor Wev, Elissa Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$26.27
		Dallas, TX 75208					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Prosecutor			Dallas County District A	ttor	ney,Äôs Office	
	Date 07/15/2020	Full name of contributor Wev, Elissa Contributor address; City; State Dallas, TX 75208	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$26.27
	Principal occu Prosecutor	pation / Job title (See Instructions)		Employer (See Instructions Dallas County District A		ney,Äôs Office	
	Date 07/22/2020	Full name of contributor Wev, Elissa Contributor address; City; State Dallas, TX 75208	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$26.27
	Principal occu Prosecutor	pation / Job title (See Instructions)		Employer (See Instructions Dallas County District A		ney,Äôs Office	

MC	ONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1		
The	Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 27/28 Rpt: 30/105	
	R NAME	ı., Jasmine F. (Ms.)		3 Filer ID (Ethics Commission Filers) 00066412	
4 Date	Date 5 Full name of contributor		7 Amount of Contribution (\$) \$26.		
		Dallas, TX 75208			
	cipal occup secutor	pation / Job title (See Instructions)	9 Employer (See Instructions Dallas County District A		
Date 08/05/2020		Full name of contributor out-of-state PAC (ID Wev, Elissa Contributor address; City; State; Zip Code)#:)	Amount of Contribution (\$) \$26.	
Principal occi		pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> :)	
Prosecutor		Dallas County District A			
Date 12/1	.2/2020	Full name of contributor out-of-state PAC (ID White, Sara Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$31.	
		Dallas, TX 75228			
	cipal occup mployed	pation / Job title (See Instructions)	Employer (See Instructions unemployed	5)	
Date 07/0	08/2020	Full name of contributor out-of-state PAC (ID Wilson, Donna Contributor address; City; State; Zip Code)#:)	Amount of Contribution (\$) \$21.	
Dring	sinal occur	DeSoto, TX 75115	Employer (See Instructions		
Principal occupation / Job title (See Instructions) unemployed			unemployed)	
Date 08/0	08/2020	Full name of contributor out-of-state PAC (ID Wilson, Donna Contributor address; City; State; Zip Code DeSoto, TX 75115)#:)	Amount of Contribution (\$) \$21.	

MONETARY POLITICAL CONTRIBUTIONS					SCHED	ULE A1
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1 Sch: 28/28 Rpt: 31/10	
2	FILER NAME Crockett Esc	q., Jasmine F. (Ms.)		3	Filer ID (Ethics Commis 00066412	ssion Filers)
4	Date 09/02/2020	Full name of contributor		7	Amount of Contribution (\$	\$519.52
		Dallas, TX 75208				
8	Principal occu Lawyer	ipation / Job title (See Instructions)	9 Employer (See Instructions Hamilton Wingo	s)		
	Date 07/13/2020	Full name of contributor out-of-state PAC (ID#:_myers, kirk Contributor address; City; State; Zip Code)		Amount of Contribution (\$	\$519.52
		DeSoto, TX 75115		Ĺ		
	CEO	pation / Job title (See Instructions)	Employer (See Instructions APInc	s)		
	Date 09/08/2020	Full name of contributor out-of-state PAC (ID#: tillotson, jeff Contributor address; City; State; Zip Code)		Amount of Contribution (\$	\$5,192.42
	Dringing agg	Dallas, TX 75201	Employer (See Instructions	<u></u>		
	Attorney	ipation / Job title (See Instructions)	Tillotson Law	5)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 32/105 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Crockett Esq., Jasmine F. (Ms.) 00066412 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 07/18/2020 Montgomery, Sadat \$5,000.00 | RADIO 7 Contributor address; City; State; Zip Code ADVERTISEMENT DALLAS, TX 75207 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Lawyer Montgomery Law 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to com	olete this for	n.	
1	, •	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
	Sch: 1/73 Rpt: 33/105	Crockett Esq., Jasmine F. (Ms.)		00066412	
4	Date 07/08/2020	5 Payee name7Eleven			
١					
ľ	Amount (\$) \$24.47	7 Payee address; City; State; Zip Code 111 N Carroll Ave	;		
	42				
		Dallas, TX 75226			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description	on	
	OF EXPENDITURE	Food/Beverage Expense		f travel outside of Texas. Complete Schedule T.	
			_	f Austin, TX, officeholder living expense for Volunteers	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held	
L	expenditure to benefit C/OI	1			
	Date	Payee name			
L	09/09/2020	7Eleven			
	Amount (\$) \$4.64	Payee address; City; State; Zip Code 111 N Carroll Ave	9		
	φ4.04	III N Carroll Ave			
		Dallas, TX 75226			
H	PURPOSE) Description	nn	
	OF EXPENDITURE	Food/Beverage Expense	Check i	f travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE			f Austin, TX, officeholder living expense for Volunteers	
			SHACKS	or volunteers	
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held	
	expenditure to benefit C/O	1			
	Date	Payee name			
L	12/07/2020	7Eleven			
	Amount (\$)	Payee address; City; State; Zip Code	9		
	\$44.62	111 N Carroll Ave			
		Dallas, TX 75226			
┝	PURPOSE) Description	on.	
	OF	Food/Beverage Expense		f travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		_	f Austin, TX, officeholder living expense	
			SHACKS	for Volunteers	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held	
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/73 Rpt: 34/105	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	12/28/2020	A&A Wrecker
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$252.03	2963 Manor Rd
		Austin, TX 78722
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/13/2020	Airbnb
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$606.91	888 Brannan St
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Watch Party Venue
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/02/2020	Airbnb
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,144.06	888 Brannan St
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Watch Party Venue
		water Farty venue
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/73 Rpt: 35/105	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	08/03/2020	Amazon Web Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.53	410 Terry Ave
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Services
		Email Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/04/2020	Amazon Web Services
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1.16	410 Terry Ave
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	12/28/2020	Amazon Web Services
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$92.30	410 Terry Ave
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Services
		Email Services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/73 Rpt: 36/105	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	11/30/2020	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.21	410 Terry Ave
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies and Decor
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	'	
	Date	Payee name
L	11/30/2020	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.19	410 Terry Ave
l		
l		Seattle, WA 98109
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Office Supplies and Decor
		Cinido Cappillos ana 2000.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	11/30/2020	Amazon
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$119.06	410 Terry Ave
	,	
l		Seattle, WA 98109
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies and Decor
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientale to beliefft G/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/73 Rpt: 37/105	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	12/02/2020	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	410 Terry Ave
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies and Decor
		Office Supplies and Decor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
-	Date	Power name
	12/09/2020	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.12	410 Terry Ave
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies and Decor
		Office Supplies and Decoi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	12/16/2020	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.52	410 Terry Ave
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies and Decor
		Office Supplies and Decoi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/73 Rpt: 38/105	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	12/21/2020	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.24	410 Terry Ave
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies and Decor
		Office Supplies and Decor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	12/22/2020	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	410 Terry Ave
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies and Decor
		Office Supplies and Decoi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 12/22/2020	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.85	410 Terry Ave
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies and Decor
		Office Supplies and Decoi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 7/73 Rpt: 39/105	Crockett Esq., Jasmine F. (Ms.)		00066412
4	Date	5 Payee name		
	12/31/2020	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$53.34	410 Terry Ave		
		Seattle, WA 98109		
8	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Office Supplies and Decor
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/10/2020	American Party		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$78.80	8717 Burnet Rd		
		Austin, TX 78757		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Campaign Dinner
				Campaign Emmo
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/21/2020	At Home		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$32.95	5151 US-290		
		Austin, TX 78735		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Office Furniture
				Onice rutilitute
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	hŧ	Office held
	expenditure to benefit C/OI		ııt	Office Held
-				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/73 Rpt: 40/105	Crockett Esq., Jasmine F. (Ms.)
4	Date	5 Payee name
	12/07/2020	At Home
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$227.31	5151 US-290
		Austin, TX 78735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Furniture & Decor
		Since Furniture & Decor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
	11/13/2020	Austin Parking
L		
	Amount (\$)	
	\$10.00	923 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Parking
		I diking
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	Date	Power name
	12/08/2020	Payee name Austin Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.12	923 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Parking
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/73 Rpt: 41/105	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	12/28/2020	Bed Bath and Beyond
6	Amount (\$) \$91.80	7 Payee address; City; State; Zip Code
		Austin, TX 78735
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Furniture
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/08/2020	Best Buy
	Amount (\$) \$194.84	Payee address; City; State; Zip Code
		Austin, TX 78735
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Equipment
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/21/2020	Big Lots
	Amount (\$) \$64.02	Payee address; City; State; Zip Code
		Austin, TX 78735
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Furniture & Decor
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 10/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412	
4	Date	5 Payee name	_
	12/21/2020	Big Lots	
6	Amount (\$) \$75.76	7 Payee address; City; State; Zip Code Austin, TX 78735	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Furniture & Decor	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/02/2020	BlueLink Messaging	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	1342 Florida Ave. NW Washington, DC 20009	
┝	PURPOSE		_
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Text Service	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
Г	Date	Payee name	
	11/02/2020	BlueLink Messaging	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 1342 Florida Ave. NW	
		Washington, DC 20009	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Text Service	
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/V	Vages	/Contract Labor		OTHER (enter a	a category not listed	above)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 11/73 Rpt:		- sq., Jasmine F. (Ms.)			_	00066412	•	,
4				,						
4	Date 12/11/2020	5 Payee name Brookshire								
6	Amount (\$) \$11.16	7 Payee addre	•	State; Zip Co	ode					
		Austin, TX	/8/35 							
8	PURPOSE OF	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Event Expe	ense				TX,	de of Texas. Com officeholder livinç	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ight			Office h	eld	
	Date	Payee name								
	07/08/2020	Browzed D	ataz							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$478.00		,,	, ,						
	¥ 11 0.00									
		Austin, TX	78735							
	PURPOSE OF		ee Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expen	se		=		de of Texas. Com officeholder living	plete Schedule T.	
						Phone Service		onicendider living	g expense	
						THORE SERVICE	C			
_	Operation ONE Wife disease	0	:	O#:	!			O#: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	igni			Office h	eiu	
	·									
	Date	Payee name								
	08/10/2020	Bubbas								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$100.00	19089, IH 6	35							
		Mesquite, ¹	TX 75150							
	DUDDOGE	·			/L.\					
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(a)	Description Check if travel or	nutsii	de of Teyas, Com	plete Schedule T.	
	EXPENDITURE	F000/Beve	rage Expense					officeholder living		
						Campaign Me			•	
						, •		-		
-	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	l laht			Office he	eld	
	expenditure to benefit C/O			200 000	J			200 11	-	
_										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	12/11/2020	Bucee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.65	4155 N General Bruce Dr
		Temple, TX 76501
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas for out of district Travel
		Gas for out of district Travel
_	Compulate ONII V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	12/23/2020	Bucee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.84	4155 N General Bruce Dr
		Temple, TX 76501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Coo few put of district Travel
		Gas for out of district Travel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/28/2020	Bucee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.43	4155 N General Bruce Dr
		Temple, TX 76501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Gas for out of district Travel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	expenditure to beliefft C/Of	
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	12/28/2020	Bucee's
6	Amount (\$) \$41.88	7 Payee address; City; State; Zip Code 4155 N General Bruce Dr
		Temple, TX 76501
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for out of district Travel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/23/2020	COA Parking Meter
	Amount (\$) \$4.75	Payee address; City; State; Zip Code 1201 San Jacinto Blvd
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/24/2020	COA Parking Meter
	Amount (\$) \$6.13	Payee address; City; State; Zip Code 1201 San Jacinto Blvd
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	09/24/2020	COA Parking Meter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1201 San Jacinto Blvd
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Parking
		raining
_	Complete ONLY if direct	Condidate/Office helder name Office accepts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/24/2020	COA Parking Meter
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1201 San Jacinto Blvd
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
		T withing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davies same
	09/25/2020	Payee name COA Parking Meter
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.57	1201 San Jacinto Blvd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense Check if Austin, TX, officeholder living expense Parking
		Faiking
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	11/30/2020	COA Parking Meter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	1201 San Jacinto Blvd
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Parking
		T WINING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	12/02/2020	COA Parking Meter
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.25	1201 San Jacinto Blvd
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
		T Willing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	12/14/2020	Call Time AI
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.57	2627 E College Avenue
		Visalia, CA 93292
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Fundraising Tool
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)	00066412
4	Date	5 Payee name	· ·
	08/03/2020	Canva	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.90	2/2 Lacey St	
		Surry Hills Australia	
8	PURPOSE	<u> </u>	Description
٠	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Cines evernous, Norman Expense	Check if Austin, TX, officeholder living expense
			Graphic Tool
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/03/2020	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.90	2/2 Lacey St	
		Surry Hills Australia	
	PURPOSE		Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Graphic Tool
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to benefit Gree	•	
	Date	Payee name	
	10/05/2020	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.90	2/2 Lacey St	
		Surry Hills Australia	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			Graphic Tool
	O-market Chilly "	Open Highest (Office Incl.)	0.5
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services S		ages	/Contract Labor		OTHER (enter a	category not listed above)	
			The Instruction Guide explains ho	ow to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filer	s)
	Sch: 17/73 Rpt:		Crockett Esq., Jasmine F. (Ms.)					00066412		
4	Date	5	Payee name							
	11/03/2020		Canva							
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	de					
	\$25.90		2/2 Lacey St							
			Surry Hills Australia							
8	PURPOSE	(a)			(h)	Description				
ľ	OF	الما	Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	lule)	(D)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Overhead/Refital Expense	1		=		officeholder living		
				1		Graphic Tool				
9	Complete ONLY if direct		Candidate/Officeholder name Offi	fice soug	ght			Office he	eld	
	expenditure to benefit C/O	Н			-					
	Date	Т	Payee name							
	12/03/2020		Canva							
_	Amount (\$)	┢		Zip Cod	de.					
	\$25.90		2/2 Lacey St	Zip Coc	uc					
	φ25.90		ZIZ Lacey St							
			Surry Hills Australia							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense			_		de of Texas. Com		
						ш	, TX,	officeholder living	expense	
						Graphic Tool				
_	Complete ONL V if direct	Ц	Condidate/Officeholder name Off	fine cour	ah+			Office he	ald.	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Offi	fice soug	JIIL			Office he	eiu	
		_								
	Date		Payee name							
	07/24/2020		Cedar Lake Ventures Inc.							
	Amount (\$)		Payee address; City; State;	Zip Coo	de					
	\$3.99		2500 Shadywood Rd Ste 510							
			Excelsior, MN 55331							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lule)	(b)	Description				
	OF EXPENDITURE	` `	Office Overhead/Rental Expense				outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		р			Check if Austin,	TX,	officeholder living	expense	
						Graphic Tool				
	Complete ONLY if direct		Candidate/Officeholder name Offi	fice soug	ght			Office he	eld	
	expenditure to benefit C/OH									
1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	08/24/2020	Cedar Lake Ventures Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.99	2500 Shadywood Rd Ste 510
		Excelsior, MN 55331
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Craphic Tool
		Graphic Tool
<u> </u>	0 1. 0	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit ere	
	Date	Payee name
	09/24/2020	Cedar Lake Ventures Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.99	2500 Shadywood Rd Ste 510
		Excelsior, MN 55331
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Graphic Tool
		Graphic 1001
	Compulate ONLY if direct	Condidate/Office holds
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	10/26/2020	Cedar Lake Ventures Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.99	2500 Shadywood Rd Ste 510
		Excelsior, MN 55331
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Graphic Tool
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing I Legal Services Salaries/ The Instruction Guide explains how to c	Wage	es/Contract Labor OTHER (enter a category not listed above)
_		1_	<u> </u>	ompi	
1	Total pages Schedule F1:	2			3 Filer ID (Ethics Commission Filers)
	Sch: 19/73 Rpt:		Crockett Esq., Jasmine F. (Ms.)		00066412
4	Date	5	Payee name		
	11/24/2020		Cedar Lake Ventures Inc.		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$3.99		2500 Shadywood Rd Ste 510		
	, , , , ,		,		
			Evanision MN 55221		
		╙	Excelsior, MN 55331	_	
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Graphic Tool
					Grapine 1001
Ļ	Complete ONLY !! -!!	Ц,	Condidate Office holder record	 	t Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ugnt	t Office held
	Date		Payee name		
	12/24/2020		Cedar Lake Ventures Inc.		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$3.99		2500 Shadywood Rd Ste 510		
			Excelsior, MN 55331		
	DUDDOCE	(0)		(h)) a
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
					Graphic Tool
					·
H	Complete ONLY if direct		Candidate/Officeholder name Office so	<u> </u>	t Office held
	expenditure to benefit C/O		2	J	
⊨	Data	Г	Davies name		
	Date		Payee name Chassaska Fastery		
	11/02/2020	$oxed{oxed}$	Cheesecake Factory		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$156.71				
			Dallas, TX 75214		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE				Check if Austin, TX, officeholder living expense
					Campaign Meeting
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	П			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to co	omple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 20/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)		00066412	
4	Date	5 Payee name		'	
	07/16/2020	ChickFila			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		
	\$41.31				
		Dallas, TX 75218			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Food/Beverage Expense	` `	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE			Check if Austin, TX, officeholder living expense	
				Food for Volunteer	
Ļ	Complete ONLY if direct	Condidate/Officeholder name	, au la d	Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ugni	Office held	
L					
	Date	Payee name			
	11/05/2020	ChickFila			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$24.85				
		Dallas, TX 75218			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
				Food for Volunteer	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held	
	expenditure to benefit C/OI	1			
	Date	Payee name			
	07/28/2020	Chris Nguyen,			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$600.00	11408 Lippitt Ave			
		Dallas, TX 75218			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF	Salaries/Wages/Contract Labor	(~)	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin, TX, officeholder living expense	
				Salary	
			Ļ		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	08/07/2020	Chris Nguyen,
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	11408 Lippitt Ave
		Dallas, TX 75218
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary
		Salaty
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
_	Data	
	Date 11/18/2020	Payee name
		Chris Nguyen,
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	11408 Lippitt Ave
		Dallas, TX 75218
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expenses.
		Check if Austin, TX, officeholder living expense Salary
		Galary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	12/01/2020	Chris Nguyen,
	Amount (\$)	Payee address; City; State; Zip Code
	\$480.00	11408 Lippitt Ave
	Ψ400.00	11400 Lippiit Ave
		D-II TV 75040
\vdash		Dallas, TX 75218
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 22/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	12/14/2020	Chris Nguyen,
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	11408 Lippitt Ave
		Dallas, TX 75218
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary
		Calary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	12/28/2020	Clay Pit
		•
	Amount (\$) \$67.75	Payee address; City; State; Zip Code
	Φ07.75	
		A . ('. T.V. 70705
		Austin, TX 78735
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/20/2020	Domino's Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.27	
		Dallas, TX 75223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Food for Volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	differ sought Office field

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	07/06/2020	Donorbox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$131.90	5 3rd St Suite 900
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Donation Platform
		Donation Flationi
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	08/04/2020	Donorbox
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$5.11	5 3rd St Suite 900
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Platform
		Donation Flation
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		_
	Date	Payee name
	11/04/2020	Donorbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.28	5 3rd St Suite 900
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Platform
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencies to benefit C/OI	•

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Ontions Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	12/04/2020	Donorbox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.91	5 3rd St Suite 900
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Platform
		Donation Flationii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	07/09/2020	Edwards and Patterson
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.59	203 S Belt Line Rd
		Irving, TX 75060
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense
		Signs
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D :	
	Date	Payee name
	07/10/2020	Edwards and Patterson
	Amount (\$)	Payee address; City; State; Zip Code
	\$306.89	203 S Belt Line Rd
		Irving, TX 75060
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	10/26/2020	Elm Shooting range
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.88	10751 Luna Rd
		Dallas, TX 75220
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Venue
		Fundialsing Vende
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨	Data	Para a series
	Date	Payee name
L	07/09/2020	Email Octopus
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.72	115 Mare Street
		London UK United Kingdom
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Service
		Email Service
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davida marra
	Date 07/10/2020	Payee name
L		Email Octopus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.20	115 Mare Street
		London UK United Kingdom
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Service
		Email Service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Co	mmission Filers)
	Sch: 26/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412	
4	Date	5 Payee name	
	07/10/2020	Email Octopus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.00	115 Mare Street	
		London UK United Kingdom	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedul	е Т.
		Check if Austin, TX, officeholder living expense Email Service	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
F	Date	Payee name	
l	08/10/2020	Email Octopus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.20		
l			
		London UK United Kingdom	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	Office Overhead/Rental Expense	е Т.
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Email Service	
L	0 1 0 0 1 1 1 1 1 1		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
┡			
	Date	Payee name	
L	08/10/2020	Email Octopus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	115 Mare Street	
		London UK United Kingdom	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead (Pental Expanse) Check if travel outside of Texas. Complete Schedule	o.T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense	е 1.
		Email Service	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	09/10/2020	Email Octopus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.20	115 Mare Street
		London UK United Kingdom
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Service
		Littali Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
		Payee name
L	09/10/2020	Email Octopus
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	115 Mare Street
		London UK United Kingdom
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Service
		Linai Service
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date 10/07/2020	Payee name
		Email Octopus
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.72	115 Mare Street
		London UK United Kingdom
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Service
1		Linui Scrvice
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)	00066412
4	Date	5 Payee name	-
l	10/09/2020	Email Octopus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$1.20	115 Mare Street	
l			
l		London UK United Kingdom	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	avel outside of Texas. Complete Schedule T.
l	EXPENDITURE	l	ustin, TX, officeholder living expense
l		Email Ser	vice
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		05.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
┕	·		
l	Date	Payee name	
	10/09/2020	Email Octopus	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$40.00	115 Mare Street	
l			
		London UK United Kingdom	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Onice Overneau/Nental Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
l		Email Ser	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
F	Date	Payee name	
	11/10/2020	Email Octopus	
H	Amount (\$)	Payee address; City; State; Zip Code	
l	\$1.20	115 Mare Street	
l		London UK United Kingdom	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF		avel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if A	ustin, TX, officeholder living expense
		Email Ser	vice
L	0 1: 0:::::::::::::::::::::::::::::::::		000
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held
L	p = 1 3.5 12 25.15.11 5/01		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 29/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)		00066412
4	Date	5 Payee name		
	11/10/2020	Email Octopus		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$40.00	115 Mare Street		
		London UK United Kingdom		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Email Service
				Email Golvide
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held
ľ	expenditure to benefit C/OI		9	Since hold
-	Date	Payee name		
	12/10/2020	Email Octopus		
	Amount (\$)	Payee address; City; State; Zip Co	do	
	\$1.20	115 Mare Street	ue	
	Ψ1.20	113 Mare Street		
		Landon IIV United Kingdom		
	DUDD 005	London UK United Kingdom	<i>(</i> 1.)	
	PURPOSE OF	, (,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Email Service
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/10/2020	Email Octopus		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$40.00	115 Mare Street		
		London UK United Kingdom		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Email Service
				LITIALI SCIVICE
L	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 30/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412						
4	Date	5 Payee name						
	07/06/2020	Facebook						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$25.00	1601 Willow Rd.						
		Menlo Park, CA 94025						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Advertisement						
		Auvertisement						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	Complete ONLY if direct expenditure to benefit C/OI							
⊨	Date							
	Date	Payee name						
L	07/06/2020	Facebook						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$25.00	1601 Willow Rd.						
		Menlo Park, CA 94025						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense						
	2/11/2/10/12	Check if Austin, TX, officeholder living expense						
		Advertisement						
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
⊨								
	Date	Payee name						
	07/06/2020	Facebook						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$35.00	1601 Willow Rd.						
		Menlo Park, CA 94025						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense						
	2/11/2/10/12	Check if Austin, TX, officeholder living expense						
		Advertisement						
\vdash	Complete ONLY if divert	Condidate/Officeholder name Office cought Office hold						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
L								
L								

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 31/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)		00066412	
4 Date	5 Payee name		•	
07/09/2020	Facebook			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$50.00	1601 Willow Rd.			
	Menlo Park, CA 94025			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Advertising Expense	_	outside of Texas. Con	pplete Schedule T.
EXPENDITURE			n, TX, officeholder living	g expense
		Advertiseme	nt	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office h	eld
Date	Payee name			
07/13/2020	Facebook			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$75.00	1601 Willow Rd.			
	Menlo Park, CA 94025			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense		outside of Texas. Con	
		Check if Austin	n, TX, officeholder living	g expense
		Auvertisemei	i it	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office h	old
expenditure to benefit C/O		gnt	Office II	eiu
	Г			
Date	Payee name			
08/03/2020	Facebook			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$40.00	1601 Willow Rd.			
	Menlo Park, CA 94025			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	=	outside of Texas. Con	
		Advertiseme	n, TX, officeholder living nt	g expense
		,	•••	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office h	eld
expenditure to benefit C/O		9111	Office II	OIQ .

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1	2 FILER NAME	;	3 Filer ID (Ethics Commission	ı Filers)
Sch: 32/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)		00066412	
4 Date	5 Payee name	<u>'</u>		
08/05/2020	Fiesta			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$38.81	. 11445 Garland Rd			
	Dallas, TX 75218			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Food/Beverage Expense		utside of Texas. Complete Schedule T.	
EXPENDITURE			TX, officeholder living expense	
		Food for Volur	nteers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/o	Candidate/Officeholder name Office sou	ught	Office held	
Date	Payee name			
08/07/2020	Fiesta			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$13.81	. 11445 Garland Rd			
	Dallas, TX 75218			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	l <u>—</u>	utside of Texas. Complete Schedule T.	
		Food for Volur	TX, officeholder living expense	
		Food for Voidi	ILCCIS	
Complete ONLY if direct	Candidate/Officeholder name Office so	laht	Office held	
expenditure to benefit C/		agnt	Office field	
Data	T Device reserve			
Date 08/07/2020	Payee name Fiesta			
Amount (\$)	Payee address; City; State; Zip Ci	ode		
\$20.69	11445 Garland Rd			
	Dallas, TX 75218			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Food/Beverage Expense	I <u>□</u>	utside of Texas. Complete Schedule T. TX, officeholder living expense	
		Food for Volur		
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office held	
expenditure to benefit C/			-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 33/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412						
4	Date	5 Payee name						
	08/06/2020	Go Daddy						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$79.99	14455 N Hayden Rd Suite 100						
		Scottsdale, AZ 85260						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Website						
		Website						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OI							
⊨	Data							
	Date	Payee name						
L	12/31/2020	Go Shippo						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$79.68	731 Market St #200						
		San Francisco, CA 94103						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Postage						
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
⊨	Date							
	Date	Payee name						
	08/04/2020	GoDaddy						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$13.85	14455 N Hayden Rd Suite 100						
		Scottsdale, AZ 85260						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Website						
		website						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
\vdash								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 34/73 Rpt:	Crockett Esq., Ja	ısmine F. (Ms.)				00066412	
4	Date	Payee name				•		
	10/05/2020	GoDaddy						
6	Amount (\$)	Payee address;	City;	State; Zip Co	de			
	\$4.44	14455 N Hayden	Rd Suite 100					
		Scottsdale, AZ 8	5260					
8	PURPOSE	Category (See Cate	gories listed at the top of the	nis schedule)	(b)	Description		
	OF EXPENDITURE	Office Overhead	Rental Expense			Check if travel outs		
						Check if Austin, TX Website	k, officeriolder living) expense
9	Complete ONLY if direct	Candidate/Officehold	 der name	Office soug	ght		Office he	eld
	expenditure to benefit C/OI							
	Date	Payee name						
	11/04/2020	GoDaddy						
	Amount (\$)	Payee address;	City; S	State; Zip Co	de			
	\$13.85	14455 N Hayden						
		Scottsdale, AZ 8	5260					
	PURPOSE	Category (See Cate	gories listed at the top of the	his schedule)	(b)	Description		
	OF EXPENDITURE	Office Overhead	Rental Expense			Check if travel outs Check if Austin, TX		
						Website	k, officeriolaer living	j expense
	Complete ONLY if direct	Candidate/Officehold	der name	Office sou	ght		Office he	eld
	expenditure to benefit C/OI							
	Date	Payee name						
	08/03/2020	Google Gsuite						
	Amount (\$)	Payee address;	City; S	State; Zip Co	de			
	\$12.79	1600 Amphitheat	ire Parkway					
		Mountain View, 0	CA 94043					
	PURPOSE	Category (See Cate	gories listed at the top of the	his schedule)	(b)	Description		
	OF EXPENDITURE	Office Overhead	'Rental Expense			Check if travel outs		
						Check if Austin, TX Email Service	k, oπicenoider living) expense
	Complete ONLY if direct	Candidate/Officehold	 der name	Office sou	ght		Office he	eld
	expenditure to benefit C/OI			•	•			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadala E4	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 35/73 Rpt:	2 FILER NAME Crockett Esq., Jasmine F. (Ms.) 3 Filer ID (Ethics Commission Filers) 00066412
4	Date	5 Payee name
	09/03/2020	Google Gsuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheatre Parkway
		Mountain Vious CA 04042
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Email Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	10/02/2020	Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/02/2020	Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$12.79	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
L		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	12/02/2020	Google Gsuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Service
		Linai Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Dete	
	Date	Payee name
	12/11/2020	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.68	
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Food for Event
		Food for Everit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	12/28/2020	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.75	
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food for Event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belief C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	12/07/2020	Harbor Freight
6	Amount (\$) \$20.56	7 Payee address; City; State; Zip Code 1220 N Town E Blvd #600
		Mesquite, TX 75150
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tools for Moving
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/07/2020	Homegoods
	Amount (\$) \$281.43	Payee address; City; State; Zip Code
		Austin, TX 78735
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Furniture
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/12/2020	Hotwire
	Amount (\$) \$98.28	Payee address; City; State; Zip Code 114 Sansome St #400
		San Francisco, CA 94104
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)	
_	Sch: 38/73 Rpt:		sq., Jasmine F. (Ms.)					00066412		
4	Date	5 Payee nam	e							
	07/13/2020	Italia Expr	ess							
6	Amount (\$)	7 Payee addr	ress; City;	State; Zip C	ode					
	\$64.00	_	ar Springs Rd	•						
		Dallas, TX	75219							
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense			=		de of Texas. Comp		
						Volunteer Dir		officeholder living r	expense	
						. Glaritoor Dii		•		
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	<u>l</u> ught			Office he	ld	
Ĺ	expenditure to benefit C/OI				J					
	Date	Payee nam	e							
L	12/18/2020	Jamescia	Hambrick,							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$200.00	2805 Can	yon Valley							
		Plugerville	e, TX 78660							
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		/ages/Contract Labor			_		de of Texas. Comp		
						Salary	, IX,	officeholder living	expense	
						Calai y				
	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	<u>l</u> ught			Office he	ld	
	expenditure to benefit C/OI			2 .33 30	J					
	Date	Payee nam	<u></u> е							
	07/17/2020	Karrol Rim								
	Amount (\$)	Payee addr		State; Zip C	ode					
	\$515.00	400 Repul		, — -						
		Euless, T	< 76040							
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	/ages/Contract Labor			브		de of Texas. Comp		
						Salary	, ΓX,	officeholder living	expense	
						Jaiaiy				
	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	<u>l</u> ught			Office he	ld	
	expenditure to benefit C/O			311100 30	g			211100 110	· 	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 39/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4 Date	5 Payee name
10/14/2020	La Calle Doce
6 Amount (\$) \$129.23	7 Payee address; City; State; Zip Code Dallas, TX 75211
0 DUDDOCE	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer Dinner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
07/17/2020	LaTasha Henderson,
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2413 Mesa oak Trail
	Plano, TX 75025
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/02/2020	LaTasha Henderson,
Amount (\$) \$400.00	Payee address; City; State; Zip Code 2413 Mesa oak Trail
	Plano, TX 75025
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 40/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412							
4	Date	5 Payee name	_						
	11/05/2020	LaTasha Henderson,							
6	Amount (\$)	7 Payee address; City; State; Zip Code	_						
	\$500.00	2413 Mesa oak Trail							
		Plano, TX 75025							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_						
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Salary							
_									
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	'		_						
	Date	Payee name							
	12/10/2020	LaTasha Henderson,							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$745.00	2413 Mesa oak Trail							
		Plano, TX 75025							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Salary							
		Guiary							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI								
	Date	Payee name	_						
	10/01/2020	Lake Highlands White Rock Democrats							
	Amount (\$)	Payee address; City; State; Zip Code	_						
	\$140.00	4847 W Lawther Dr							
	¥=15.55								
		Dallas, TX 75214							
_	PURPOSE		_						
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Sponsorship							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experiulture to beliefft C/OI	1							

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

	Credit Gard F dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 41/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)	00066412
4	Date	5 Payee name	
	08/05/2020	Lamar Media Group	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$675.00	625 109th Street	
		Arlington, TX 76011	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	/ Advertising Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		Advertisen	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
_	Date	Payee name	
	11/16/2020	Le Cafe Crepe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.38		
	!		
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 1 000/Deverage Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	!	Campaign	
	!		_
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	н	
	Date	Payee name	
	12/21/2020	Le Cafe Crepe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.52		
	!		
	!	Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if tra	avel outside of Texas. Complete Schedule T.
	<u> </u>	Campaign	ustin, TX, officeholder living expense
	!	Campaign	Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field
H			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 42/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4 Date	5 Payee name
07/08/2020	Mail House
6 Amount (\$) \$1,254.08	7 Payee address; City; State; Zip Code 8505 Chancellor Row Suite C Dallas, TX 75247
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/10/2020	Mail House
Amount (\$) \$642.52	Payee address; City; State; Zip Code 8505 Chancellor Row Suite C
	Dallas, TX 75247
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/16/2020	Marriot
Amount (\$) \$55.19	Payee address; City; State; Zip Code
	Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 43/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)		00066412
4	Date	5 Payee name		•
	12/09/2020	McDonalds		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$15.88			
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Food for staff
_	Commission ONII V if dispost	Condidate/Officeholder nove		Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou d	gnt	Office held
_				
	Date	Payee name		
	12/07/2020	Moonshine		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$5.33			
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Staff dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		•	
	Date	Payee name		
	12/07/2020	Moonshine		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$60.88	. ayoo aaanooo,		
	752.00			
		Austin, TX 78701		
	PURPOSE		(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(1)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 God/Beverage Expense		Check if Austin, TX, officeholder living expense
				Staff dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou(ght	Office held
	experience to belieff C/OI	<u> </u>		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services	Salaries	/Wages	s/Contract Labor		ravel Out of Dis OTHER (enter a	strict category not listed abo	ove)
	·		The Instruction Guid	e explains how to c	omple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3 F	iler ID	(Ethics Commissi	on Filers)
	Sch: 44/73 Rpt:	Crockett E	sq., Jasmine F. (Ms	S.)			C	00066412		
4	Date	5 Payee name	е							
	07/10/2020	Mortenson	Broadcast							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$540.00									
		Dallas, TX	75232							
8	PURPOSE	· .	See Categories listed at the t	on of this schodulo)	(b)	Description				
	OF	Advertising		op of this schedule)	`´	_	outside	of Texas. Com	plete Schedule T.	
	EXPENDITURE		, , , , ,			Check if Austin,	, TX, of	fficeholder living	expense	
						Advertisemen	nt			
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name								
	11/18/2020	1 1	driguez Campaign							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$100.00	6725 Bob-		эннэ, цр						
	+200.00	0.20.20								
		Dallas, TX	75214							
	PURPOSE				(h)	Description				
	OF	I	See Categories listed at the tons/Donations Made		(6)	_	outside	of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Politic			Check if Austin,				
						Campaign Co	ontrib	oution		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	12/07/2020	Nnamdi O								
	Amount (\$)	Payee addr		State; Zip C	ode.					
	\$1,500.00	l ayee addi	css, only,	otate, zip e	ouc					
	Ψ1,300.00									
		A = \	70705							
		Austin, TX	78735							
	PURPOSE OF	,	See Categories listed at the t		(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Lab	or					plete Schedule T.	
						Check if Austin, Salary	, 1, 01	ncenoluer IIVIN(i evhense	
						Calaly				
	Complete ONLY if direct	Candidata/Of	ficeholder name	Office	uabt			Office	ald.	
	Complete ONLY if direct expenditure to benefit C/OI		псеношег патте	Office so	uynt			Office h	au	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide (Salaries	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1: Sch: 45/73 Rpt:		1E Esq., Jasmine F. (Ms.))			3	Filer ID 00066412	(Ethics Commission Filers)
4	Date			,			<u> </u>		
4	12/09/2020	5 Payee nam Overstock							
6	Amount (\$)	7 Payee addı	ress; City;	State; Zip C	ode				
	\$377.94	799 W. Co	oliseum Way						
		Midvale, U	JT 84047						
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		erhead/Rental Expens			Check if travel		de of Texas. Comp	
						Office Supplie		officeholder living	expense
						Jinoc Juppin	-5		
9	Complete ONLY if direct		fficeholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O								
	Date	Payee nam							
	07/17/2020	Pappadue	ax						
	Amount (\$)	Payee addı	ress; City;	State; Zip C	ode				
	\$279.65								
			. =====						
		Dallas, TX			1				
	PURPOSE OF		(See Categories listed at the top	of this schedule)	(b)	Description Check if travel (Olitei.	de of Texas. Comp	nlete Schedule T
	EXPENDITURE	Food/Bev	erage Expense					officeholder living	
						Staff dinner			
	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Office so	ught			Office he	eld
	Date	Payee nam	e						
	12/09/2020	Party City							
	Amount (\$)	Payee addı	ress; City;	State; Zip C	ode				
	\$110.20								
		Austin, TX	78735						
	PURPOSE OF		(See Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Event Exp	ense			ш		de of Texas. Comp officeholder living	
						Event Supplie			
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught			Office he	eld
	onpolicitate to beliefit 0/01	•							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 46/73 Rpt:		Crockett Esq., Jasmine F. (Ms.)		00066412
4	Date	5	Payee name		·
	11/16/2020		Perla Seafood		
6	Amount (\$) \$35.00	7	Payee address; City; State; Zip Co	ode	
			Austin, TX 78701		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE				Check if Austin, TX, officeholder living expense Campaign Meeting
					Campaign Meeting
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	<u> </u> uaht	t Office held
	expenditure to benefit C/OI			.g	555514
	Date	$\overline{}$	Payee name		
	12/09/2020		Perla Seafood		
	Amount (\$)	\vdash	Payee address; City; State; Zip Co	ode	
	\$55.88				
			Austin, TX 78701		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Campaign Meeting
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	t Office held
	expenditure to benefit C/OI	Н			
	Date	Π	Payee name		
	11/16/2020		Premium Parking		
	Amount (\$)	Г	Payee address; City; State; Zip Co	ode	
	\$9.74				
			Austin, TX 78701		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Expense		Parking
					3
	Complete ONLY if direct	(Candidate/Officeholder name Office sou	ught	t Office held
	expenditure to benefit C/OI	Н			
1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	07/08/2020	Printplace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$495.18	1110 Ave H
		Arlington, TX 76011
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Material
		Campaign Material
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	08/07/2020	Printplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.88	1110 Ave H
		Arlington, TX 76011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Material
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	08/07/2020	Printplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.55	1110 Ave H
		Arlington, TX 76011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Material
		Campaign Material
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense Event Exper Accounting/Banking Fees
Consulting Expense Food/Bever Contributions/ Donations Made By - Gift/Awards.
Candidate/Officeholder/Political Committee Legal Service Credit Card Payment

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Citt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	Priler Name	3 ⊢	iler ID	(Ethics Commission Filers)
	Sch: 48/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)	0	00066412	
4	Date	Payee name	-		
	12/21/2020	Printplace			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$276.05	1110 Ave H			
		Arlington, TX 76011			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	1		
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·		of Texas. Com	plete Schedule T.
	LAFENDITORE			ficeholder living	expense
		Campaign	і матепа	al .	
_	On and the ONLY if all and	Overfields (Office balden game)		Off: 1	.1.1
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	ela
	Date	Payee name			
	07/06/2020	Quiktrip			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$25.00	7818 Garland Rd			
		Dallas, TX 75218			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	1		
	OF EXPENDITURE	Transportation Equipment & Related			plete Schedule T.
		Expense La Check if Au Gas for Vo		fficeholder living	expense
		Cut for vo	orantoon	o .	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	07/06/2020	Quiktrip			
	Amount (\$) \$36.18	Payee address; City; State; Zip Code 7818 Garland Rd			
	Ψ30.10	7010 Gananu Nu			
		Dellas TV 75210			
		Dallas, TX 75218			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description		of Toyon Com	plete Schedule T.
	EXPENDITURE	Transportation Equipment & Related		ficeholder living	
		Gas for Vo			•
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbur

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out for District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/Wage	s/Contract Labor OTHER (enter a category not listed above)
_		•	Joinpi	<u> </u>
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 49/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)		00066412
4	Date	5 Payee name		
	07/13/2020	Quiktrip		
6	Amount (\$)	7 Payee address; City; State; Zip (Code	
	\$25.00	7818 Garland Rd		
		Dallas, TX 75218		
Ļ	DUDDOOF		10.3	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description
	EXPENDITURE	Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense		Gas for Volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held
	expenditure to benefit C/OI		Jugiit	Office field
_				
	Date	Payee name		
	08/06/2020	Quiktrip		
	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$51.53	7818 Garland Rd		
		Dallas, TX 75218		
_	DUDDOCE		(h)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment & Related Expense		Check if Austin, TX, officeholder living expense
		Expense		Gas for Volunteers
_	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ouaht	Office held
	expenditure to benefit C/OI		3	
-	5.			
	Date	Payee name		
	08/12/2020	Quiktrip		
	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$38.35	7818 Garland Rd		
		Dallas, TX 75218		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Transportation Equipment & Related	`	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
				Gas for Volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	08/24/2020	Quiktrip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.00	7818 Garland Rd
		Dallas, TX 75218
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Gas for Volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	08/31/2020	Quiktrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.01	7818 Garland Rd
		Dallas, TX 75218
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Gas for Volunteers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/03/2020	Quiktrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.93	7818 Garland Rd
		Dallas, TX 75218
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense Coo for Yolumtoons
		Gas for Volunteers
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	09/18/2020	Quiktrip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.44	7818 Garland Rd
		Dallas, TX 75218
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Gas for Volunteers
		Sub for Volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	09/22/2020	Quiktrip
H	Amount (\$)	Payee address; City; State; Zip Code
	\$39.55	7818 Garland Rd
		Dallas, TX 75218
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gas for Volunteers
		Gus for volunteers
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
⊨	D :	
	Date	Payee name
	11/03/2020	Quiktrip
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$11.92	7818 Garland Rd
		Dallas, TX 75218
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
l		Gas for Volunteers
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	•
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment		The Instruction Guide explains how to	compl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 52/73 Rpt:		Crockett Esq., Jasmine F. (Ms.)		00066412
4	Date	5	Payee name		
	07/06/2020		Racetrac		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	
	\$32.00		10707 Ferguson Rd		
			Dallas, TX 75228		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Expense		Check if Austin, TX, officeholder living expense Gas for Volunteers
					Gas for Volunteers
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	ouaht	t Office held
	expenditure to benefit C/O		0000	o a g c	
F	Date	Т	Payee name		
	07/14/2020		Racetrac		
	Amount (\$)	┢	Payee address; City; State; Zip (Code	
	\$32.22		10707 Ferguson Rd		
	,,,,,				
			Dallas, TX 75228		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF	 ```	Transportation Equipment & Related	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Expense		Check if Austin, TX, officeholder living expense
					Gas for Volunteers
				1	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office s	ought	t Office held
	· 	_			
	Date		Payee name		
	08/17/2020		Racetrac		
	Amount (\$)		Payee address; City; State; Zip 0	Code	
	\$40.37				
			Dallas, TX 75228		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	EXPENDITURE		Transportation Equipment & Related Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Lyperise		Gas for Volunteers
	Complete ONLY if direct	_	Candidate/Officeholder name Office s	ought	t Office held
	expenditure to benefit C/O	Н		•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule Sch: 53/73 Rpt:	F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Crockett Esq., Jasmine F. (Ms.) 00066412
4 Date 12/07/2020	5 Payee name Red Lobster
6 Amount (\$) \$199	7 Payee address; City; State; Zip Code Austin, TX 78735
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer Dinner
Complete ONLY if directly expenditure to benefit	
Date 11/30/2020	Payee name Ross
Amount (\$) \$103	Payee address; City; State; Zip Code
	Austin, TX 78735
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Decor
Complete ONLY if directly complete on the complete of the comp	
Date 10/08/2020	Payee name Salt Grass
Amount (\$) \$415	Payee address; City; State; Zip Code .41
	Irving, TX 75060
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer Dinner
Complete ONLY if dire expenditure to benefit	

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

	Credit Gard Layment	The Instruction Guide explains how to complete this for	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 54/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)	00066412
4	Date	5 Payee name	
	11/20/2020	Seven Apartments	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	615 W 7th St	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	ion
	OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	if Austin, TX, officeholder living expense
		Rent	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/20/2020	Seven Apartments	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$375.00	615 W 7th St	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	ion
	OF EXPENDITURE	Office Overficad/Nertial Experise	if travel outside of Texas. Complete Schedule T.
		Check Rent	if Austin, TX, officeholder living expense
		Kent	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
_	Data	T -	
	Date 12/03/2020	Payee name	
		Seven Apartments	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,503.40	615 W 7th St	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Experise	if travel outside of Texas. Complete Schedule T.
		Rent	if Austin, TX, officeholder living expense
		l None	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Chiec Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 55/73 Rpt:	2 FILER NAME Crockett Esq., Jasmine F. (Ms.)		3 Filer ID (Ethics Commission Filers) 00066412
4	Date 08/05/2020	5 Payee name Shadow		
6	Amount (\$) \$1,125.00	7 Payee address; City; State; Zip Co 1342 Florida Ave. NW Washington, DC 20009	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Text Service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 12/17/2020	Payee name Shell		
	Amount (\$) \$50.51	Payee address; City; State; Zip Co	de	
		Waxahachie, TX 75165		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for out of district Travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 11/30/2020	Payee name Shell		
	Amount (\$) \$32.44	Payee address; City; State; Zip Co	de	
		Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for out of district Travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 56/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)		00066412
4	Date	5 Payee name		
	09/25/2020	Shell		
6	Amount (\$) \$36.69	7 Payee address; City; State; Zip Cod	de	
	φ30.09			
		Georgetown, TX 78626		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Gas for out of district Travel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
L	experientare to benefit Great			
	Date	Payee name		
	12/21/2020	Snooze	40	
	Amount (\$) \$27.12	Payee address; City; State; Zip Coo	эе	
	Ψ21.12			
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Campaign Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	07/15/2020	Sonny Bryans		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$45.20			
		Dallas, TX 75218		
	PURPOSE	į	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Staff lunch
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	;)
	Sch: 57/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412	
4	Date	5 Payee name	
	10/13/2020	Southwest	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$137.96	2702 Love Field Dr	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	LAFEINDITORE	Check if Austin, TX, officeholder living expense	
		Travel out of District Flight	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	·		_
	Date	Payee name	
	11/09/2020	Southwest	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$170.00	2702 Love Field Dr	
		Dallas, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Travel out of District Flight	
		Travel out of District Flight	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	_
	12/14/2020	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.14	Payee address, Oity, State, Zip Code	
	Ψ0.14		
		Austin, TX 78701	
	DUDDOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Refreshment	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 58/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	11/25/2020	State Farm Insurance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.20	1 State Farm Plz
		Bloomington, IL 61701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Insurance
_	Commiste ONII V if diseast	Condidate/Office holder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/19/2020	Stonewall Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	
		Dallas, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Membership
		Wellbership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa sama
	11/23/2020	Payee name Stonewall Democrats
	Amount (\$) \$35.00	Payee address; City; State; Zip Code
	φ35.00	
		D. H. TV 75040
		Dallas, TX 75219
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 59/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)	00066412
4 Date	5 Payee name	
08/17/2020	TMobile	
6 Amount (\$) \$106.95	7 Payee address; City; State; Zip Co	de
	Dallas, TX 75218	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Phone
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
08/07/2020	Taqueria Davis Street	
Amount (\$) \$13.26	Payee address; City; State; Zip Co	de
	Dallas, TX 75208	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer Dinner
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
11/27/2020	Target	
Amount (\$) \$10.81	Payee address; City; State; Zip Co 2300 W Ben White Blvd	de
	Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Furniture & Decor
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	11/30/2020	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$284.15	2300 W Ben White Blvd
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Furniture & Decor
		Since Farmare a 2000.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/30/2020	Target
H	Amount (\$)	Payee address; City; State; Zip Code
	\$378.86	2300 W Ben White Blvd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Furniture & Decor
		Since Farmare a 2000.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/07/2020	Target
H	Amount (\$)	Payee address; City; State; Zip Code
	\$28.93	2300 W Ben White Blvd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Furniture & Decor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 61/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)	00066412
4	Date	5 Payee name	·
	12/21/2020	Task Rabbitt	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$195.50	237 Kearny Street #9003	
		San Francisco, CA 94108	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		vel outside of Texas. Complete Schedule T.
		Furniture S	et in, TX, officeholder living expense
		T difficult of	ot up
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	07/20/2020	Tejano 23rd Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00		
		Dallas, TX 75208	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if trav	vel outside of Texas. Complete Schedule T.
	LAI LINDITORE	l —	stin, TX, officeholder living expense
		Membershi	μ
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Since Hold
-	Date	Payee name	
	09/28/2020	Terry Blacks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.81	,,,,,,,,	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	vel outside of Texas. Complete Schedule T.
	LAFENDITORE		stin, TX, officeholder living expense
		Campaign	meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH	9	Office Helu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 62/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412	
4	Date	5 Payee name	
	12/23/2020	Texas Capitol Parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.50	923 Congress Ave	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	
	_	Expense Check if Austin, TX, officeholder living expense Parking	
		T arking	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF		
_	Date	Payee name	_
	09/25/2020	Texas Capitol Parking	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$4.50	923 Congress Ave	
	,		
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Parking	
	Commission ONLL V if disposit	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		
_	D-t-		_
	Date 09/25/2020	Payee name Texas Capitol Parking	
	Amount (\$) \$4.50	Payee address; City; State; Zip Code	
	Φ4.50	923 Congress Ave	
		Austin TV 70701	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Parking	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 63/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)	00066412
4 Date	5 Payee name	•
12/18/2020	Texas Roadhouse	
6 Amount (\$) \$22.78	7 Payee address; City; State; Zip Co Austin, TX 78701	de
8 PURPOSE		(b) Description
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign dinner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
07/16/2020	Textiful	
Amount (\$) \$19.00	Payee address; City; State; Zip Co 60 Backus Ave	de
	Danbury, CT 06810	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Text Service
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	ght Office held
Date	Payee name	
08/17/2020	Textiful	
Amount (\$) \$19.00	Payee address; City; State; Zip Co 60 Backus Ave	de
	Danbury, CT 06810	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Text Service
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sour H	ght Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	09/16/2020	Textiful
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.00	60 Backus Ave
		Danbury, CT 06810
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Text Service
		Text Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	10/16/2020	Textiful
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.00	60 Backus Ave
		Danbury, CT 06810
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Text Service
		Text Service
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name Textiful
	11/16/2020	
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.00	60 Backus Ave
		Danbury, CT 06810
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Text Service
		Text Service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 65/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	12/16/2020	Textiful
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.00	60 Backus Ave
		Danbury, CT 06810
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Text Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
\vdash	Date	Dougo nama
		Payee name The Green Co
	07/30/2020	The Green Co
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.79	5220 Spring Valley
		Dallas, TX 75254
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertisement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/05/2020	The Green Co
	Amount (\$)	Payee address; City; State; Zip Code
	\$440.00	5220 Spring Valley
		Dallas, TX 75254
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	_/	Check if Austin, TX, officeholder living expense
		Advertisement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1: Sch: 66/73 Rpt:	2 FILER NAME Crockett Esq., Jasmine F. (Ms.)		3 Filer ID (Ethics Commission Filers) 00066412
4	Date 11/19/2020	5 Payee name Toller Patio		<u>'</u>
6	Amount (\$) \$129.90	7 Payee address; City; State; Zip C Dallas, TX 75204	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer Dinner
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soil	ught	Office held
	Date 12/09/2020	Payee name Total Wine		
	Amount (\$) \$67.83	Payee address; City; State; Zip C	ode	
		Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Refreshments
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol	ught	Office held
	Date 11/16/2020	Payee name Trudy's South Star		
	Amount (\$) \$24.84	Payee address; City; State; Zip C	ode	
		Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1: Sch: 67/73 Rpt:	2 FILER NAME Crockett Esq., Jasmine F. (Ms.)		3 Filer ID (Ethics Commission Filers) 00066412
4	Date 12/07/2020	5 Payee name Tuesday Morning		•
6	Amount (\$) \$64.94	7 Payee address; City; State; Zip C Austin, TX 78735	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol	ught	Office held
	Date 12/07/2020	Payee name Tuesday Morning		
	Amount (\$) \$188.33	Payee address; City; State; Zip C	ode	
		Austin, TX 78735		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol	ught	Office held
	Date 07/09/2020	Payee name Versa Printing		
	Amount (\$) \$189.44	Payee address; City; State; Zip C 2631 Brenner Dr	ode	
		Dallas, TX 75220		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Material
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1: Sch: 68/73 Rpt:	2 FILER NAME Crockett Esq., Jasmine F. (Ms.)		3 Filer ID (Ethics Commission Filers) 00066412
4	Date 07/13/2020	5 Payee name Versa Printing		00000122
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Cod 2631 Brenner Dr Dallas, TX 75220	le	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Material
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
	Date 09/30/2020	Payee name Vista Print		
	Amount (\$) \$287.00	Payee address; City; State; Zip Cod 275 Wyman ST	le	
	PURPOSE OF EXPENDITURE	Waltham, MA 02451 (a) Category (See Categories listed at the top of this schedule) Printing Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Material
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
	Date 10/09/2020	Payee name WPForms		
	Amount (\$) \$79.00	Payee address; City; State; Zip Cod 60 29th Street #343	le	
		San Francisco, CA 94110		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

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

Credit Card Layment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 69/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)		00066412	
4 Date	5 Payee name		•	
07/13/2020	Walmart			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$99.56	7401 Samuell Blvd			
	Dallas, TX 75228			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		el outside of Texas. Comp	lete Schedule T.
EXPENDITORE			in, TX, officeholder living	expense
		Office Suppl	lies	
		<u> </u>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught	Office hel	d
'				
Date	Payee name			
07/17/2020	Walmart			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$90.84	7401 Samuell Blvd			
	Dallas, TX 75228			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		el outside of Texas. Comp	
		Office Suppl	in, TX, officeholder living (expense
		Отпос виррі		
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> Jaht	Office hel	d
expenditure to benefit C/OI		-9		
Date	Payee name			
12/09/2020	Walmart			
Amount (\$)	Payee address; City; State; Zip Ci	nde		
\$98.40	7401 Samuell Blvd	oue		
Ψ30.40	1401 Gamadii Biva			
	Dallas, TX 75228			
DUDDOOF		(a) = 1 ii		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if trave	el outside of Texas. Comp	lete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense		in, TX, officeholder living	
		Office Suppl	lies	
Complete ONLY if direct	Candidate/Officeholder name Office so	ıght	Office hel	d
expenditure to benefit C/OI	H			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 70/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)	00066412
4	Date	5 Payee name	·
	12/10/2020	WestIn Austin	
6	Amount (\$) \$134.00	7 Payee address; City; State; Zip Code	
		Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging out of District
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
L	12/07/2020	Whataburger	
	Amount (\$) \$23.39	Payee address; City; State; Zip Code	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/23/2020	Whole Foods	
	Amount (\$) \$7.58	Payee address; City; State; Zip Code	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refreshment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	07/14/2020	Wingbucket
6	Amount (\$) \$94.71	7 Payee address; City; State; Zip Code Dallas, TX 75201
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer Dinner
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/23/2020	Wyndham
	Amount (\$) \$392.24	Payee address; City; State; Zip Code Austin, TX 78701
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging out of District
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	11/02/2020	Wyndham
	Amount (\$) \$139.46	Payee address; City; State; Zip Code
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging out of District
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 72/73 Rpt:	Crockett Esq., Jasmine F. (Ms.) 00066412
4	Date	5 Payee name
	07/07/2020	Zoom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.98	3625 Brookside Parkway
		Alpharetta, GA 30022
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Zoom Expense
		20011 Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	08/07/2020	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.98	3625 Brookside Parkway
		Alpharetta, GA 30022
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Zoom Expense
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	09/08/2020	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.98	3625 Brookside Parkway
		Alpharetta, GA 30022
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Zoom Expense
		Zoom Expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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

Credit Card Fayment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 73/73 Rpt:	Crockett Esq., Jasmine F. (Ms.)		00066412	
4 Date	5 Payee name		•	
10/07/2020	Zoom			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$15.98	3625 Brookside Parkway			
	Alpharetta, GA 30022			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Office Overhead/Rental Expense		l outside of Texas. Com	plete Schedule T.
EXPENDITURE	- Chies Cromode, North Enpoines	Check if Austi	in, TX, officeholder living	expense
		Zoom Exper	nse	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ıght	Office he	eld
experialture to benefit C/Or	7			
Date	Payee name			
11/09/2020	Zoom			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$15.98	3625 Brookside Parkway			
	Alpharetta, GA 30022			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Office Overhead/Rental Expense	l <u>—</u>	l outside of Texas. Com	plete Schedule T.
EXPENDITURE	·		n, TX, officeholder living	expense
		Zoom Exper	nse	
		<u> </u>		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office he	eld
Date	Payee name			
12/07/2020	Zoom			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$15.98	3625 Brookside Parkway			
	Alpharetta, GA 30022			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	ı ∟	l outside of Texas. Com	
EXPENDITORE		l 	n, TX, officeholder living	expense
		Zoom Exper	ıse	
0 1. 0	0 51 40%	<u> </u>		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	Office he	eia