FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 17 00089375 3 COMMITTEE NAME **OFFICE USE ONLY** Committee for a Strong Econcomy PAC Date Received **ELECTRONICALLY FILED** 05/06/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 959 W. Glade Rd. Hurst, TX 76054 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Frederick NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Tate CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 959 W. Glade Road STREET **ADDRESS** (Residence or Business) Hurst, TX 76054 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 959 W. Glade Road MAILING **ADDRESS** Hurst, TX 76054 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (469) 290-7500 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 X May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2025 04/25/2025

GO TO PAGE 2

www.ethics.state.tx.us

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Committee for a Stron	ng Econcomy PAC		00089375	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported John Sims Dallas City Council	District 3	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) 1 qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I IG PERIOD	DAY \$	1,000.00
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>		·	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the a nation required	ccompanying report is I to be reported by me
		Mr. Frade	erick Tate	
		Signature of Car		rer
AFFIX NOTAF	RY STAMP / SEAL ABOVE	Ç		
Sworn to and subscrib	ed before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offic	er administering oath

						Page 3 of 17
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Committee for a Strong Ec	oncomy PAC				00089375	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Avis Hardaman Dall	las City Cour	ncil District 4	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Elizabeth Matus Da	llas City Cou	ncil District 5	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Machelle Wells Dall	as City Cour	ncil District 6	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					

	B. Opposed A. Supported B. Opposed B. Opposed	13 Filer ID (Ethics Commission Filers) 00089375 Council District 7
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election at nature of issue.) 3. Officeholders Assisted (Identify by name or, applicable, classify by name or, applicable, classify by the complete this report if necessary.) 1. Candidates (Identify by name or, applicable, classify by the complete this report if necessary.) 2. Measures (Describe by date and location of election at location at location election election at location election election at location election election election election election electio	B. Opposed A. Supported B. Opposed B. Opposed	
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election at nature of issue.) 3. Officeholders Assisted (Identify by name or, applicable, classify by name or, applicable, classify by the complete this report if necessary.) 1. Candidates (Identify by name or, applicable, classify by the complete this report if necessary.)	B. Opposed A. Supported B. Opposed B. Opposed	Council District 7
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election at nature of issue.) 3. Officeholders Assisted (Identify by name or, applicable, classify by applicable, classify by name or, applicable, classify by (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and location election and location of election and location election election and location election election and location election ele	A. Supported B. Opposed	
(Describe by date an location of election at nature of issue.) 3. Officeholder: Assisted (Identify by name or, applicable, classify by 1. Candidates (Identify by name or, applicable, classify by (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date am location of election at	B. Opposed	
3. Officeholders Assisted (Identify by name or, applicable, classify by COMMITTEE ACTIVITY 1. Candidates (Identify by name or, applicable, classify by (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date am location of election and nature of issue.)	B. Opposed	
Assisted (Identify by name or, applicable, classify by COMMITTEE ACTIVITY 1. Candidates (Identify by name or, applicable, classify by (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date am location of election and place of the control of the	S	
Assisted (Identify by name or, applicable, classify by COMMITTEE ACTIVITY 1. Candidates (Identify by name or, applicable, classify by (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date am location of election and position		
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, applicable, classify by (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date am location of election and place in the complete of the c		
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election ar	A. Supported Eugene Ralph, Jr. Dallas Ci	tity Council District 8
paper to complete this report if necessary.) 2. Measures (Describe by date an location of election at	if .	ity Council District o
(Describe by date and location of election as	B. Opposed	
	B. Opposed	
3. Officeholders Assisted (Identify by name or, applicable, classify by	if	
COMMITTEE 1. Candidates	A. Supported Ernest Banda Dallas City C	Council District 9
ACTIVITY (Identify by name or, applicable, classify by	if	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (Describe by date an location of election ar nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or,		
applicable, classify by		

					Page 5 of 17
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Committee for a Strong Ec	oncomy PAC			0008937	5
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Bill Roth Dallas City Council	District 11	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cara Mendelsohn Dallas Cit	ty Council District	: 12
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Diane Benjamin Dallas City	Council District 1	3
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

					Page 6 of 17
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Committee for a Strong Ec	oncomy PAC			00089375	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	d Shibu Samuel Mayor of Garland	d	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	d		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Vicky Oduk Irving City Council	District 2	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	d		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Sergio Porres Irving City Counc	cil District 2	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	d		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	,				

					Page 7 of 17
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Committee for a Strong Ed	concomy PAC			00089375	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Adam Muller Irving City	y Council District 7	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cristina Neria Richards	son School Board	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Paul Gilmore Carrollton	n Farmers Branch ISD 1	Frustee
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by name)				
	applicable, classify by party.)	<u> </u>			

						Page 8 of 17
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Committee for a Strong Ec	oncomy PAC				00089375	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Support	ted	Isabel Romero Farmers Branch	City Council	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ted			
		B. Oppose	ed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ted	Deborah Bowe Farmers Branch	City Council	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ted			
		B. Oppose	ed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ted	Everett Jackson DeSoto City Co	ouncil	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ted			
		B. Oppose	ed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 9 of 17 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Committee for a Strong Econcomy PAC 00089375 14 COMMITTEE 1. Candidates A. Supported Richie Ako Nkongho, Sr. Lancaster City Council **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				10 of 17
		EE NAME e for a Strong Econcomy PAC	18 Filer ID 00089375	(Ethics Commission Filers)
19 SCH	HEDULE	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	DRGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 5,000.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

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 co	omplete this form.
1 Total pages Schedule F1: Sch: 1/7 Rpt: 11/17	FILER NAME Committee for a Strong Econcomy PAC	3 Filer ID (Ethics Commission Filers) 00089375
4 Date 03/28/2025	5 Payee name One Book at a Time Publishing LLC	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Ci 4680 Beltline Road	ode
Expenditure from corporate funds	Addison, TX 75001	Tax
8 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 Printing GOTV Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol	ught Office held ity Council District 3
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip C	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil Hardaman, Avis Dallas C	ught Office held ity Council District 4
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil Matus, Elizabeth Dallas C	ught Office held ity Council District 5

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
Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Credit Cara r ayment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
Sch: 2/7 Rpt: 12/17	Committee for a Strong Econcomy PAC 00089375	
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H Wells, Machelle Dallas City Council District 6	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
- Cynanditura fram		
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H Rivas, Jr., Jose Dallas City Council District 7	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
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	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H Ralph, Jr., Eugene Dallas City Council District 8	

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

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	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/7 Rpt: 13/17	Committee for a Strong Econcomy PAC	00089375
4 Date	5 Payee name	<u> </u>
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
(1)	, , , , , , , , , , , , , , , , , , , ,	
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	,	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office	
experience to benefit 6/61	¹ Banda, Ernest Dallas	City Council District 9
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
PURPOSE	(6) 0-4	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/OI	H Roth, Bill Dallas	City Council District 11
Date	Payee name	
Date	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
LA LIBITORL		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office	-
experiolitie to belieff C/OI	Mendelsohn, Cara Dallas	City Council District 12

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

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

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: 4/7 Rpt: 14/17	2 FILER NAME Committee for a Strong Econcomy PAC 3 Filer ID (Ethics Commission Filers) 00089375
4 Date	5 Payee name
4 Duic	(see previous)
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	Benjamin, Diane Dallas City Council District 13
Date	Payee name
Date	
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
0 1: 0 1: 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to belieff 6/01	Samuel, Shibu Mayor of Garland
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	Ouur, vicry IIVIIII City Council District 2

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense 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	Committee Legal Se			s/Contract Labor		OTHER (enter a	strict a category not listed above))
		struction Guide explains	now to compi	ete this form.	_			
1 Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission	Filers)
Sch: 5/7 Rpt: 15/17	Committee for a Strong Econcomy PAC					00089375		
4 Date	5 Payee name							
	(see previous)							
6 Amount (\$)	7 Payee address;	City; State;	Zip Code					
(*)	,		•					
Expenditure from								
corporate funds								
8 PURPOSE	(a) Category (See Category	ories listed at the top of this sch	edule) (b)	Description				
OF EXPENDITURE				=			nplete Schedule T.	
				Check if Austin	1, TX,	officeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officehold		Office sought			Office h	eld	
expenditure to benefit C/Or	¹ Porres, Sergio	lı	rving City C	ouncil District	2			
Date	Payee name							
	(see previous)							
Amount (\$)	Payee address;	City; State;	: Zip Code					
Amount (ψ)	rayee address,	City, State,	, Zip Code					
Expenditure from								
corporate funds								
PURPOSE	(a) Category (See Category	ories listed at the top of this sch	edule) (b)	Description				
OF EXPENDITURE				Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITORE				Check if Austir	n, TX,	officeholder living	g expense	
Complete ONLY if direct	Candidate/Officehold	er name C	Office sought			Office h	eld	
expenditure to benefit C/OI	¹ Muller, Adam	lı	rving City C	ouncil District	7			
Date	Payee name							
- 1	(see previous)							
Δ		O't-	- 7:- OI-					
Amount (\$)	Payee address;	City; State;	; Zip Code					
Expenditure from								
corporate funds								
PURPOSE	(a) Category (See Category	ories listed at the top of this sch	edule) (b)	Description				
OF	5 , (222 232g.				outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITURE				Check if Austir	n, TX	officeholder living	g expense	
Complete ONLY if direct	Candidate/Officehold	er name C	Office sought			Office h	eld	
expenditure to benefit C/OH Neria, Cristina Richardson School Board								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Co	
-	The Instruction Guide explains how to complete	this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt: 16/17	Committee for a Strong Econcomy PAC	00089375
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
δ Amount (Φ)	Prayee address, City, State, Zip Code	
Expenditure from		
corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	rescription
OF	(See Categories listed at the top of this scriedale)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		_
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		ners Branch ISD
	Carrollor C, T adi	nero Branon 10B
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	H Romero, Isabel Farmers Branc	ch City Council
Date	Payes name	
Dale	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
	I	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Check if Austin, 17, officerolder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	H Bowe, Deborah Farmers Branc	ch City Council

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete	,
1 T	otal pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 7/7 Rpt: 17/17	Committee for a Strong Econcomy PAC	00089375
4 C	Date	5 Payee name	•
		(see previous)	
6 A	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
	Complete ONLY 'C. "	Constitutes (Office held - 1777-1777	Office held
9 C	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Jackson, Everett DeSoto City Co	Office held
		Jackson, Everett Desotto City Ct	Julicii District 3
	Date	Payee name	
		(see previous)	
Α	Amount (\$)	Payee address; City; State; Zip Code	
	E constitue for a		
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Appenditure to benefit 6,61	Nkongho, Richie Ako Lancaster City	Council District 5