CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. James	SUFFIX	Date Received
	Jim Mann		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 1693 De	enton Tx 76202	JUL 1 5 2020 City Manager's / City Secretary's Office
Change of Address	AREA CODE PHONE NUMBER	EXTENSION	Obstacly o on po
5 CANDIDATE/ OFFICEHOLDER PHONE	(940) 594-3501	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Mr. Pat		Date Processed
	Smith	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / SL 1417 Cambridge Ln.		STATE; ZIP CODE Y 76209
8 CAMPAIGN TREASURER PHONE	(940) PHONE NUMBER (940)	EXTENSION	
9 REPORT TYPE	July 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year O1 /5 / 2020 O1 / 2020	THROUGH 07	Day Year / 2020
11 ELECTION	Month Day Year Primary 11 03 2000 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Denton City	Council, Place
1.		6 at larg	e
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	James	A. Mann	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,725.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 8,959.83			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,000.00			
18 AFFIDAVIT				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				
ZOLAINA R PARKER Notary Public STATE OF TEXAS ID#125830537 My Comm. Exp. Sept. 7, 2022 AFFIX NOTARY STAMP/SEAL ABOVE				
Tomas A M				
Sworn to and subscribed before me, by the said, this the, this the				
day of July , 20 , to certify which, witness my hand and seal of office.				
Signature of officer ad	ministering cath	Bristed name of affice admirate to	uty Coty Sec. / Notry	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co		ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 16,725.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 1,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ 8959.83
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
James	Mann	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; City; State;	\$ 100°0
1/10/20	6 Contributor address; City; State;	Zip Code
	97/3 Freeport Dr. Denton TX	76207
8 Principal occu	pation / Job title (See Instructions) 9 Employ	yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Dena Meek	(4)
1/15/20		Zip Code \$\\ \$\\ 200 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
,	560 Diamond Point Dr. Oak Point TX	75068
Principal occup	pation / Job title (See Instructions) Employ	ver (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Dennis J. O'Loughlin	
1/12/20		Zip Code \$\ \1 \ 200 \ \frac{00}{20}
	10000 Hanford Dr. Denton TX	76207
Principal occup	pation / Job title (See Instructions) Employ	ver (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	Leslie C. Brooks	
1/11/20	Contributor address; City; State; Z	Zip Code \$ 10000
•	8713 Franklin Dr. Denton TX	76207
Principal occup	pation / Job title (See Instructions) Employ	rer (See Instructions)
		•

SCHEDULE A1

			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jami	es Mann		
4 Date		C (ID#:)	7 Amount of contribution (\$)
	Patricia A. Langa		
1/10/20	6 Contributor address; City;	State; Zip Code	\$ 10000
	9913 Grandview Dr. Denton		500m
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Martha A. Gills		· • · · · · · · · · · · · · · · · · · ·
1/13/20		State; Zip Code	\$ 1,0000
1 0 10 0	8013 American Way Denton	1	4 11 000
:	OUT AMERICAN DUNG DEVITOR	1 10001	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Steven L. Bailey		
1/20/20	•	State; Zip Code	\$ 50000
•	11701 Lynnbruok Dr. Dento	1	W 000-
Principal occur	pation / Job title (See Instructions)	I	Linux.
i-tillopai occup	MILLION THE (OSE HISHINGTONS)	Employer (See Instruct	ions)
Date	an _	C (ID#:)	Amount of contribution (\$)
	A.V. Pattun		
1/26/20	Contributor address; City;	State; Zip Code	\$ 500°°
	9801 cypress st. Denton	TX 76207	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

			1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this	form.	Total pages solledule A1.
FILER NAME			3 Filer ID (Ethics Commission Filers)
Jame	s Mann		
Date	5 Full name of contributor ut-of-state PAC ((ID#:)	7 Amount of contribution (\$)
1/22/20	Nancy Myers 6 Contributor address; City;		\$50000
	9512 Ravenwood Dr. Denton	TX 14201	
3 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)
	Full name of contributor	(ID#:)	Amount of contribution (C)
Date	David L. Zartman	(Amount of contribution (\$)
2/2/20	Contributor address; City;	State; Zip Code	\$ 10000
, , , , ,	9525 Cristview Dr. Denton	TX 7U207	wi
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Dato	Dale E. Kimble		
1/31/20	11.00	State; Zip Code	\$ 20000
10010	34080 Stonewood Ct. Whitney	TX 76692	
Principal occi	upation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
2/0/22	Peggy Zilinsky Contributor address; City;	State; Zip Code	\$ 30000
$\lambda 18 1 \lambda N$	10404 cascade Dr. Denton	TX 76207	
2/8/20	10 to 1 or server of the Bellita		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
James	Mann		-
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Dorothy E. Smith		140
214/20	6 Contributor address; City;	State; Zip Code	\$ 800.00
	3309 N. Bonnie Braest. 7	Denton TX 76207	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		: (ID#:)	Amount of contribution (\$)
	Craig Irwin		
2/20/20	Craig Irwin Contributor address; City;	State; Zip Code	\$ 500 <u>00</u>
	1104 E. Hickory Hill Rd. Arg		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Ĺ	Maria E. Balich		
2/22/20	Contributor address; City;	State; Zip Code	100.00
•	10013 Sandhurst Dr. Dentov	n TX 76207	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	B.D. Patton		, and an estimation (4)
2/23/20	Contributor address; City;	State; Zip Code	\$500.00
·	9801 Cypress St. Denton	TX 76207	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:			
2 FILER NAME	=		3 Filer ID (Ethics Commission Filers)	
James	Maur		,	
4 Date	5 Full name of contributor uut-of-state PA	AC (ID#:)	7 Amount of contribution (\$)	
	Dick Smith		l ha	
2/24/20	1	State; Zip Code	H 75:00	
	721 W. Hobson Dentor			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date	Full name of contributor	C (ID#:)	A	
	Dena Meek		Amount of contribution (\$)	
2/23/20	Contributor address; City;		4 250 00	
1	City,	State; Zip Code	4 300.00	
	560 Diamond Pt. Oak P.	oint TX +6		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAG	C (ID#:)	A	
	Peagy W. Cappe		Amount of contribution (\$)	
2125120	Peggy W. Capps Contributor address; City; 915 W. Denton		\$ 25.00	
"IN JION	Contributor address, City,	State; Zip Code	4 25 =	
	915 W. Oak St. Denton	TX 76201		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	cions)	
Date	Full name of contributor	104.	A	
	Suda Bhagwat	, (10#:	Amount of contribution (\$)	
2/24/20		State: Zin Code	\$ 100.00	
-		State; Zip Code	A 100.00	
	125 Twin Lakes Dr. Double oc	ak TX 75677		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
	, ·			

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
James	Mann		
4 Date	5 Full name of contributor ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
2125/20	Tudy E. Willis 6 Contributor address; City;	State; Zip Code	\$ 50.00
	3116 Broken Bow St. Dent	on TX 76209	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
0100100	Rita Ballow		4 (00 00
2/28/20	Contributor address; City;	State; Zip Code	\$ 100.00
	12104 Pepperidge Ave. Dentor	TX 76207	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
			`
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	han G. Johnson		
2/24/20	Contributor address; City;	State; Zip Code	\$ 500.00
	2405 Winthop Hill Rd. Argu		
Principal occup	oation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor		American of a state of the stat
	Guitor-state 170 (IDW.		Amount of contribution (\$)
2/26/20	Suda Bhagwat Contributor address; City;	State; Zip Code	\$50000
	125 Twin lakes Dr. Double C		4 303
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	9		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
James	Mann		
4 Date	5 Full name of contributor out-of-state PAG	.C (ID#:)	7 Amount of contribution (\$)
	Alberta Casinell		A00
2/24/20		State; Zip Code	\$ 500.00
•	2701 Wind River Ln. Denton		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state_PAC	C (ID#:)	Amount of contribution (C)
			Amount of contribution (\$)
3/1/20	Nancy P. She Selby Contributor address; City;	State; Zip Code	\$ 100.00
	3808 Seville Rd. Dunton		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
			UKI
Date		C (ID#:)	Amount of contribution (\$)
	Julianne Remski		1
3/4/20	Contributor address; City;	State; Zip Code	\$ 250.00
	11904 Glenbrook St. Dento	n TX 76207	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Glen P. Mckenzie		
3/4/20	Contributor address; City;	State; Zip Code	\$ 100.00
	801 Fairmeadows Cr. Ambre	ey TX 76227	4.
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	- 196 - 196		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
James	Mann		
4 Date	5 Full name of contributor out-of-state PAG	.C (ID#:)	7 Amount of contribution (\$)
	Nick Parker		# ~ 50
3/1/20	6 Contributor address; City;	State; Zip Code	\$50.∞
	5945 W. Parker Rd. Plan		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Peter B. Mc Cleskey		9222
3/4/20	Contributor address; City;	State; Zip Code	\$ 100.00
	301 Lamplighter Dr. Dentor	TX 76210	,
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Richard Hayes		
3/10/20	Contributor address; City;	State; Zip Code	\$ 300.00
	1225 Sycamore Bend Rd. Cree	om TX 75065	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Judy Jones		
3/5/20	Contributor address; City;	State; Zip Code	\$ 500.00
	1824 S. Bonnie Brae Dentor	n TX 76207	y
Principal occupa	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	v i		

SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME James			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
3 5 20	6 Contributor address; City; 1824 S. Bonnie Brae Dento		\$ 200.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
3/11/20	Ricky L. Grunden Sr. Contributor address; City; 9620 Jim Unristan Rd. Kruw	State; Zip Code	\$ 500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		tions)	
Date	Full name of contributor out-of-state PAC Carter and Debi Scagge	(ID#:)	Amount of contribution (\$)
3/15/20		State; Zip Code	\$ 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
3/15/20	Contributor address; City; State; Zip Code		\$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ions)	

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
James	Mann				
4 Date	5 Full name of contributor out-of-state_PAC	; (ID#:)	7 Amount of contribution (\$)		
	Veronica M. Beasley				
3/13/20	6 Contributor address; City;	State: Zip Code	\$ SD.00		
0119120	3808 Montecito Rd. Denton	TV 74005			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
D-4-	Full name of contributor				
Date		(ID#:)	Amount of contribution (\$)		
2100100	Nuring myers		41 0 00		
2/20/20	Nunu Myers Contributor address; City;	State; Zip Code	\$ 200· <u>so</u>		
	9512 Ravenwood Dr. Dento	n TX 76207			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Susan M. Lender				
3/18/20	Susan M. Under Contributor address; City;	State; Zip Code	\$ 25.00		
•	3200 old Orchard Ln. Dentor				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
			A		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Tim Boats				
3/19/20	Contributor address; City;	State; Zip Code	91.00000		
	2459 W. Blackjack Rd. Aubry	TX 76227	a a		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
	. 80				

SCHEDULE A1

1				
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
James v	Mann			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
3/27/20	Philip J. Gallivan Jr. 6 Contributor address; City; State; Zip Code			
	6 Timbergreen Cr. Denton TX 7621	15		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See In	structions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
6/11/20	Tana L. Inge Contributor address; City; State; Zip Code	\$ 200.00		
	1149 Shady Oak Cir. Argyle TX 7622	6		
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
6/24/20	Trepac / Tx Association of Realton Contributor address; City; State; Zip Code Pa. Box 2246 Austin Tx 78768	#4,000		
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)		
Date	Full name of contributor out-of-state PAC (ID#:			
7/4/20	LAF Enterprises, Inc. / Carl Sprack Contributor address; City; State; Zip Code 3701 Syracuse Dr. Denton Tx 7621	\$50.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	structions)		

SCHEDULE E LOANS 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME James Many \$ TOTAL OF UNITEMIZED LOANS Loan Amount (\$) 7 Name of lender out-of-state PAC (ID#:_ Date of loan 1,000.00 118/20 James A. Mann 10 Interest rate Is lender 8 Lender address; State; a financial Institution? 3933 Miramar Dr. Denton Tx 76210 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) life Church New Clerau 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) 💢 none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION State: Zip Code City; 18 Guarantor address; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#: Interest rate State; Zip Code Lender address; City; Is lender a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION State; Zip Code Guarantor address: City; not applicable Employer (See Instructions) Principal Occupation (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor 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) James Mann 4 Date 5 Payee name Jupiter House 1/14/20 State: Zip Code 11.20 106 N. LOCUST Denton TX 76201 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Meeting with Firefighters Food/Beverage Expense OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 1/15/20 chaparral brill City; Amount (\$) Payee address; State; Zip Code 324 E. McKinney St. 102 Denton 76201 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Republican Women's Club Food Beverage Expense 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/OH Payee name Date Mardel Unristian and Education 1/15/20 Amount (\$) Pavee address: City; State: Zip Code 8 9.73 1800 S. Loop 288 Swite 210 Denton TX 76205 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Thank you cards Gift Expense 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/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense P al Committee Legal Services S	Colling Expense Calaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a categ	
4	The Instruction Guide explains h			
1 Total pages Schedule F1:	James Mann		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
1/23/20	Office Depot Officell	Λαχ		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 39.99	2300 San Jacinto Blvd	1. Denton	TX	76205
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description		
PURPOSE OF EXPENDITURE	other	office Su	Applies	
	(c) Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin,	, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/21/20	Thomas Hatfield			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 280.00	2210 Wellington Dr.	Denton	TX	76209
	Category (See Categories listed at the top of this sched	dule) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign l	ogo conup	ors Idelivery
	Check if travel outside of Texas. Complete Sched	lule T. 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
Date	Payee name			1996-1996-1996-1996
1124/20	Walmart			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 20.78	1515 S. Loup 288	Denton	TX	76205
	Category (See Categories listed at the top of this sched	dule) Description		
PURPOSE OF EXPENDITURE	Food Expense	Brisket Con Rubson	okoff Su Ranch	ipplies
	Check if travel outside of Texas. Complete Sched		TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor	Travel Out Of District Other (enter a category	not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics (Commission Filers)
l lotal pages conedate ? !.	James Mann		(20,00	ommission i norsy:
4 Date	5 Payee name			
1/24/20	Dans Meat and Produ			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$172.74	2736 N. Elm St.	Dunton	TX	76201
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Brisket C	00k-0ff	
OF EXPENDITURE	Frod Expense		Ranch	
EXPENDITORE			Kancol	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
1/29/20	Thomas Hattield			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 36000	2210 Wellington Dr.	Denton	TX	76209
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		campaign F		ot,
[⊄] OF	Advertising Expense	campaign F		
EXPENDITURE		logo layor	7.4	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name			
2/13/20	Rudy's Country Store	e and Bar	-B-Q	
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 20.62	520 S. 14-35	Denton	TX	76205
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Pat Smith	Struteg	4
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

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 Salaries/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M	Vages/Contract Labor Other (enter a categor	
Orodic Odiet aymoni	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME James Mann	3 Filer ID (Ethics	Commission Filers)
4 Date 61 /24/200	5 Payee name Walnet		
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
20.57	2750 W UNIVERSITY DR	Denton Tx	76201
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advalled exp.	Mana Por Dend	on T-shry
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/31/2020	James Mann Cro	pogle	
Amount (\$)	Payee address;	City; State;	Zip Code
37.80	1600 Amphitheetre Ph	Cuy Mountain- CA	94043
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adver Using	Description Grouple websit	te
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/17/2020	overlight prints		
Amount (\$)	Payee address; 50	City; State;	Zip Code
74.84	7582 Las vegas Blud#4	to Vegas NU	89123
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adre-Dsing	Business cards	
	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/OH			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) ense Event Expense Loan Repayment/Reimbursement

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Mann		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/20	5 Payee name Herr Business for	ms	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
171.58	1740 Westminister St.	Denton	TX 76205
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1
PURPOSE OF EXPENDITURE	Advertising	Post	cord 2
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/19/2020	El chaparral Gal	l	-
Amount (\$)	Payee address;	City;	State; Zip Code
26.00	324 E. Melinney St	loz Dente	n TX 76281
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food copense	Form	Lunch
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/21/2020	Kroger		
Amount (\$)	Payee address;	City;	State; Zip Code
35.16	1592 8. loop 288	Denton	TX 76205
	Category (See Categories listed at the top of this schedule)	Description	1
PURPOSE OF EXPENDITURE	Food exp.	Sign	event food
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James Mann 4 Date 2/19/20 Walmart 7 Payee address; City; State: Zip Code 3060 Justin Rd. Highland Village \$ 28.49 TX TOOL 75017 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Office Supplies other OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/19/20 Walman City; State; Zip Code Amount (\$) Payee address; Highland Village TX 3060 Justin Rd. 75017 14300 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Stamps Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Pavee name 2/19/20 Herr Business Forms Amount (\$) Payee address; City; State: Zip Code \$ 3119.81 1740 Westminster St. 710205 Denton TX Category (See Categories listed at the top of this schedule) Description letterhead and envelopes **PURPOSE** Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Mann 4 Date 2/21/20 Spec's 7 Payee address; City; Zip Code 1602.41 2315 Colorado RIVd. Denton TX 76205 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Event Expense sign event OF **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/OH Payee name Robson Ranch Pioneer Press 2/24/20 Amount (\$) Payee address; City; Zip Code \$ 345.30 9532 East Riggs Rd. Sun Lakes AZ 85248 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Advertising Rates **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Date 2/26/20 Tractor Supply Co. Amount (\$) Payee address: City; State: Zip Code \$ 9.72 1200 S. LODD 288 Denton 76205 Category (See Categories listed at the top of this schedule) Description PURPOSE Expense Advertising Zip ties for signs OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

oroun our aymon	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1		3 Filer ID (Ethics Commission Filers)
4 Date	James Mann 5 Payee name	
2/26/20 6 Amount (\$)	Tractor Supply Co.	
	7 Payee address;	City; State; Zip Code
\$ 226.68	1200 S. Loop 288	Denton TX 76205
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising expense	T-Posts for signs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
2/29/20	Sidewalk Bistro Sidev	valk cafe
Amount (\$)	Payee address;	City; State; Zip Code
\$ 29.85	2900 Wind River In #130	Denton TX 76210
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food Expense	John Ryan Breakfast
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/6/20	Denton Independent	Hamburger
Amount (\$)	Payee address;	City; State; Zip Code
\$ 25.98	715 Sunset St.	Denton TX 74201
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food Expense	Jerry Reagan Lunch
	Check if travel outside of Texas. Complete Schedule T.	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
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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 complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mann ilames 2129120 1000ale 6 Amount (\$) 7 Payee address; City; Zip Code 1600 Amphitheatre PKWY. Mountain View CA 37.80 (a) Category (See Categories listed at the top of this schedule) (b) Description Invoice for Domain Noune **PURPOSE** Advertising Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Awrin, Thomas, and Associates, Inc. 313/20 Amount (\$) Payee address: City; State; Zip Code 4,365.45 21344 Superior St. Chatsworth (A 91311 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Herr Business Forms 314/20 Amount (\$) Payee address: City; Zip Code \$ 294.44 Westminster St. Denton TX 710205 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Post Cards **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/OH

SCHEDULE F1

1	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Off Food/Beverage Expense Pol e By Gift/Awards/Memorials Expense Prir	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense In District Travel In District Other (enter a category not listed above) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)
1 Total pages Schedule F		
4 Date	Tames Mann 5 Payee name	3 Filer ID (Ethics Commission Filers)
3/5/20	Office Depot Office	MAAX
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 11.90	2300 San Jacinto Blud	·
8	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description
PURPOSE OF EXPENDITURE	Gift expense	Thank you cards
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
3/7/20	The Home Depot	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 8.08	1900 Brinker Rd.	Denton TX 76208
	Category (See Categories listed at the top of this schedule)) Description
PURPOSE OF EXPENDITURE	Advertising Expense	Zipties for signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/6/20		aber of Commerce
Amount (\$)	Payee address;	City; State; Zip Code
\$ 110.00	PO box 51026	Denton TX 76206
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contribution	Fundraiser Dinner
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense / Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Mann 4 Date 3/11/20 Lake City (afe 6 Amount (\$) City; Zip Code \$ 26.62 4451 FM 2181 Corinth 74210 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Reagan Strategy Meeting Food Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 3/12/20 Sweetwater Grill and Tavern Payee address; Amount (\$) State: Zip Code 115 S. Flm St. Denton 76201 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Birdia Johnson Event Beverage Expense 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/OH Date Payee name 6/17/20 Dog Amount (\$) Payee address; City; State: Zip Code 1 845.00 PO Box 76202 enton Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense T-Shirt orders **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/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Salarias/Wares/Contract Labor Solicitation/Fundraising Expense / Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	lages/Contract Labor Other	r (enter a category not listed above)
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Mann	3 Fil	er ID (Ethics Commission Filers)
4 Date	5 Payee name	=	
6/30/20	Groggy Dog		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
422.50	P.O. Box 1411 Dev	iton, TX	76202
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	9		•
OF EXPENDITURE	Event Expense	T-Shirt	order
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, or	fficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		,
6/30/20	Google		
Amount (\$)	Payee address;	City;	State; Zip Code
37.80	1600 Amphitheatre Plan	Mountain Y Vier	CA 94043
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Invaice	G-Suite
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/3/20	Kroger		
Amount (\$)	Payee address;	City;	State; Zip Code
32.43	5021 Teasley Ln	Deuton	TX 76210
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Social R	un Snacks
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	1		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	
*			

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 Giff/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

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:		,	3 Filer ID (Ethics Commission Filers)
	James Mann		
4 Date	5 Payee name	12	12
7/4/20	Buc-ee's		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
#8.57	2800 S IH-35 East		Tx 76210
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	" Patriot
PURPOSE OF	- 110	IND for	r Waters Run"
EXPENDITURE	Food/Beverage expens	LLE IUI	Waters IV
0	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		,
7/4/20	The Dive - Bar and Res	staurant	
Amount (\$)	Payee address;	City;	State; Zip Code
#169.58	3350 Unicarn Lake Blvd	1 Denton	TX 76210
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Food / Bever	race
OF EXPENDITURE	Event Expense		iot Run"
	Check if travel outside of Texas, Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/6/20	U.S. Postal Service		
Amount (\$)	Payee address;	City;	State; Zip Code
\$11.00	101 E. Drokinney St I	Denton	Tx 7620Z
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Α .		
OF EXPENDITURE	Advertising Expense	, Vosta	ge Stamps
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	TOUR DIVISION OF THE	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 Gifl/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	complete this form.
1 Total pages Schedule F1:	James Mann	3 Filer ID (Ethics Commission Filers)
4 Date 6/9/20	5 Payee name Shekinah Arts	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
+162.38	3024 Lake Ridge	Janger Tx 76266
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	T. Shirt design
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/31/20	Google	
Amount (\$)	Payee address;	City; State; Zip Code
\$37.80	1600 Amphitheatre	PKWY VIEW CA 94043
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advortising Expense	March G. Suite
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/30/20	Google	
Amount (\$)	Payee address;	City; State; Zip Code
#37.80	1600 Amphitheatre Hay	Mountain View CA 94043
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Adratisingexpense	April G. Suite
	Check if travel outside of Texas. Complete Schedule T.	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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 Solicitation/Fundraising Expense / Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor	Other (enter a category not listed above)
Great outer aymon	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	James Mann		3 Filer ID (Ethics Commission Filers)
4 Date 5/31/20	5 Payee name	(i)	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
# 37.80	1600 Amphitheatre Pkwy	Mountain View	CA 94043
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Avertising Expense	May G.	Suite
21	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
**			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		20	
OF EXPENDITURE		*	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED