

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

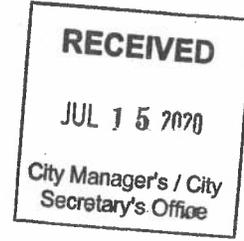
2 Total pages filed: **14**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR **Mr.** FIRST **George** MI **Michael**
NICKNAME LAST SUFFIX
Ferrie **Jr.**

OFFICE USE ONLY

Date Received



4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2932 Stock

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 960.2296

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR **Mr.** FIRST **Patrick** MI **M.**
NICKNAME LAST SUFFIX
McLeod

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1204 Clover Lane Denton TX 76209

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(940) 368.2413

9 REPORT TYPE

- January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (Officeholder Only)
 July 15
 8th day before election
 Exceeded Modified Reporting Limit
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
01 / 01 / 2020 THROUGH **06 / 30 / 2020**

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description
11 / 03 / 2020 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Denton City Council
District 1**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME George Ferrie 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

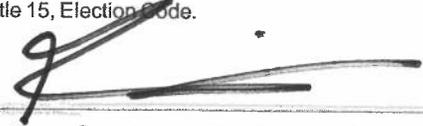
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

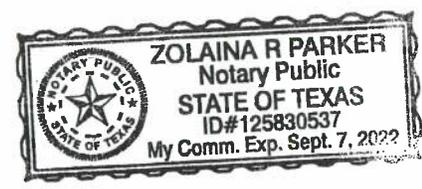
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,177 ⁻
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,544.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,714.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

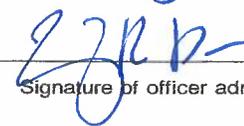
18 AFFIDAVIT

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.


Signature of Candidate or Officeholder


AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said George Michael Ferrie Jr. this the 15th day of July, 20 22, to certify which, witness my hand and seal of office.

 Signature of officer administering oath
Zolaina R. Parker Printed name of officer administering oath
Deputy City Sec. Alotay Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,177
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,544.91
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME George Ferrie		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Grace	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 9242 Seaway Dr. Dallas, TX 75217		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/13/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anjelita Cadena	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 111 E. University Dr. Denton, TX 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennan Davis	Amount of contribution (\$) \$20
Contributor address; City; State; Zip Code 635 E. Corporate Drive Lewisville, TX 75057		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber Briggle	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 529 Malone St. Denton TX 76201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME **George Ferrie**

3 Filer ID (Ethics Commission Filers)

4 Date **02/13/20**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Robert Linder
 6 Contributor address; City; State; Zip Code
1428 Shady Lane Bedford TX 76021

7 Amount of contribution (\$)
\$ 115

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **02/14/20**
 Full name of contributor out-of-state PAC (ID#: _____)
Jennifer Mawk
 Contributor address; City; State; Zip Code
2 Barclay Lane Caseyville IL 62232

Amount of contribution (\$)
\$ 100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **02/13/20**
 Full name of contributor out-of-state PAC (ID#: _____)
Billy Poer
 Contributor address; City; State; Zip Code
1114 Frame St. Denton TX 76209

Amount of contribution (\$)
\$ 10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **02/13/20**
 Full name of contributor out-of-state PAC (ID#: _____)
Rebeca Perfecto
 Contributor address; City; State; Zip Code
1801 Dunder Drive Corinth TX 76210

Amount of contribution (\$)
\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

George Ferrie

3 Filer ID (Ethics Commission Filers)

4 Date

02/13/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Nina Chantapumma

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

166 E. Hickory Street Denton TX 76205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/14/20

Full name of contributor out-of-state PAC (ID#: _____)

Keri Carothers

Amount of contribution (\$)

\$100-

Contributor address; City; State; Zip Code

2101 Savannah Trail Denton, TX 76205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/20

Full name of contributor out-of-state PAC (ID#: _____)

Joni Bryan

Amount of contribution (\$)

25-

Contributor address; City; State; Zip Code

920 W. Congress St. Denton, TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/17/20

Full name of contributor out-of-state PAC (ID#: _____)

James Bourland

Amount of contribution (\$)

25-

Contributor address; City; State; Zip Code

34-44 43rd St. Long Island City, NY 11101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

George Ferrie

3 Filer ID (Ethics Commission Filers)

4 Date

02/18/20

5 Full name of contributor

Lindsey Hall

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

725 Rio Valle Court El Paso, TX 79932

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/19/20

Full name of contributor

Brandt Richey

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

920 N. Austin St. Denton, TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/20

Full name of contributor

Stephanie Seman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

158 Maegan Place, Thousand Oaks, CA 91320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/20

Full name of contributor

Walter Padilla

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

9484 Palmer Lane Ponder, TX 76259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME George Ferris		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Bates	7 Amount of contribution (\$) \$10-
6 Contributor address; City; State; Zip Code 9900 Angel Bend Denton TX 76208		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/08/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Hoehnig	Amount of contribution (\$) \$20
Contributor address; City; State; Zip Code 2715 Nottingham Drive, Denton, TX 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erica James	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1408 Rustic Timbers Lane FlowerMound, TX 75028		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton Hardy	Amount of contribution (\$) \$276
Contributor address; City; State; Zip Code Volterra Way Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **George Ferriz**

3 Filer ID (Ethics Commission Filers)

4 Date **03/07/20**

5 Full name of contributor out-of-state PAC (ID#: _____)
Cody Lucas

7 Amount of contribution (\$) **\$40**

6 Contributor address; City; State; Zip Code
3515 W. Argyle St. Denton, TX 76225

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **03/08/20**

Full name of contributor out-of-state PAC (ID#: _____)
Jennifer Fukuto

Amount of contribution (\$) **\$51**

Contributor address; City; State; Zip Code
3925 Saint Christopher Lane. Dallas, TX 75287

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **03/08/20**

Full name of contributor out-of-state PAC (ID#: _____)
Wyljanna Cole

Amount of contribution (\$) **\$40**

Contributor address; City; State; Zip Code
1201 N. Austin St. Denton TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **03/09/20**

Full name of contributor out-of-state PAC (ID#: _____)
Linda Holshouser

Amount of contribution (\$) **\$20**

Contributor address; City; State; Zip Code
2400 Stockbridge Rd. Denton, TX 76208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME

George Ferriz

3 Filer ID (Ethics Commission Filers)

4 Date

04/01/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Meghan Kajihara

7 Amount of contribution (\$)

\$10

6 Contributor address; City; State; Zip Code

601 Bolivar St. Denton, TX 76201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/01/20

Full name of contributor out-of-state PAC (ID#: _____)

Kyrstin Melberg

Amount of contribution (\$)

\$25-

Contributor address; City; State; Zip Code

119 Owens Lane Denton, TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/20

Full name of contributor out-of-state PAC (ID#: _____)

Sue Young

Amount of contribution (\$)

\$500-

Contributor address; City; State; Zip Code

913 Brittany Drive Denton, TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/22/20

Full name of contributor out-of-state PAC (ID#: _____)

Tod King

Amount of contribution (\$)

50-

Contributor address; City; State; Zip Code

2222 Houston Pl. Denton, TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME **George Ferriz**

3 Filer ID (Ethics Commission Filers)

4 Date **05/29/20**

5 Full name of contributor out-of-state PAC (ID#: _____)
Matilda Roach

7 Amount of contribution (\$) **\$205**

6 Contributor address; City; State; Zip Code
1821 Emery St. Denton, TX 76201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **06/23/20**

Full name of contributor out-of-state PAC (ID#: _____)
Jodi Ismert

Amount of contribution (\$) **\$50**

Contributor address; City; State; Zip Code
1 Denton TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 George Ferrie	3 Filer ID (Ethics Commission Filers)
4 Date 01/21/20	5 Payee name Squarespace	
6 Amount (\$) \$ 39⁻	7 Payee address; City; State; Zip Code 8 Clarkson St. New York City, NY	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website Domain	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/13/20	Payee name Pint Services		
Amount (\$) 350⁻	Payee address; City; State; Zip Code 5501 Fishtrap Rd. #441 Denton, TX 76208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) T-shirts / Koozies / ^{Campaign} Sundry	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/19/20	Payee name T.D.P.		
Amount (\$) 235⁻	Payee address; City; State; Zip Code 314 E. Highland Mall Blvd. #508 Austin, TX 78752		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Voter Access Network	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 George Ferrie	3 Filer ID (Ethics Commission Filers)
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4 Date 03/05/20	5 Payee name Stripe
------------------------	----------------------------

6 Amount (\$) 153-	7 Payee address; City; State; Zip Code San Francisco, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Card Readers, Equipment	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/09/20	Payee name Clara's Kitchen
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Amount (\$) 410⁹⁹-	Payee address; City; State; Zip Code 511 Robertson St. Denton, TX 76205
--------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Kick-off Food	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/09/20	Payee name Orbit Press
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Amount (\$) 236.92	Payee address; City; State; Zip Code 1811 N. Elm St. Denton, TX 76201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	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.

1 Total pages Schedule F1:	2 FILER NAME George Ferris	3 Filer ID (Ethics Commission Filers)
4 Date 05/22/20	5 Payee name UPS Store	
6 Amount (\$) \$120⁻	7 Payee address; City; State; Zip Code 111 E. University Dr. #105 Denton, TX 76209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) P.O. Box	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED