		CEHOLDER CEREPORT		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: 52
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS	Alison	MI	OFFICE USE ONLY
	NICKNAME	Maguire	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2208 Mira		orry; STATE; ZIP CODE	APR - 1 2021 City Manager's / City
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Secretary's Office
OFFICEHOLDER PHONE	(940)	268-428		Electronic
6 CAMPAIGN TREASURER	MS / MRS / MR	Sandy	MI	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		Swan		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT/S	unes: city; Denton	STATE; ZIP CODE TX 76209
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(940)	206 - 9215	EXTENSION	
9 REPORT TYPE	January 15	30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 1 / 2021	Month	/22/202\
11 ELECTION	Month Day 5 / \	Year Primary	Runoff Other Description	
12 OFFICE	OFFICE HELD (If any	V/A	13 OFFICE SOUGHT (11 known	ouncil District 4
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFF)	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES ME MAY HAVE BEEN MADE WITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
		GO ТО	PAGE 2	

A marie of themp	lison Maguire 16	Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø
014,010	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$10,920
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s Ø
± 2000	4. TOTAL POLITICAL EXPENDITURES	\$ 4,339.84
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	\$8,422.95
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$2,000
	Please complete either option below:	ESTAL N.S.ASOSHOO []
NOTARY STAMP/SEA		day of
Sworn to and subscribed	before me by this the which, witness my hand and seal of office.	day of
NOTARY STAMP/SEA	before me by this the y which, witness my hand and seal of office.	
NOTARY STAMP/SEA	which, witness my hand and seal of office. Printed name of officer administering oath OR	Title of officer administering oat
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	this the	Title of officer administering oat $2/7/1987$

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Alison Maguire 20 Filer ID (Ethics Com	nmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$10,470
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$450
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	5 Ø
4.	SCHEDULE E: LOANS	\$2,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,047.05
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	sØ
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$292.79
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	sØ
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø

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40
ges Schedule A1: 37
(Ethics Commission Filers)
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Filer ID (Ethics Commission Filers) Amount of contribution (\$) Amount of contribution (\$)
Amount of contribution (\$) \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$ Amount of contribution (\$)
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Amount of contribution (\$)

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The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	27/44	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Dut-of-state PAC (IDN:) Jennifer Davis-Anderson 6 Contributor address; City; State; Zip Code 2604 Pinto Dr. Denton, TX 76210		7 Amount of contribution (\$)	
	nome parent	9 Employer (See Instruct "My Child	ions) (en"
Date 1/14/21	Full name of contributor out-of-state P Amy Galley Contributor address; City; 2740 Alamosa Gr. Green	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct Western Wu	soming CC
Date 1/14/21	Full name of contributor cut-of-state F Rich Ruelle Contributor address; City; 702 W. Cully Dr. Orange	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Brewery X	tions)
Date 1/14/21	Full name of contributor out-of-state of Derek Miller Contributor address; City; 44 W. Bailey Rd. Naperu	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Naperville C	.U5D #203
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	IEEDED
	ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see In:		

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The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Magaire	3720,00	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (IDS:) Megan Barnes 6 Contributor address; City; State; Zip Code 5501 Mysfic Ct. Columbia, MD 21044		7 Amount of contribution (\$)
	home mother	9 Employer (See Instructi	ions)
		C (ID#;)	Amount of contribution (\$)
1/15/21	Sandy Swan contributor address; City; 1413 Cambridge Ln. Dent		#300
	pation / Job title (See Instructions) Work	Employer (See Instruction Interfaith	
	Full name of contributor out-of-state PAG Kateri Lavacek Contributor address; City; 2316 E. Windsor Or. Denton	State; Zip Code	Amount of contribution (\$)
1	upation / Job title (See Instructions)	Employer (See Instruction Student	ions)
	Full name of contributor Out-of-state PAC Sordan Villacreal Contributor address; City; 5500 Del Roy Dr. Denton	State; Zip Code , TX 76206	Amount of contribution (\$)
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruction	Denton
ANCE OF COLUMN AND ADDRESS OF THE SECOND ASSESSMENT AS			

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	2 FILER NAME Alison Maguire		3 Filer ID (Ethics Commission Filers)
4 Date 65 65	· Quarie Carrie		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9-fudent	9 Employer (See Instruct 6+uden+	ions)
Date	Full name of contributor out-of-state PAC Faith Socall Contributor address; City; 811 Hillcrest St. Oenton		Amount of contribution (\$)
	pation / Job title (See Instructions)	Spiral Dine	
Date	Full name of contributor cut-of-state PAC Rachal Moran contributor address; City; 525 Mimosa Dr. Denton,	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date (/15/21	Full name of contributor out-of-state PAC Suzanne Enck Contributor address; City; 916 Tallahassee Dr. Denton,	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru		

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 37
2 FILER NAME Alt	son Maguire	37749	3 Filer ID (Ethics Commission Filers)
	6 Contributor address; City; State; Zip Code 1928 Parkside Dr. Denton, TX 76201		7 Amount of contribution (\$)
	pation / Job title (See Instructions) ASSOCIATE	9 Employer (See Instruct Denton Prese	cription Shop
Date	Full name of contributor aut-of-state PA Scott Taylor City; 786 Sefferson Ave. Brook	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions) are Engineer	The New Yor	k Times Co.
Date	Full name of contributor out-of-state PA Adam Miller Contributor address; City; 4231 N. Sawyer Ave. Chica	State; Zip Code	Amount of contribution (\$)
	cher	Employer (See Instruct District	
Date	Full name of contributor out-of-state PA Societyn Dorfman Contributor address; City; 5225 Connecticut Ave NW#	State; Zip Code	Amount of contribution (\$)
	petion / Job title (See Instructions) +ions Manager	Employer (See Instruct Adas Isra	
I			

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The	e instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	-35%	3 Filer ID (Ethics Commission Filers)
4 Date 1/23/21	5 Full name of contributor, out-of-state PA Nancy Cook 6 Contributor address; City; 128 Creek Rdg. Waco	State: Zin Code	7 Amount of contribution (\$)
A	upation / Job title (See Instructions)	9 Employer (See Instruct Retired	lions)
Date = = = 1/24/21	Full name of contributor aut-of-state PA Pamela Paul Contributor address; City; 35 Highview Cir. Dente	State; Zip Code TX 76205	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Nan Bateman Contributor address: City;	State; Zip Code A, IL 60544	Amount of contribution (\$)
Principal occu Reti	pation / Job title (See Instructions)	Employer (See Instruction Retired	ions)
Date	Full name of contributor out-of-state PA 5 unnie Palmer Contributor address; City; 8509 Seven Oaks Ln. Denta		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction Joseph F. Zee	ions) 211mer PC

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: 37 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 5 Full name of contributor aut-of-state PAC (ID# 55 Nottinaham Dr. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) UNTFull name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Wellington, CO 80549 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired out-of-state PAC (ID#:_ Amount of contribution (\$) South Hadley, MA 01075 Employer (See Instructions) Principal occupation / Job title (See Instructions) DDS Massachusetts Care Direct out-of-state PAC (ID# Amount of contribution (\$) 1/28/21 Contributor address; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) HEBISO Music Teacher ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	574	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Susan Bunn 6 Contributor address; City; llb Mine Rd. Bristol,	State; Zip Code	7 Amount of contribution (\$) \$\\$\\$\\$\\$\00
	palion / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor Out-of-state PAC		Amount of contribution (\$)
1/28/21	Charles Bunn contributor address; City; 116 Mine Rd. Bristol,	State; Zip Code CT 06010	4200
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 1/31/21	Full name of contributor Gul-of-state PAC Anna Clark Contributor address; City; 4204 Hialeah Dr. Denton,	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions) which technician	Employer (See Instruct Rx Smile Or	
Date /31/2 \	Full name of contributor out-of-state PACE Don Taylor Contributor address; City; 3225 Turtle Creek Dallas,	State; Zip Code TX 75219	Amount of contribution (\$)
-	pation / Job title (See Instructions)	Employer (See Instruct University	G North Texas

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The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	37 i.u/4v	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Tordan Villacreal 6 Contributor address; City; 5500 Del Rey Dr. Devrton,	State; Zip Code	7 Amount of contribution (\$)
	supation / Job title (See Instructions) Anage On Manage On Mana	9 Employer (See Instruct Alison Cor	
2/1/2 1	Full name of contributor out-of-state PAC Sharon Kremer Contributor address; City; 3574 Pine Trl. Denton	State; Zip Code	Amount of contribution (\$)
Principal occu Reti	upation / Job title (See Instructions)	Employer (See Instruct Retired	tions)
2/1/21	Full name of contributor out-of-state PAC Diana Navill 5 City; 2056 W. 21 15 5t. Chicago	State; Zip Code	Amount of contribution (\$)
	upation / Job title (See Instructions)	Employer (See Instruct	tions)
2/1/21	Full name of contributor out-of-state PAC Diana Leggett Contributor address; City; 1019 Aileen St. Denton,	State; Zip Code	Amount of contribution (\$)
Principal occu Parale	upation / Job title (See Instructions)	Employer (See Instruct Ourand + As	sociates

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		1 Total pages Cabadule 51
The Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1: 37
2 FILER NAME Alison Maguire	Stagasl	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state of Hildegard Froehlich for City; 1101 Vista Verde Dente	Rainbow State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instruc	tions)
Parker Sams 2/2/21 Contributor address; City; 2216 W. Hickory#4 Den-	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Communications Specialist	Employer (See Instruc	rices & North Texas
Date Full name of contributor out-of-state Anjelica Fraga Contributor address; City; 1201 Paco Trl. Dento		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Admini 6 trative	Texas Woma	am's University
Date Full name of contributor out-of-state I Mateo Granado S Contributor address; City;	State; Zip Code	Amount of contribution (\$)
1201 Paco Trl. Denton	, TX 76209	

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The Instruction Guide explain	s how to complete this	s form.	1 Total pages Schedule A1: 37
2 FILER NAME Alison Ma	guire	-97WA	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Elizabeth 2/2/2\ 6 Contributor address; 3692 Harvard 1	Rooneus	State; Zip Code TX 76210	7 Amount of contribution (\$) \$\$\\$ 35\$
8 Principal occupation / Job title (See Instrue Agent	ctions)	9 Employer (See Instruct Gary Les lie 1	ions) Ensurance Agency
Pull name of contributor Melanie S 2/4/21 Contributor address; 14402 W. Bellf St. Apt. 21	tapleton city:	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instruc		Employer (See Instruct Houston	
Date Full name of contributor Sessica 2/4/21 Contributor address; 1550 W. Pine 51. # 508	Veverka city:	State; Zip Code WI 53913	Amount of contribution (\$)
Principal occupation / Job title (See Instruction Administrative Assistance)		Down-town Fam	ily Dental of Bacaboo
Date Full name of contributor Donna Ew 2/4/21 Contributor address; 2225 N. Lake Ti	manuel city:	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instruc	tions)	Employer (See Instruct	dons)

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 37
2 FILER NAME Alison Magnire	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor cut-of-state PAC (IDS: 2/4/21 6 Contributor address; City: State; Zip Code 2816 Hollow Ridge Dr. Denton, TX 76210	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Pros PM	uctions)
Date Full name of contributor Angela Brewer 2/4/21 Contributor address; 624 W. University Denton, TX 76201	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru Adjunct Processor UNT	actions)
Pate Full name of contributor Gut-of-state PAC (IDS: Richard Balsam 2/5/21 Contributor address; City: State: Zip Code 47 Shaffield Ln. Bristol, CT 06010	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru Graphic Designer Balsam	
Date Full name of contributor out-of-state PAC (IDF:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru Librarian Town of Ca	

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	1	3 Filer ID (Ethics Commission Filers)
4 Date 3	5 Full name of contributor cul-of-state PAC Cheri Kennedy 6 Contributor address; City; 10404 Murray 5. Johnson St. Denton upation / Job title (See Instructions)	State; Zip Code , TX 76207	# 25
8 Principal occu	upation / Job title (See Instructions) exced	9 Employer (See Instruct Retired	ions)
Date 2/6/2\	Full name of contributor out-of-state PAG Click Anderson Contributor address; City; 1504 Azalea Oc. Cedar Pag	State: Zip Code	Amount of contribution (\$)
Principal occu	Re-lired	Employer (See Instruct	ions)
2/1/21	Full name of contributor out-of-state PAG Sames Owen Contributor address; City; 2007 Teasley Ln. Aot. 109 Devrton	State; Zip Code , TX 76205	Amount of contribution (\$)
	operator Operator	NTM C	tions)
2/8/2\	Full name of contributor out-of-state PACE State PACE Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	dons)

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	Shiyon	3 Filer ID (Ethics Commission Filers)
4 Date 2/9/21	5 Full name of contributor out-of-state PAC SCOTT HUBER 6 Contributor address; City; 681 Ehrhorn Ave. Mountain Vis	State; Zip Code 2W,CA 94041	7 Amount of contribution (\$)
A .	pation / Job title (See Instructions) Ore developer	9 Employer (See Instruct Frequence	
Date 2/9/21	Full name of contributor out-of-state PAC Karen Hoover Contributor address; city; 77 Country Hill West Brattl		Amount of contribution (\$) \$25
	sation / Jpb title (See Instructions)	Employer (See Instruct	ions)
2/9/21	Full name of contributor Out-of-state PAC Cat Basciano City; 1256 East 13th St. Brooklyn		Amount of contribution (\$)
	cation / Job title (See Instructions)	Employer (See Instruct Massage	
2/9/21	Full name of contributor out-of-state PAC Alan Sattler Contributor address; City; 3680 Sentry Rd. Lancaster	State: Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)		ions)

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al pages Schedule A1: 37 If ID (Ethics Commission Filers) Count of contribution (\$)
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MONETARY POLITICAL CONTRIBUTIONS OF TARIFFUL A1

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The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Magaire		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/21	5 Full name of contributor Quit-of-state P) Pat Cheek 6 Contributor address; City; 1220 Tulane Dr. Denton	State; Zip Code	7 Amount of contribution (\$)
^	upation / Job title (See Instructions) Hired	9 Employer (See Instruct Retire	
Date 2/12/21	Full name of contributor out-of-state Pr Susan Schleuter Contributor address; City; 12513 Soapstone Dr. Denton	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions) Peticed	Employer (See Instruct	
Date 2/13/21	Full name of contributor out-of-state Pl Cathy Snyder contributor address; City; 2005 Pembrooke Pl. Dentor	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions) retired	Employer (See Instruct	
Date 2/14/21	Jennifer Lane	State; Zip Code 1, TX 76205	Amount of contribution (\$)
	pation / Job title (See Instructions)	University of	

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The	e Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	- STimpoh	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/21	5 Full name of contributor Out-of-state PA Matthew Bufis 6 Contributor address; City; 1818 E. Boulder Dr. Mount Pros	State; Zip Code	7 Amount of contribution (\$)
	upation / Job title (See Instructions) Teacher	9 Employer (See Instruct Evanston Twp.	ions) HS Dist. 202
Date (2) = 2/14/21	Full name of contributor Quit-of-state FA Ed Soph Contributor address; City; 1620 Victoria Dr. Denton	State; Zip Code , TX 76209	Amount of contribution (\$)
	ipation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 2/15/21	Full name of contributor out-of-state PA Tod King Contributor address; city; 2222 Houston Pl. Denton	State; Zip Code v, TX 76201	Amount of contribution (\$)
2.3	upation / Job title (See Instructions)	Employer (See Instruct	Laboratories
Date 2/19/21	Full name of contributor out-of-siste PA Megan Macfarlane Contributor address; City; 7 Adams St. Millis,	State; Zip Code MA 02054	Amount of contribution (\$)
Principal occu	plation / Job title (See Instructions)	Employer (See Instruct UNEMPIO	tions)

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Magaire		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Lucas Holl 6 Contributor address; City; 815 Crestoak Pl. Denton,	State; Zip Code	7 Amount of contribution (\$)
	ipation / Job title (See Instructions)	9 Employer (See Instruct Millina 4	Larson, PC
Date 2/20/21	Full name of contributor out-of-state PAC William Barnhill contributor address; City; 3329 Hummingbird Ln. Dev	State; Zip Code nHon, TX 76209	Amount of contribution (\$)
	pation / Job title (See Instructions) Apist	Employer (See Instruct Alpha Hu	spnosis
2/20/21	Full name of contributor Out-of-state PAC Elizabeth Parker Contributor address; City; 8127 Cedar Rd. Elkin SPac	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct Temple U	
Date 2/22/21	Margene Pappas	State; Zip Code , AZ 85718	
Principal occup	pation / Job title (See Instructions) etised	Employer (See Instruct	

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	Dayso.	3 Filer ID (Ethics Commission Filers)
4 Date 2/22/21	5 Full name of contributor out-of-state PAC Gloria Mathewson 6 Contributor address; City; 2203 Wyld Dr. Urbana	State; Zip Code	# 200
	eticed	9 Employer (See Instruct	
2/24/21	Nan Virginia Bate Contributor paddress; City; 15230 St. #201 Plainfiel		Amount of contribution (\$)
	pation / Job title (See Instructions) e+ired	Employer (See Instruct	
Date 2/24/21	Full name of contributor out-of-state PAC Bonnie Friedman Contributor address; city;	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Write(Employer (See Instruct Self Em	
2/26/21	Brett Kellerstedt contributor address; city; 8304 Sonnet Dr. McKinneu	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	PACCAR	dons)

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MONETARY POLITICAL CONTRIBUTIONS OF JACITUS SCHEDULE A1

If the requested information is not applicable. DO NOT include this page in the report.

in the requested information is that applicable, DO NOT III	refude this page in the	report seeman casasas sur a
The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 37
2 FILER NAME Alison Maguire	STAGO	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC Terri Sundberg 2/26/21 6 Contributor address; City; 1813 Vintage Dr. Corinth,	State; Zip Code	7 Amount of contribution (\$) \$\\$\\$\\$25
8 Principal occupation / Job title (See Instructions) Professor	9 Employer (See Instruct	ions)
Date Full name of contributor Elizabeth Dierdor. Contributor address: City; Contributor Address: City;	State; Zip Code ,TX 76210	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Retired	Refired	ions)
Date Full name of contributor Amy Toomim Long-M 2/27/21 Contributor address; 2220 Crest-meadow St. Denti	lanue\ State; Zip Code	Amount of contribution (\$) #25
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructi Retire	
2/27/21 Evan Stone contributor address; City;	State; Zip Code TX 76201	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Software Engineer	Aquapoly I	ions) innovations LLC

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Magaire	Since	3 Filer ID (Ethics Commission Filers)
4 Date 2/27/21	5 Full name of contributor out-of-state PAC Christie A. Wood 6 Contributor address; City: 1020 Cort St. Denton,	State; Zip Code TX 76201	7 Amount of contribution (\$)
8 Principal occu Stair	ned glass artist	9 Employer (See Instruction Se/F-em	ployed
Date 2/21/21	Full name of contributor out-of-state PAC Christine Carrino (Contributor address; City; 303 Spalding Rd. Wilmington	State: Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions) W.Strator	Employer (See Instruction University	of Delaware
Date	Full name of contributor out-of-state PAG Sarah Merriweather contributor address; city; 1809 Crow St. Deuton,	State; Zip Code TX 76201	Amount of contribution (\$)
Principal occu Teac	pation / Job title (See Instructions)	Denton	
Date 3/4/2\	Bonnie Moore	State: Zip Code CLUD, TX 76262	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Self-em	

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If the requested information is not applicable, DO NOT include this page in the report.

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Magaire		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/21	5 Full name of contributor out-of-state PAC Phyllis Wolper 6 Contributor address; City: 1012 Bull Run Dewton	*****	# 50
_	upation / Job title (See Instructions)	9 Employer (See Instruct Self-emplo	
Date	Charles Ways	C (ID#:)	Amount of contribution (\$)
3/4/21	contributor address; city; 8408 Sterling Or. Denton	State; Zip Code , TX 76207	\$ 500
	pation / Job title (See Instructions)	Employer (See Instruct	
3/5/21	Full name of contributor out-of-state PAC Janie Cindric contributor address; City; 9813 Edmondson Dr. Denton	State; Zip Code	Amount of contribution (\$)
0	upation / Job title (See Instructions)	Employer (See Instruct Retired	
3/5/21	Full name of contributor out-of-state PAC TOM Cindric Contributor address; City; 9813 Edmondson Dr. Dento	State; Zip Code 7, TX 76207	Amount of contribution (\$)
Principal occu	Retired		dions)

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ii tiio toquo	no internation to the appropries		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	3714,00	3 Filer ID (Ethics Commission Filers)
4 Date 3 /5/21	Pate 5 Full name of contributor out-of-state PAC (IDF:) Roman and Lisa McAllen		# 50
8 Principal occu Historic	preservation dicer	9 Employer (See Instruction City of	
Date 3/5/21	Parker Sams contributor address; city; 2216 W. Hickory 54.#4 Dentor		Amount of contribution (\$)
	pation / Job title (See Instructions) Cations Specialist	Employer (See Instruction Health Service	tions) of North Texas
3/5/2\	Full name of contributor Out-of-state PAC Barbara Rodman Contributor address; City; 2102 Azalea Denton	State; Zip Code	Amount of contribution (\$)
Principal occu Reti	pation / Job title (See Instructions)	Employer (See Instruc Retired	ctions)
3/5/21	Full name of contributor Out-of-state PAC Nicholas Reimherr Contributor address; City; 3001 Crockett St. Fort Worth Apt. 1336		Amount of contribution (\$)
Principal occu	pation / Job title (See instructions)	Employer (See Instructional Lockheed	Martin

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 37
2 FILER NAME Alison Maguire	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (IDN:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Retired Retire	
Date Full name of contributor out-of-state PAC (IDE:) Hildegard Rainbow 3/5/21 Contributor address; City; State; Zip Code 1101 Vista Verde St. Denton, TX 76210	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Retifed Employer (See Instructions) Fetted	tions)
Date Full name of contributor gout-of-state PAC (ID#:) Emily Meisner 3/5/21 Contributor address; City; State; Zip Code 1700 Cordero Ct. Denton, TX 76210	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Primary Administrator Denton-County Dem	· · · · · · · · · · · · · · · · · · ·
Date Full name of contributor [] out-of-state PAC (DS:) Kathleen Stiles Contributor address; City; State; Zip Code 2160 Savannah Trl. Denton, TX 76205	Amount of contribution (\$) \$\\$5\$
Principal occupation / Job title (See Instructions) Retired Retired	tions)

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If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to co	omplete this form. 1 Total pages Schedule A1: 37
2 FILER NAME Alison Magui	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Marisa Abbe 3/5/21 6 Contributor address; 2109 Westview Trl. [city: State; Zip Code \$50 Devton, TX 76207
8 Principal occupation / Job title (See Instructions) Manager	9 Employer (See Instructions) Children's Health
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
S/6/21 Full name of contributor Do Elinor Lichter Contributor address; 1713 Crescent St. D	City; State; Zip Code
Principal occupation / Job title (See Instructions) Processor	University of North Texas
Jonny Ramse	State: Zin Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions) Retired
ATTACHARDITION	L COPIES OF THIS SCHEDULE AS NEEDED

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME Alison Maguire	STURAN	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state Oarhyl Ramsey 3/6/21 6 Contributor address; City; 2500 Potomac Pkwy Den-	State; Zip Code Hon, TX 76210	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Reticed	9 Employer (See Instruct Retired	tions)
Phyllis Minton Contributor address; City; 2005 Burning Tree Ln. Dent	State: Zip Code Fon, TX 76209	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Reticed	Retired	tions)
Oate Full name of contributor out-of-state Christopher Lope Contributor address; City: 4201 Phoenix Dr. Carrol	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Judge	Denton	County
Date Full name of contributor Danja Franklin Contributor address; City: 3505 St Johns Dr. Den-	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Programmer	Employer (See Instruct University o	A 11
ATTACH ADDITIONAL CODE	ES OF THIS SCHEDULE AS N	

MONETARY POLITICAL CONTRIBUTIONS OF ACCHEDILE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Maquire 5 Full name of contributor 7 Amount of contribution (\$) Warren Henry 6 Contributor address; 1405 Tulane Dr. Denton, TX 76201 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Professor UNT Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 1813 Illinois St. NE Albuquerque, NM 87110 Principal occupation / Job title (See Instructions) ASSISTANT Professor 3/11/21 1504 Mission Hills Ln. Corinth, TX 76210 Employer (See Instructions) Principal occupation / Job fitle (See Instructions) First American Payment Proposal writer Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) self-employed Consultant ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 37
2 FILER NAME Alison Maguire	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (IDS:) Heather Seal-Breslin 3/12/21 6 Contributor address; City; State; Zip Code 5604 Lighthouse Dr. Flower Mound, TX 75022	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) None	ctions)
Date Full name of contributor Gerry Veeder 3/12/21 Contributor address; City; State; Zip Code	Amount of contribution (\$)
3/12/21 Contributor address; City; State; Zip Code 1721 Wisteria St. Denton, TX 76205	\$100
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired	zions)
Date Full name of contributor out-of-state PAC (IDIE) Walter Padilla 3/12/21 Contributor address; City; State; Zip Code 9484 Palmer Ln. Ponder, TX 76259	Amount of contribution (\$) # 25
Principal occupation / Job title (See Instructions) Employer (See Instruc	f Texas at Dallas
Date Full name of contributor out-of-state PAC (IDE:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) ESD Instructor Denton Is	

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MONETARY POLITICAL CONTRIBUTIONS OF LACTURE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire		3 Filer ID (Ethics Commission Filers)
3/12/21	5 Full name of contributor out-of-state PAC Shane Warren 6 Contributor address; City; 1118 W. Collins St Denton Apt. 8	shood	7 Amount of contribution (\$)
The state of the s	pation'/ Job title (See Instructions) uden+	9 Employer (See Instruction Studential	
3/12/21	Full name of contributor out-of-state PAC Elizabeth Dierdors City: 300 W. Ryan Rd. Denton	State; Zip Code	Amount of contribution (\$)
^	nation / Job title (See Instructions)	Employer (See Instructi Retired	
3/12/21	Full name of contributor out-of-state PACE Will Fisher Contributor address; City; 1917 Winding Creek Blud. Flower	State; Zîp Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instructi Fisher L	egal, LLC
3/12/21	Full name of contributor out-of-state PAC Ashleigh Miller Contributor address; City; 18880 Marsh Ln. Dallas	State; Zip Code TX 75287	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) SUPERVISOR	Employer (See Instruction Dura Ser V	ons)
	ATTACH ADDITIONAL CODIES	DE TUIS SCUEDAN E AS AN	EEDED.

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	97032	3 Filer ID (Ethics Commission Filers)
4 Date 3/3/21	5 Full name of contributor out-of-state PAC Joanne Nicolle 6 Contributor address; City; 1206 Thomas St Denton,	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu Reti	pation / Job title (See Instructions)	9 Employer (See Instruct Retired	ions)
3/13/21	Full name of contributor out-of-state PAC Ramón García Contributor address; City: 1011 Crescent St. Denton		Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct Studev	ions) 1+
Date 3/13/2\	Full name of contributor out-of-state PAC Elizabeth Olson contributor address; city; 2105 OliveretaDr. Little E	State: Zip Code Im, TX 75068	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) walty Programs Manager	Employer (See Instruct American	Heart Association
Date 3/13/21	Mary Ellen Leconte	State; Zip Code 50, 29650	Amount of contribution (\$)
	nred	Employer (See Instruct Retired	

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 37
2 FILER NAME Alison Maguire	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (IDB:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired	ions)
Pate Full name of contributor [] out-of-state PAC (10#:) Rebecca Davila 3/13/21 contributor address; City: State; Zip Code 210 Springway Higland Village, TX 75077	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Tetifed Tetifed	
Date Full name of contributor [] out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Professor University	of North Texas
Date Full name of contributor aut-of-state PAC (ID#:) Laura Dromgoole Contributor address; City; State; Zip Code 5508 Woodland Hills Dr. Denton, TX 76208	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Scientist Entegris	

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•	••		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 37
2 FILER NAME	2 FILER NAME Alison Magaire		3 Filer ID (Ethics Commission Filers)
3/15/21			5 75
	ripation / Job title (See Instructions)	9 Employer (See Instruction Refired	
3/16/21	Full name of contributor out-of-state PAC Nancy Baier City; 2006 Postwood Ct. Corinth,		Amount of contribution (\$) \$\$\\$\\$25\$
Principal occup Ret	pation / Job title (See Instructions)	Employer (See Instruction Retired	
3/16/21	Full name of contributor out-of-state PAG Springer Contributor address; City; 609 Lafayette Dr. Dentor		Amount of contribution (\$) \$\pm 50\$
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Howe + Spo	
3/17/21	Full name of contributor out-of-state PACE Megan Bassett Contributor address; City; 7 Adams St. Millis,	C (ID#:) State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruction un employer	

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

If the requested information is not applicable. DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	Magaire	3 Filer ID (Ethics Commission Filers)
4 Date 3/17/21	5 Full name of contributor Out-of-state PAC Kasey Francis - Eus 6 Contributor address; City; 1601 Meadow Oak Denton	State; Zip Code	7 Amount of contribution (\$)
	business owner	9 Employer (See Instruct Bewitched	
3/17/a1	Full name of contributor Out-of-state PAC Pamela Mia Paul Contributor address; City; 35 Highview Cir. Dentor	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
3/18/21	Full name of contributor out-of-state PAC Rhonda Lee Love Contributor address; City; 1921 Hollyhill Ln. Denton,	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions) d
Date 3/19/21	Full name of contributor out-of-state PAC Alice Beatus City; 2567 Imagrand Rd. NorthAu	State: Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 37
2 FILER NAME Alison Maguire	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (IDN:	7 Amount of contribution (\$) Zip Code
8 Principal occupation / Job title (See Instructions) 9 Emp	Refired
Date Full name of contributor Diana and Paul Dunk! 3/19/21 Contributor address; City; State;	Zip Code # 100
1104 Chapel Dr. Denton, TX	76205
	NT
Pate Full name of contributor out-of-state PAC (ID#:	Zip Code # 50
Principal occupation / Job title (See Instructions) Emp	Retired
Date Full name of contributor out-of-state PAC (IDN:	Zip Code # 35
Principal occupation / Job title (See Instructions) Emp 5000 Counselot [oloyer (See Instructions) Denton ISD

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

MONETARY POLITICAL CONTRIBUTIONS OF LACTURE A1

If the requested information is not applicable, DO NOT include this page in the report

ii tile reques	sted information is not applicable, bo NoT III	clude this page in the i	A CAMERINGS A LIMITEUPS ETC. N
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	عه پینزدو	3 Filer ID (Ethics Commission Filers)
3/20/21			# 25
	pation / Job title (See Instructions)	9 Employer (See Instruct Chicago Pul	
Date	Full name of contributor out-of-state PAC	C (10#:)	Amount of contribution (\$)
3/21/21	Contributor address; City; 1001 Gregory Rd. Fort Colli	State; Zip Code n5, CO 80524	\$100
	nation / Job title (See Instructions) rial Support Engineer	Employer (See Instruct	
3/22/21	Full name of contributor Out-of-state PAC Kevin Patherson Contributor address; City; 139 Spanish Bluebell Or. Wylie	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions) Fitute teacher	Employer (See Instruct Wulle I	
Date 3/22/21	Full name of contributor out-of-state PAC Parker Sams Contributor address; City; 2216 W. Hickory St. Dentor	State: Zin Code	Amount of contribution (\$)
	pation / Job title (See Instructions) cations Specialist	Employer (See Instruct	ices of North Texas

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	••••		
The	Instruction Guide explains how to complete this	form. Iq 805 gl ywa se	1 Total pages Schedule A1: 37
2 FILER NAME	Alison Maguire	-97140A	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/21	5 Full name of contributor out-of-state PAC 505 dan Villasseal 6 Contributor address; City; 5500 Del Rey Dr. Denton,	State; Zîp Code	7 Amount of contribution (\$)
4	pation / Job title (See Instructions)	9 Employer (See Instruct Alison Col	Denton
Date 3/22/21	Full name of contributor out-of-state PAC Keri Anne Caruther Contributor address; City; 2101 Savannah Trl. Dentor	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 3/22/21	Full name of contributor out-of-state PAC Jan Springer Contributor address; City; 609 Lafayette Dr. Denton	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct Howe - So	
3/22/21	Full name of contributor out-of-state PAC Laëtitia Knight Contributor address: City; 5509 Wharfside Pl. Denton,	State; Zip Code TX 76208	Amount of contribution (\$) \$25
	pation / Job title (See Instructions)	Employer (See Instruct	tions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

11	ne Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 37
FILER NAM	Alison Maguire	stigos	3 Filer ID (Ethics Commission Filers)
Date /22/21	5 Full name of contributor out-of-state Adam Briggle 6 Contributor address; City: 2201 Brooklake St. W. Dento	State; Zip Code	7 Amount of contribution (\$)
-	cupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date /22/21	Full name of contributor out-of-state Amber Briggle Contributor address; City;	PAC (IDE:)	Amount of contribution (\$)
	2201 Brooklake St W. Dent	on,TX 76207	W JO
	upation / Job title (See Instructions) Sine55	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state	DAG ADA	
	Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occu	Contributor address; City; upation / Job title (See Instructions)		
	The second second second	State; Zip Code Employer (See Instructi	
Principal occu	upation / Job title (See Instructions)	State; Zip Code Employer (See Instructi	ons)
Date	pation / Job title (See Instructions) Full name of contributor	State; Zip Code Employer (See Instructi	Amount of contribution (\$)
Date	Full name of contributor out-of-state Contributor address; City;	State; Zip Code Employer (See Instructi PAC (IDIF:) State; Zip Code	Amount of contribution (\$)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2

If the requested information is not applicable, bo Not include	ie tilio page	in the report.	
The Instruction Guide explains how to complete this form	n.	1 Total pages Sched	lule A2:
2 FILER NAME Alison Maguire		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$450	
5 Date 6 Full name of contributor Dout-of-state PAC (IDE:	Zip Code 06010	4730	9 In-kind contribution description Graphic design Service 5 description of the service o
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Graphic Designer	Se	1f-emplou	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribe	utor's job title (FOR Jt	BICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			a draft a resignation of the property of the contract of the c
Date Full name of contributor out-of-state PAC (IDIE:	Zip Code	Amount of Contribution \$	In-kind contribution description I I I I I I I I I I I I I I I I I I I
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribe	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		Portigie sopi	(8)(Mag) ₁ 2
		(Actionals) skill skill	edeli i sudeques legisnirii
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct			g requirements.

LUANS	SCH	NTURES MADE CONTRIBUTIONS	SCHEDULE E
If the requested	information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to comp	olete this form.	1 Total pages Schedule E:
2 FILER NAME Alison Maguire		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZED LOANS	wood Mociff	\$ Ø
5 Date of loan	7 Name of lender out-of-state Alison Maguire	PAC (ID#:)	9 Loan Amount (\$) \$2,000
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Gode	10 Interest rate
Y (Ñ)	2208 Miranda Pl. Dento	m, 1 × 16210	11 Maturity date N/A
12 Principal occupation 5-law at	non/Job title (See Instructions) Nome parent	13 Employer (See Instructions) N/A	SHOUSE OF
14 Description of Coll	ateral	Check if personal fun- account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION ☑ not applicable	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	0 (0) 4 % JC &
Date of loan	Name of lender out-of-state	PAC (IDIF:)	Loan Arnount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun	ds were deposited into political ione)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	September Septem
Principal Occupati	on (See Instructions)	Employer (See Instructions)	that the same of t
If to	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NEI	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printi	g Expense Travel in District ng Expense In District Travel Out Of District Other (enter a cate	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Alison Magu	3 Filer ID (Ethi	cs Commission Filers)
4 Date 1/21/21	F Causa warma	ratic Party	They be seen to
\$ Amount (\$) \$ 280	1106 Lavaca, Ste. 100	Austin, TX	Zip Code 7870\
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee5	VAN access fe	
9 Complete ONLY if direct expenditure to benefit C/O	(c) Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name H	T. Check if Austin, TX, officeholder livit Office sought	Office held
Date 1/27/21	Crowdpac, Inc.	9.2 Salahanana 11	Politicality of Workandorbs
Amount (\$)	Payee address; 355 Bryant St. #942	City; State; Palo Alto, CA	Zip Code 94301
PURPOSE OF EXPENDITURE	Solicitation/fundraising expense	Digital fundraisive platform fee	3
5%	Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
2/3/2\	Crowdpac, Inc.		Selection and any and
Amount (\$)	Payee address: 555 Bryant St. #942	Palo Alto, CA	Zip Code 94301
PURPOSE OF EXPENDITURE	Solicitation/fundraisina expense		no
	Check if travel outside of Texas. Complete Schedule		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Atmacas	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED	anders en en de francisco de la companya de la comp

POLITICAL EXPENDITURES MADE BOAM SERUTIONES NO. FROM POLITICAL CONTRIBUTIONS SCHEDULE F1

If the requested int	formation is not applicable, DO NOT in	clude this page in the report.	
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees. Food/Beverage Expense GifWawards/Memorials Expense	Polling Expense Travel In District Printing Expense Travel Cut Of Dist Salaries/Mages/Contract Labor Other (enter a cate	uipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Alison Ma	aure 3 Filer 10 (Eth	ics Commission Filers)
4 Date 2/10/21	5 Payee name	mmunications, Inc	ASATIAS
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
\$15.98	55 Almaden Blvd.	San Jose, CA	95113
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sol	Monthly fee for Pro subscription	
	(c) Check If travel outside of Yexas. Complete School	edule T. Check if Austin, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 2/10/21	Crowdpac, In	·C.	18 08/0 to
Amount (\$)	Payee address;	City; State;	Zip Code
\$36.38	555 Bryant St. #942	. Palo Alto CA	94301
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Solicitation/fundrals in expense		2
400000 75-00	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin, TX, officeholder livi	ing expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2/16/21	Hustle, Inc.		I SUALLS
Amount (\$)	Payee address;	City: State;	Zip Code
\$100	548 Market St.	San Francisco, CA	94104
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho Other Voter Contact Expense	Texting service	28-31-04-841-
AL-0-1 W-4	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made i Candidate/Officeholder/Politic Credit Card Payment	Fees Office Or Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing i al Committee Legal Services Salaries/	xpense Travel In District Expense Travel Out Of Dis Wages/Contract Labor Other (enter a cat	uipment & Related Expense
	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	2 FILER NAME Alison Magi	lice 3 Filer 1D (Ett	ics Commission Filers)
4 Date 2/17/21	5 Payee name Crowd pac,	Inc.	
\$ 34.94	7 Payee address: 355 Bryant St. #942	Palo Alto, CA	Zip Code 94301
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 5 olicitation/fundraising expense	(b) Description Digital Eundraisin Platform fee	3
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 2/23/21	United States Po	stal Service	76\0\£
Amount (\$)	Payee address;	City; State;	Zip Code
\$181.85	475 L'Enfant Plaza SW	Washington DC	20590
PURPOSE OF EXPENDITURE	Other: Voter Contact Expense	Description 6+amps	ESO-DRUK THO BRUTTENSHUS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/24/21	Crowdpac, Inc.		15/0/2
Amount (\$)	Payee address;	City; State;	Zip Code
17.57	555 Bryant St #942	Palo Alto, CA	94301
PURPOSE OF EXPENDITURE	Solicitation/fundraising expense	Digital fundraise platform fee	sing
products a grade	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE HOAM SERUTIONES YES FROM POLITICAL CONTRIBUTIONS SCHEDULE F1

If the requested in	formation is not applicable, DO NOT include t	this page in the report.	
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing Ex	pense Travel in District kpense Travel Out Of Dist Vages/Contract Labor Other (enter a cate	uipment & Related Expense
1 Total pages Schedule F1	2 FILER NAME Alison Maguir	e 3 Filer ID (Eth	ics Commission Filers)
4 Date 3/3/21	Crowdpac, Inc.	dall william	
\$ Amount (\$) \$24.40	7 Payee address; 555 Bryant 51. #942	Palo Alto, CA	94301
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/fundraising expense	Digital Lundrant Platform fee	sing
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 3/4/21	Edwards + Patters	on Signs	18/9/8
Amount (\$) \$576.43	203 5. Belt Line Rd.	City: State; Irving, TX	Zip Code 75060
PURPOSE OF EXPENDITURE	Printing Expense	yard signs	PURPLES OF SETEMBLES
Artegia (PE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
3/5/2\	Jordan Villarreal	Consequence	122313
Amount (\$)	Payee address;	City; State;	Zip Code
\$ 500	5500 Del Rey Dr.	Denton, TX	76208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense Check If travel outside of Texas. Complete Schedule T.	Description Campaign Consult Services Check if Austin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS

If the requested information is not applicable. DO NOT include this page in the report.

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Or Food/Beverage Expense Polling E Printing I Printing I	erhead/Rental Expense Travel In Di- compense Travel Otto Expense Travel Out Other (enter	
1 Total pages Schedule F1:	2 FILER NAME ALISON Maguis	3 Filer ID	(Ethics Commission Filers)
4 Date 3/8/21	Reilly Echols Pr		10/8/61
6 Amount (\$)	7 Payee address;		ate; Zip Code
\$1,636.21	1710 South Harwood	Dallas T	× 75215
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	printing, maili postage	ng, and
Anthony graff	(c) Check if travel outside of Texas. Complete Schedule T.	Check # Austin, TX, officehol	der living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
3/9/21	Zoom Video Commi	unications, Ir	. /e\A\8
Amount (\$)	Payee address;	City; St	ate; Zip Code
\$1598	55 Almaden Blud.	SanJose, C	A 95113
PURPOSE OF EXPENDITURE	Office Overhead Expense	monthy fee from subscription	or Zoom
nations great	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/10/21	Crowdpac, Inc.	IIV MADORE	
Amount (\$)	Payee address;	City; St	ate; Zip Code
\$38.92	555 Bryant St. #942	Palo Alto, C.	A 94301
PURPOSE OF EXPENDITURE	Solicitation/fundraising expanse	Digital Eundrain platform fee	sing
igentiae graci	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FOR POLITICAL CONTRIBUTIONS SCHEDULE F1

If the requested in	nformation is not applicable, DO NOT include	this page in the re	port.	Detection ent to
Add Para	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Accounting/Banking Fees Office O Consulting Expense Food/Beverage Expense Polling E Contributions/Donatons Made By Gitt/Awards/Memorials Expense Printing I		Expense Wages/Contract Labor	al Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District act Labor Other (enter a category not listed above)	
1 Total pages Schedule F	4. 6 Pris Prim SERRET A		3 Filer ID (Ethic	s Commission Filers)
8	Alison Magui			
3/16/21	Facebook, I	nc.	ton buyan a	15\a\21\6
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$4.71	1601 Willow Rd.	Menlo Pa	rk, CA	94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Face boo	ik ads	Barpeaus No Saurmoneses
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder fivin	g expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held
Date 3/16/21	Rideshare 2 vote			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$50	3323 Dothan	Dallas	TX	75229
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment trelated expense	Contracted w to offer no polling places	-cost rid	es to
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	and the same of th	Office held
3/17/21	Crowdpac, Inc.	ENOCA AK		/E\\6a\\6
Amount (\$)	Payee address;	City;	State;	Zip Code
\$55.21	555 Bryant St.	Palo Alto	, CA	94301
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/fundraising expense	Digital -	-44	ing
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEF	DED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F1

it the requested in	normation is not applicable, DO NOT include	this page in the report.	
	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	Prince of the Control
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling 8 By Gift/Awards/Memorials Expense Printing	Expense Travel In District Expense Travel Out Of District Travel Out Of District Other (enter a cate)	ipment & Related Expense
1 Total pages Schedule F1	Alison Magui	3 Filer ID (Ethi	cs Commission Filers)
4 Date 3/18/21		atterson Signs	3/4/24
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
\$69.28	203 5. Belt Line Rd.	Irving, TX	75060
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	road signs	Mechania No day republika
100000000	(c) Check if travel outside of Texas. Complete Schedula T.	Check if Austin, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
3/21/21	Facebook, Inc	R. deshared.	18/31/2
Amount (\$)	Payee address;	City; State;	Zip Code
\$25	1601 Willow Rd	Menlo Pork, CA	94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Facebook ad	5 8500007 86 80000045873
G-140 30	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livin	ig expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/22/21	Brett Davis	C condesc	15/7/21
Amount (\$)	Payee address;	City; State;	Zip Code
# 240	201 Inman St. Apt 930.	5 Denton TX	76205
	Category (See Categories listed at the top of this schedule)	Description	•
PURPOSE OF EXPENDITURE	Salaries/wages/contract labor	paid canvass	ing
en estan gard	Check if travel outside of Taxas. Complete Schedule T.	Check if Austin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

PERSONAL FUNDS

	EXPENDITURE CATEGORIES F	OR BOX 8(a)		
Advertising Expense EventExpense Loan Repay Accounting/Banking Fees Office Over Consulting Expense Food/Beverage Expense Polling Expe Contributions/Danations Made By Gilf/Awards/Memorials Expense Printing Exp		ense iges/Contract Labor	Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)	
Total pages Schedule F1:	2 FILER NAME Alison Maguir	e	3 Filer ID (Ethio	cs Commission Filers)
3/22/21	5 Payee name Bella Armento	a		Telu pagga Schmide
\$ Arnount (\$) \$75	7 Payee address; 919 Eagle Dr 1404	Denton,	State:	Zip Code 7620 \
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Paid Co	anvassi	ng
	(c) Check if trayel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	ig expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			Resid W X2(1) adv
Amount (\$)	Payee address;	City;	State;	Zip Code
ы; — Др Сиан Бол (Ф.А.), О. О.		disau J		50 Pd &
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		Debreix MECHRUT
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		g expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH		Office sought		Office held
Date	Payee name	suite 5		I C V SAC V C
Amount (\$)	Payee address;	City;	State	Zip Code
50186	W strate	with annual	7706	confirmation and an arrangement
PURPOSE OF EXPENDITURE	Category (See Cetegories listed at the top of this schedule)	Description	25/300	3200004 30 380130007323
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

If the requested in	formation is not applicable, DO NOT include	this page in the rep	oort.	Disabliper set ti
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Event Expense Loan Rej Accounting/Banking Fees Office Or Consulting Expense Food/Beverage Expense Polling E Contributions/Donations Made By Gift/Awarda/Memorials Expense Printing I		epayment/Reimbursement Overhead/Rental Expense Expense Expense sWages/Contract Labor o complete this form.	Travel In District Travel Out Of Distri	pment & Related Expense ict gory not listed above)
1 Total pages Schedule G:	2 FILER NAME Alison Magui	reside	3 Filer ID (Ethio	es Commission Filers)
1/25/21	5 Payee name United States Posta			E) Memora L T &
6 Amount (\$) \$\\ 67.95\$ Reimbursement from political contributions intended	7 Payee address; 475 L'Enfant Plaza SW	Washing.	ton OC	Zip Code 20590
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead Expense	(b) Description Stamp	5	EAUTRIA PRES
	(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/OH	Candidate / Officeholder name	Office sought	English Parakeru	Office held
Date 1/31/21	Of The Earth		ok susurA	
Amount (\$) \$ 69.07 Reimbursement from political contributions intended	7706 Aurora Ave.	seattle	state; WA	Zip Code 98103
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Expense	Description 5+ation	nery	NO Shightouch act
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
2/24/21	Of the Earth			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursoment from political contributions intended	7706 Aurora Ave.	Seattle	WA	98103
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OCLice Overhead Expense	Description 5 tatio	nery	380,981.19 80 830,800,81
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	speyment/Reimbursement Overhead/Rental Expense Expense Expense sWages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME Alison Maguire 3 Filer ID (Ethics Commission Filers)			
3/6/21	of the Earth			
6 Amount (\$) 4 69 63 Reimbursement from political contributions intended	7 Payee address; 7706 Aurora Ave.	Seattle	State: Zip Code WA 98103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OCC, ce Overhead Expense	(b) Description Statio	nery	
BYSEL WESTERNAL IN COR	(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/OH	Candidate / Officeholder name	Office sought	Office held	
3/6/2\	Dirited States Pos	tal Servi	ce	
Amount (\$) \$34 30 Reimbursement from political contributions intended	Payee address; 475 L'Enfant Plaza SW	Washing	state; Zip Code Ston DC 20590	
PURPOSE OF	Category (Soo Categorius listed at the top of this schedule) Office Overhead Expense	Description 5+a	mps	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	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 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 NEED	ED	