

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>33</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>MS</b>	FIRST <b>Erica</b>	MI <b>J</b>
	NICKNAME	LAST <b>Garland</b>	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX; <b>913 Euston St</b>	APT / SUITE #;	CITY; STATE; ZIP CODE <b>Denton TX 76209</b>
	AREA CODE <b>( 940 )</b>	PHONE NUMBER <b>465-3228</b>	EXTENSION
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS / MR <b>MR</b>	FIRST <b>Patrick</b>	MI <b>J</b>
	NICKNAME <b>Pat</b>	LAST <b>Smith</b>	SUFFIX
<b>6 CAMPAIGN TREASURER NAME</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1417 Cambridge Lane Denton TX 76209</b>		
	AREA CODE <b>( 940 )</b>	PHONE NUMBER <b>597-3308</b>	EXTENSION
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month <b>1</b>	Day <b>1</b>	Year <b>24</b>
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>5 / 4 / 24</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>Denton City Council Place 5</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Erica Garland		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,904.36
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,134.26
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,770.10
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

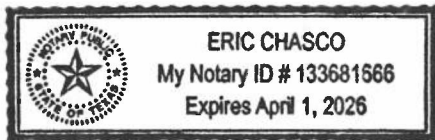
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Erica Garland*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Erica Garland this the 26<sup>th</sup> day of April

20 24, to certify which, witness my hand and seal of office.

*EMCL*

*Eric Chasco*

*Records Manager*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Erica Garland, and my date of birth is \_\_\_\_\_

My address is 913 Euston Street, Denton, TX, 76209, USA

(street)

(city)

(state)

(zip code)

(country)

Executed in Denton County, State of Texas, on the 4<sup>th</sup> day of April, 20 24

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Erica Garland		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 32,976.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 928.36
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 18,851.81
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 282.45
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>14</b>
<b>2</b> FILER NAME <b>Erica Garland</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/19/2024</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>Erica Garland</b> <b>6</b> Contributor address; City; State; Zip Code <b>913 Euston St Denton TX 76209</b>	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>01/21/2024</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>Sofia Kharissova</b> <b>Contributor address; City; State; Zip Code</b> <b>700 Riverscreek Lane Little Elm TX 75068</b>	<b>Amount of contribution (\$)</b> <b>1.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>01/21/2024</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>Mark Taylor</b> <b>Contributor address; City; State; Zip Code</b> <b>4050 Spartan Denton TX 76209</b>	<b>Amount of contribution (\$)</b> <b>600.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>01/25/2024</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>Mark Coulter</b> <b>Contributor address; City; State; Zip Code</b> <b>1031 Timbervale Lane NW Kennesaw GA 30152</b>	<b>Amount of contribution (\$)</b> <b>20.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>14</b>
2 FILER NAME <b>Erica Garland</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/06/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Nathan Tune</b> 6 Contributor address; City; State; Zip Code <b>3717 Merrimack Denton TX 76210</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/26/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Patrick Smith</b> Contributor address; City; State; Zip Code <b>1417 Cambridge Ln Denton TX 76209</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher Watts</b> Contributor address; City; State; Zip Code <b>419 Carroll Blvd Denton TX 76201</b>	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brian Briscoe</b> Contributor address; City; State; Zip Code <b>1555 Nottingham Dr #10102 Denton TX 76209</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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**MONETARY POLITICAL CONTRIBUTIONS**

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2 FILER NAME <b>Erica Garland</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/19/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Chris Erlanson</b> 6 Contributor address; City; State; Zip Code <b>801 Hangar Ln Nashville TN 37217</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/20/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Eric Schmitz</b> Contributor address; City; State; Zip Code <b>8474 E FM 922 Valley View TX 76272</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/24/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Gary Steele</b> Contributor address; City; State; Zip Code <b>1600 Angelina Bend Drive Denton TX 76205</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/28/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Robert Seay</b> Contributor address; City; State; Zip Code <b>902 N Locust St Denton TX 76201</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Erica Garland</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/01/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Keri Holub</b>	7 Amount of contribution (\$) <b>1,000.00</b>
	6 Contributor address; City; State; Zip Code <b>319 W. Oak Denton TX 76201</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>03/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Leah Johnson</b>	Amount of contribution (\$) <b>1,000.00</b>
	Contributor address; City; State; Zip Code <b>2405 Winthrop Hill Road Argyle TX 76226</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Billy Johnson</b>	Amount of contribution (\$) <b>1,000.00</b>
	Contributor address; City; State; Zip Code <b>2405 Winthrop Hill Road Argyle TX 76226</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/04/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jeffrey Soules</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>1500 Knoll Ridge Circle Corinth TX 76210</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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<b>2 FILER NAME</b> Erica Garland		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 03/04/2024	<b>5 Full name of contributor</b> out-of-state PAC (ID#: _____) Andy Multer <b>6 Contributor address;</b> City; State; Zip Code 105 SE Sherri Blue Springs MO 64014	<b>7 Amount of contribution (\$)</b>  100.00
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>
<b>Date</b> 03/12/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Mark Taylor <b>Contributor address;</b> City; State; Zip Code 4850 Spartan Denton TX 76207	<b>Amount of contribution (\$)</b>  500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/14/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Richard Hayes <b>Contributor address;</b> City; State; Zip Code 512 W. Hickory Denton TX 76201	<b>Amount of contribution (\$)</b>  500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/14/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) TREPAC <b>Contributor address;</b> City; State; Zip Code PO Box 2246 Austin TX 78768	<b>Amount of contribution (\$)</b>  2,500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
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<b>2</b> FILER NAME Erica Garland		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/16/2024	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) James Casazza Jr. <b>6</b> Contributor address; City; State; Zip Code 690 Vikings Pkwy #426 Eagan MN 55121	<b>7</b> Amount of contribution (\$) <b>200.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/19/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Al McNatt <b>Contributor address;</b> City; State; Zip Code 4401 N I-35E Suite 107 Denton TX 76207	<b>Amount of contribution (\$)</b> <b>250.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/19/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Jayne Howell <b>Contributor address;</b> City; State; Zip Code 624 W University Dr Denton TX 76201	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/20/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Barbara Russell <b>Contributor address;</b> City; State; Zip Code 1324 Heather Lane Denton TX 76209	<b>Amount of contribution (\$)</b> <b>50.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Erica Garland</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/22/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Berdy Tjandramulia</b> 6 Contributor address; City; State; Zip Code <b>310 N. Bonnie Brae Denton TX 76201</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/22/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kent Key</b> Contributor address; City; State; Zip Code <b>2421 Ft Worth Drive Denton TX 76205</b>	Amount of contribution (\$)  <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/22/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dalton Allen</b> Contributor address; City; State; Zip Code <b>PO Box 52100 Denton TX 76206</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/25/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mary Kuhfeldt</b> Contributor address; City; State; Zip Code <b>4990 Magnolia Denton TX 76201</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Erica Garland		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Byron Woods	7 Amount of contribution (\$)  <b>1,000.00</b>
	6 Contributor address; City; State; Zip Code 3821 Montecito Dr Denton TX 76205	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/01/2024	Full name of contributor out-of-state PAC (ID#: _____) Cara Wakefield	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code 1104 Indian Ridge Dr Denton TX 76205	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: _____) Brenda Huffman	Amount of contribution (\$)  <b>250.00</b>
	Contributor address; City; State; Zip Code 2308 Ranch House Dr Denton TX 76210	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: _____) Paul Evans	Amount of contribution (\$)  <b>1,000.00</b>
	Contributor address; City; State; Zip Code 2308 Ranch House Dr Denton TX 76210	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Erica Garland</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Jayne Howell</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>PO Box 2635 Denton TX 76202</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lincoln Cabinet</b>	Amount of contribution (\$) <b>3,000.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 50748 Denton TX 76206</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Robert Sherman</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>3411 Shadow Brook Ct Denton TX 76210</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jerrod &amp; Amanda Wiltshire</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>3925 Chimney Rock Dr Denton TX 76210</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>		

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2 FILER NAME <b>Erica Garland</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/05/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Justin Sykes</b>	7 Amount of contribution (\$) <b>400.00</b>
	6 Contributor address; City; State; Zip Code <b>3833 Grant Parkway Denton TX 76208</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lee Shanklin</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>4000 Thistle Hill Denton TX 76210</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>William Schofield</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>2224 Hollyhill Denton TX 76205</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/06/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jennifer Moulton</b>	Amount of contribution (\$) <b>30.00</b>
	Contributor address; City; State; Zip Code <b>2108 Carriage Denton TX 76207</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>14</b>
2 FILER NAME <b>Erica Garland</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/22/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Boutros Hagenasr</b> 6 Contributor address; City; State; Zip Code <b>808 Johns Well CT Argyle TX 76226</b>	7 Amount of contribution (\$)  <b>300.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/17/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jana Inge</b> Contributor address; City; State; Zip Code <b>1149 Shady Oak Argyle TX 76226</b>	Amount of contribution (\$)  <b>350.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brad Andrus</b> Contributor address; City; State; Zip Code <b>PO Box 249 Denton TX 76202</b>	Amount of contribution (\$)  <b>1,175.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jerrod &amp; Amanda Wiltshire</b> Contributor address; City; State; Zip Code <b>3925 Chimney Rock Dr Denton TX 76210</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: 14
2 FILER NAME Erica Garland		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2024	5 Full name of contributor out-of-state PAC (ID#: _____) John Rainey 6 Contributor address; City; State; Zip Code 25 Rolling Hills Circle, Denton, TX 76205	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/2024	Full name of contributor out-of-state PAC (ID#: _____) Richard Hayes Contributor address; City; State; Zip Code 512 W Hickory St Ste 100 Denton TX 76201	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2024	Full name of contributor out-of-state PAC (ID#: _____) Apartment Association of Greater Dallas Contributor address; City; State; Zip Code 2100 W Walnut Hill Lane Irving TX 75038	Amount of contribution (\$)  1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Henry Billingsly Contributor address; City; State; Zip Code 1722 Routh ST STE 770 Dallas TX 75201	Amount of contribution (\$)  1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.		1 Total pages Schedule A1: <b>14</b>
2 FILER NAME <b>Erica Garland</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/04/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>James Holloway</b>	7 Amount of contribution (\$) <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>12644 FM 2607 Arp TX 75750</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/10/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James McNatt</b>	Amount of contribution (\$) <b>1,500.00</b>
	Contributor address; City; State; Zip Code <b>1303 Woodlake Dr Corinth TX 76210</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/10/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brandy Bobbitt</b>	Amount of contribution (\$) <b>1,000.00</b>
	Contributor address; City; State; Zip Code <b>2520 Stockbridge Rd Denton TX 76208</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/12/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Patrick Smith</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>1417 Cambridge Lane Denton TX 76209</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>14</b>
<b>2</b> FILER NAME Erica Garland		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/16/2024	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Trestle Partners LLC <b>6</b> Contributor address; City; State; Zip Code PO Box 1927 Denton TX 76202	<b>7</b> Amount of contribution (\$)  <b>500.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 04/16/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Trestle Partners LLC <b>Contributor address;</b> City; State; Zip Code PO Box 1927 Denton TX 76202	<b>Amount of contribution (\$)</b>  <b>500.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 04/14/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Trevor Ward <b>Contributor address;</b> City; State; Zip Code 2841 Woodpath Lane Bedford TX 76021	<b>Amount of contribution (\$)</b>  <b>50.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____)  <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>2</b>	
2 FILER NAME <b>Erica Garland</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>03/04/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amy Huffman</b>	8 Amount of Contribution \$ <b>300.00</b>	9 In-kind contribution description <b>Campaign pins</b>
7 Contributor address; City; State; Zip Code <b>2512 Pioneer Dr Denton TX 76210</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self-employed</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>04/20/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gerard Hudspeth</b>	Amount of Contribution \$ <b>146.13</b>	In-kind contribution description <b>Marketing</b>
Contributor address; City; State; Zip Code <b>601 E Hickory St Ste F Denton TX 762051</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>2</b>	
2 FILER NAME <b>Erica Garland</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>04/05/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Watts</b>	8 Amount of Contribution \$ <b>282.23</b>	9 In-kind contribution description <b>Event</b>
7 Contributor address; City; State; Zip Code <b>419 Carroll Blvd Denton TX 76201</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>04/05/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Whitney Donohue</b>	Amount of Contribution \$ <b>200.00</b>	In-kind contribution description <b>Event</b>
Contributor address; City; State; Zip Code <b>2312 Palomino Ct Denton TX 76210</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

**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                        | 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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Erica Garland	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/27/2024	<b>5</b> Payee name Heart Media	
<b>6</b> Amount (\$) 600.00	<b>7</b> Payee address; 2100 Spencer Rd, Apt 111	City; State; Zip Code Denton TX 76205
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Photos
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/01/2024	Payee name Briscoe Communications	
Amount (\$) 250.00	Payee address; 1555 Nottingham Dr, # 10102	City; State; Zip Code Denton TX 76209
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Social media
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/01/2024	Payee name Briscoe Communications	
Amount (\$) 250.00	Payee address; 1555 Nottingham Dr, # 10102	City; State; Zip Code Denton TX 76209
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Social media
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES 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                        | 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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Erica Garland	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/27/2024	<b>5</b> Payee name Robson Publishing	
<b>6</b> Amount (\$) 679.70	<b>7</b> Payee address; 9666 E Riggs Road #135	City; State; Zip Code Sun Lakes AZ 85248
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description Robson Mailer
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/01/2024	Payee name First Graphics	
Amount (\$) 2,141.46	Payee address; 229 Garvon Street	City; State; Zip Code Garland TX 75040
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/05/2024	Payee name First Graphics	
Amount (\$) 2,244.29	Payee address; 229 Garvon Street	City; State; Zip Code Garland TX 75040
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Erica Garland	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/05/2024	<b>5</b> Payee name Denton Trophy House	
<b>6</b> Amount (\$) 11.00	<b>7</b> Payee address; 201 A South Elm Street	City; State; Zip Code Denton TX 76201
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Name badge
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 03/08/2024	<b>Payee name</b> Seeden Photography	
<b>Amount (\$)</b> 500.00	<b>Payee address;</b> 306 US 377	<b>City; State; Zip Code</b> Argyle TX 76226
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising	<b>Description</b> Photographs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 03/07/2024	<b>Payee name</b> Event Brite	
<b>Amount (\$)</b> 174.42	<b>Payee address;</b> 95 Third St, 2nd Floor	<b>City; State; Zip Code</b> San Francisco CA 94105
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event	<b>Description</b> Black Chamber Gala
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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**

**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                        | 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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Erica Garland	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 03/08/2024	<b>5</b> Payee name Pan Ector			
<b>6</b> Amount (\$) 168.00	<b>7</b> Payee address; 1017 Shady Oaks Drive #300	City; Denton	State; TX	Zip Code 76205
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description T-shirt deposit		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 03/15/2024	Payee name Pan Ector			
Amount (\$) 168.00	Payee address; 1017 Shady Oaks Drive #300	City; Denton	State; TX	Zip Code 76205
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description T-shirt deposit		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 03/15/2024	Payee name GII Ad Group			
Amount (\$) 2,516.82	Payee address; 3005 Lansing Blvd #126	City; Wichita Falls	State; TX	Zip Code 76309
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign materials design & logo		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

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**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                        | 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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Erica Garland	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/17/2024	<b>5</b> Payee name Bitly	
<b>6</b> Amount (\$) 9.99	<b>7</b> Payee address; 601 W 26th 3rd Floor Ste 357	City; State; Zip Code New York NY 10001
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description QR Code
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> 03/20/2024	<b>Payee name</b> El Chaparral	
<b>Amount (\$)</b> 14.00	<b>Payee address;</b> 324 E McKinnery Ste 102	<b>City; State; Zip Code</b> Denton TX 76201
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event	<b>Description</b> Ladies luncheon
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> 03/27/2024	<b>Payee name</b> Impress Printing	
<b>Amount (\$)</b> 909.31	<b>Payee address;</b> 733 Fort Worth Drive Ste 100	<b>City; State; Zip Code</b> Denton TX 76201
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing	<b>Description</b> Handouts
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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**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	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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Erica Garland	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/19/2024	<b>5</b> Payee name Vista Print	
<b>6</b> Amount (\$) 102.27	<b>7</b> Payee address; 447 Advance Blvd	City; State; Zip Code Tecumseh ON N8 NSG8
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description Push cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/22/2024	Payee name FEDEX Publishing	
Amount (\$) 45.47	Payee address; 2430 Interstate 35E Suite 176	City; State; Zip Code Denton TX 76205
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Handouts
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/01/2024	Payee name Robson Publishing	
Amount (\$) 679.70	Payee address; 9666 E Riggs Road #135	City; State; Zip Code Sun Lakes AZ 85248
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Robson Mailer
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Erica Garland	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/03/2024	<b>5</b> Payee name Robson Ranch
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<b>6</b> Amount (\$) 160.00	<b>7</b> Payee address; 9501 Ed Robson Circle	City; Denton	State; TX	Zip Code 76207
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<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event	<b>(b)</b> Description Robson Ranch Forum Snack
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/29/2024	Payee name Good Party
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Amount (\$) 10.00	Payee address; 916 Silver Spur Rd #310	City; Rolling Hills Estates	State; CA	Zip Code 90274
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Text ad membership
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/01/2024	Payee name Lowe's
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Amount (\$) 148.25	Payee address; 1255 S Loop 288	City; Denton	State; TX	Zip Code 76205
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Supplies	Description T-posts and post driver
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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                        | 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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Erica Garland	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/01/2024	<b>5</b> Payee name Vista Print	
<b>6</b> Amount (\$) 4,048.50	<b>7</b> Payee address; 447 Advance Blvd	City; State; Zip Code Tecumseh ON N8 NSG8
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description Mailers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/29/2024	Payee name Pan Ector	
Amount (\$) 98.17	Payee address; 1017 Shady Oaks Drive #300	City; State; Zip Code Denton TX 76205
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Hats
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/15/2024	Payee name Good Party	
Amount (\$) 637.05	Payee address; 916 Silver Spur Rd #310	City; State; Zip Code Rolling Hills Estates CA 90274
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Text campaign
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME <b>Erica Garland</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/15/2024</b>	<b>5</b> Payee name <b>Fedex Printing</b>	
<b>6</b> Amount (\$) <b>10.65</b>	<b>7</b> Payee address; <b>2430 S Interstate 35 E Ste 176</b>	City; State; Zip Code <b>Denton TX 76205</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	<b>(b)</b> Description <b>Button printing</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> <b>04/15/2024</b>	<b>Payee name</b> <b>Ace Hardware</b>	
<b>Amount (\$)</b> <b>162.55</b>	<b>Payee address;</b> <b>912 W University Dr</b>	<b>City; State; Zip Code</b> <b>Denton TX 76201</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising expense</b>	<b>Description</b> <b>T-posts, zip ties</b>
	<b>Check if travel outside of Texas. Complete Schedule T.</b> <span style="float:right"><b>Check if Austin, TX, officeholder living expense</b></span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> <b>04/22/2024</b>	<b>Payee name</b> <b>Stripe</b>	
<b>Amount (\$)</b> <b>233.80</b>	<b>Payee address;</b> <b>510 Townsend St</b>	<b>City; State; Zip Code</b> <b>San Francisco CA 94103</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Fees</b>	<b>Description</b> <b>Processing fees for online donations</b>
	<b>Check if travel outside of Texas. Complete Schedule T.</b> <span style="float:right"><b>Check if Austin, TX, officeholder living expense</b></span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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**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                        | 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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Erica Garland	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/08/2024	<b>5</b> Payee name Party City
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<b>6</b> Amount (\$) 168.42	<b>7</b> Payee address; 2315 Colorado Blvd	City; Denton	State; TX	Zip Code 76205
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expenses	<b>(b)</b> Description Meet and greet
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/08/2024	Payee name Ace Mart
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Amount (\$) 19.98	Payee address; 5600 Denton Hwy	City; Haltom City	State; TX	Zip Code 76148
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expenses	Description Meet and greet
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/05/2024	Payee name Lowe's
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Amount (\$) 75.56	Payee address; 1255 S Loop 288	City; Denton	State; TX	Zip Code 76205
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense	Description T-posts for sign installation
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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                        | 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.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME <b>Erica Garland</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/24/2024</b>	<b>5</b> Payee name <b>Amy Huffman</b>	
<b>6</b> Amount (\$) <b>52.00</b>	<b>7</b> Payee address; <b>2512 Pioneer Dr</b>	City; State; Zip Code <b>Denton TX 76210</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	<b>(b)</b> Description <b>Rack cards</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <b>04/22/2024</b>	<b>Payee name</b> <b>FEDEX Publishing</b>	
<b>Amount (\$)</b> <b>177.53</b>	<b>Payee address;</b> <b>2430 Interstate 35E Suite 176</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>Rack cards</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <b>04/22/2024</b>	<b>Payee name</b> <b>Home Depot</b>	
<b>Amount (\$)</b> <b>37.97</b>	<b>Payee address;</b> <b>1900 Brinker Rd , Denton, TX 7620</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>T-posts</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**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	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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Erica Garland	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/22/2024	<b>5</b> Payee name In Good Party	
<b>6</b> Amount (\$) 587.00	<b>7</b> Payee address; City; State; Zip Code 916 Silver Spur Rd #310 Rolling Hills Estates CA US	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Text campaign
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/12/2024	Payee name Denton County Friends of the Family	
Amount (\$) 127.50	Payee address; City; State; Zip Code 4845 S 1-35 E Corinth TX 76210	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event expense	Description DCFOF gala
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/06/2024	Payee name Alexandra Tayara	
Amount (\$) 350.00	Payee address; City; State; Zip Code 2605 Centenary Dr Flower Mound TX 75028	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event expense	Description Entertainment-fundraiser
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### 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.

<b>1</b> Total pages Schedule G: <b>2</b>	<b>2</b> FILER NAME <b>Erica Garland</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>01/06/2024</b>	<b>5</b> Payee name <b>Go Daddy</b>			
<b>6</b> Amount (\$) <b>35.87</b> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; <b>2150 E. Warner Road</b>	City; <b>Tempe</b>	State; <b>AZ</b>	Zip Code <b>85284</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Web Domain Name</b>	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <b>01/07/2024</b>	Payee name <b>Wordpress</b>			
Amount (\$) <b>67.12</b> <small>Reimbursement from political contributions intended</small>	Payee address; <b>Mission District</b>	City; <b>San Francisco</b>	State; <b>CA</b>	Zip Code <b>94110</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Website</b>	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <b>01/31/2024</b>	Payee name <b>Bitly</b>			
Amount (\$) <b>9.99</b> <small>Reimbursement from political contributions intended</small>	Payee address; <b>601 W 26th 3rd Floor Ste 357</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10001</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>QR code fee</b>	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
	Candidate / Officeholder name <b>Erica Garland</b>	Office sought <b>Council Place 5</b>	Office held	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### 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.

<b>1</b> Total pages Schedule G: <b>2</b>	<b>2</b> FILER NAME <b>Erica Garland</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>01/20/2024</b>	<b>5</b> Payee name <b>Vista Print</b>			
<b>6</b> Amount (\$) 19.47 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; <b>447 Advance Blvd</b>	City; <b>Tecumseh</b>	State; <b>ON</b>	Zip Code <b>N8 NSG8 Canada</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing</b>		<b>(b)</b> Description <b>Business cards</b>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> <small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	<b>Candidate / Officeholder name</b>	<b>Office sought</b>	<b>Office held</b>	
<b>Date</b> <b>01/20/2024</b>	<b>Payee name</b> <b>Josie Gerlach</b>			
<b>Amount (\$)</b> 150.00 <small>Reimbursement from political contributions intended</small>	<b>Payee address;</b> <b>17725 Wildflower Way #109</b>	City; <b>Dallas</b>	State; <b>TX</b>	Zip Code <b>75252</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising</b>		<b>Description</b> <b>Logo creation</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	<b>Candidate / Officeholder name</b>	<b>Office sought</b>	<b>Office held</b>	
<b>Date</b>	<b>Payee name</b>			
<b>Amount (\$)</b> <small>Reimbursement from political contributions intended</small>	<b>Payee address;</b>	<b>City;</b>	<b>State;</b>	<b>Zip Code</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	<b>Candidate / Officeholder name</b>	<b>Office sought</b>	<b>Office held</b>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**