

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST      MI Steven NICKNAME      LAST      SUFFIX Steve      Noskin	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 6496 Silver Stream Lane Frisco, TX 75035	Date Received <div style="font-size: 2em; font-family: cursive;">APR 04 2019</div> Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (631) 433-0459	Receipt #      Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST      MI Jorge      W NICKNAME      LAST      SUFFIX Escandon		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 35 Feldland Street Bohemia NY 1176		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (      )		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year      THROUGH      Month    Day    Year 01 / 01 / 2019      03 / 31 / 2019		
11 ELECTION	ELECTION DATE Month    Day    Year 5 / 4 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Frisco ISD Board of Trustee, Place 2	13 OFFICE SOUGHT (if known) RE Elect FRISCO ISD Board of Trustee, Place 2	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

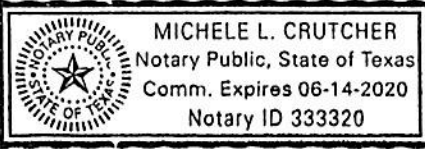
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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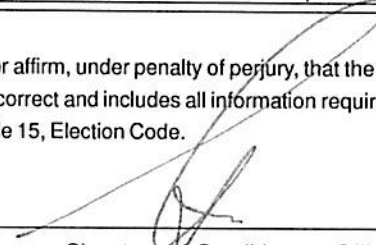
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,130
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 228.20
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,219.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,964.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18 AFFIDAVIT**

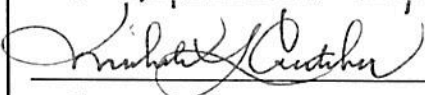


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said STEVEN NOSKIN, this the 4<sup>TH</sup> day of APRIL, 20 19, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering oath

MICHELE L. CRUTCHER

 \_\_\_\_\_  
 Printed name of officer administering oath

Notary

 \_\_\_\_\_  
 Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Steven Naskin*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/29/2019*

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

*Derek Hazenro*

7 Amount of contribution (\$)

*\$ 100<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*1661 Castle Rock, Lewisville, TX 75077*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*1/10/2019*

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

*Beth Berke*

Amount of contribution (\$)

*\$ 250<sup>00</sup>*

Contributor address; City; State; Zip Code

*5511 Norfolk Frisco TX 75035*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/10/2019*

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

*Sarah Ross*

Amount of contribution (\$)

*\$ 250<sup>00</sup>*

Contributor address; City; State; Zip Code

*5745 Haverhill Lane Frisco TX 75033*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/10/2019*

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

*James Gayle*

Amount of contribution (\$)

*\$ 250<sup>00</sup>*

Contributor address; City; State; Zip Code

*8785 Mulberry Ln Frisco TX 75034*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Steve Noskm*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/10/2019*

5 Full name of contributor

*Sandra Roberts*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$ 100<sup>00</sup>*

6 Contributor address;

*5599 Summer Glen Lane Frisco Tx*

City: State: Zip Code *75034*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*1/10/2019*

Full name of contributor

*Helene's Closet*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$ 50<sup>00</sup>*

Contributor address;

*Vancouver, BC, Canada*

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*2/11/2019*

Full name of contributor

*Hawk Capital Co.*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$ 200<sup>00</sup>*

Contributor address;

*545 N. Cowan Ave Suite E Louisville Tx*

City: State: Zip Code *75057*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*2/14/19*

Full name of contributor

*Anthony Connie M. Ewing*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$ 5000<sup>00</sup>*

Contributor address;

*12699 Canyon Oaks Dr. Frisco TX 75033*

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Steven Nostin*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/4/19*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Johnathan J. O'Conner Secret*

7 Amount of contribution (\$)

*\$100.00*

6 Contributor address;

City; State; Zip Code

*6513 Canyon Ranch RD Frisco TX 75034*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*1/8/19*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Daniel J Bollner & Dorothy L Bollner*

Amount of contribution (\$)

*\$250.00*

Contributor address;

City; State; Zip Code

*4745 Star Ridge Ln Frisco, TX 75034*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/14/2019*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Grace W Wang - Tim Say*

Amount of contribution (\$)

*\$200.00*

Contributor address;

City; State; Zip Code

*4556 Oak Shores Dr. Plano, TX 75034*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/19/2019*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Neal R REIZER & Laura Sue Bremer*

Amount of contribution (\$)

*\$180.00*

Contributor address;

City; State; Zip Code

*1844 Bridle Blvd Frisco, TX 75036*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

1/10/2019

Josh Lieberman

6 Contributor address; City; State; Zip Code

11572 Anick Way Frisco TX 75033

\$ 100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/10/2019

Patti Schenrich Photography

Contributor address; City; State; Zip Code

2088 Mustang Trail Frisco, TX 75033

\$ 250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/10/2019

Marsha Schattaer

Contributor address; City; State; Zip Code

6357 Canyon Ranch Rd. Frisco TX 75034

\$ 250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/10/2019

Lara Vandyk

Contributor address; City; State; Zip Code

2544 Autumn La Frisco, TX 75034

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa Cowart Interior Design</i>	7 Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
<i>1/10/2019</i>	6 Contributor address; City; State; Zip Code <i>909 Peyton Pl Cedar Park TX 78613</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Neil Conklin</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
<i>1/10/2019</i>	Contributor address; City; State; Zip Code 	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anthony Justice</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
<i>1/10/2019</i>	Contributor address; City; State; Zip Code <i>5975 Indigo Sky Dr. Frisco, TX 75034</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Salas</i>	Amount of contribution (\$) <i>\$ 250<sup>00</sup></i>
<i>1/10/2019</i>	Contributor address; City; State; Zip Code <i>498 Point Loma Ln. Frisco TX 75036</i>	
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1/10/2019

Leslie Clawson Photography

6 Contributor address; City; State; Zip Code

FRISCO TX 75033

\$ 100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1/10/2019

Phil Evitt

Contributor address; City; State; Zip Code

5919 Willoughby La. Frisco, Tx 75033

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1/10/2019

Brittany Erickson

Contributor address; City; State; Zip Code

4219 Castle Bank La. Frisco, Tx 75033

\$ 250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1/10/2019

Tamara Harp Realty

Contributor address; City; State; Zip Code

2769 Cactus Trail Frisco, Tx 75033

\$ 250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1/14/2019

Timothy Boyer

6 Contributor address;

City; State; Zip Code

3101 Luminara Dr. Little Elm, TX 75068

\$ 250<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1/16/2019

Dedicated Office Solutions LLC

Contributor address;

City; State; Zip Code

\$ 250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1/19/2019

Jared Patterson

Contributor address;

City; State; Zip Code

4412 Sapphire Dr. Frisco, TX 75034

\$ 250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1/19/2019

Christian Royer

Contributor address;

City; State; Zip Code

World Empway Frisco, TX 75034

\$ 500<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Steven Noskin*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/19/2019*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Jody Brugada*

6 Contributor address; City; State; Zip Code

*5633 Lakeshore N. Frisco Tx 75034*

7 Amount of contribution (\$)

*\$ 500<sup>00</sup>*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*1/19/2019*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Sherri Wolff*

Contributor address; City; State; Zip Code

*1029 Arches Park Dr. Allen Tx 75013*

Amount of contribution (\$)

*\$ 100<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/20/2019*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Bryan Powell*

Contributor address; City; State; Zip Code

*8184 Flintrock Dr. Frisco Tx 75034*

Amount of contribution (\$)

*\$ 250<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/21/2019*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Luxe Seals*

Contributor address; City; State; Zip Code

*6651 Mountain Sky Rd Frisco Tx 75036*

Amount of contribution (\$)

*\$ 100<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

STEVEN NOSKIN

3 Filer ID (Ethics Commission Filers)

4 Date

1/21/2019

5 Full name of contributor

Stephanie Bisson

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100.<sup>00</sup>

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/23/2019

Full name of contributor

Robert Cox

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.

Contributor address;

City; State; Zip Code

7112 Silverbrook Frisco, TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/2019

Full name of contributor

Courtney Wood

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.<sup>00</sup>

Contributor address;

City; State; Zip Code

6989 Turner Rd. Frisco TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/2019

Full name of contributor

Steven Monson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.<sup>00</sup>

Contributor address;

City; State; Zip Code

1877 Lantana Ln. Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Steven Nostin*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/3/2019*

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

*Don Stricklin for Frisco City Council/Place*

6 Contributor address; City; State; Zip Code

*5190 Highlands Dr. Frisco TX 75034*

7 Amount of contribution (\$)

*\$150<sup>00</sup>*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*2/5/2019*

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

*Yoon Kim*

Contributor address; City; State; Zip Code *75071*

*6190 Virginia Pkwy #200 McKinney TX*

Amount of contribution (\$)

*\$50<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*2/6/2019*

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

*Michelle Milholland*

Contributor address; City; State; Zip Code

*6050 Chamberlyne Dr. Frisco TX 75034*

Amount of contribution (\$)

*\$250<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/3/2019*

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

*Sarah Patterson*

Contributor address; City; State; Zip Code

*4412 Suppina Dr. Frisco TX 75034*

Amount of contribution (\$)

*\$250<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Steven Nostin</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/16/2019</i>		5 Payee name <i>Constance Stanton</i>			
6 Amount (\$) <i>\$2000</i>		7 Payee address; City; State; Zip Code <i>Prosper TX 75068</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Solicitation / Fundraising Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3/15/2019</i>		Payee name <i>Olympia Promotion &amp; Dist. Corp.</i>			
Amount (\$) <i>3,619.30</i>		Payee address; City; State; Zip Code <i>5955 Ettington Dr. Suwanee, GA 30024</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising / Printing Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3/20/2019</i>		Payee name <i>Tech Millennium LLC</i>			
Amount (\$) <i>600<sup>00</sup></i>		Payee address; City; State; Zip Code <i>5700 Terryson Pkwy Ste 300 Plano, TX 75024</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED