

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mrs Elizabeth Viney	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 65,590.21
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 20,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,398.79
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 12,869.63
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/16/2021

5 Full name of contributor out-of-state PAC (ID#: C00325076)
Campaign for Working Families

6 Contributor address; City; State; Zip Code
2800 S. Shirlington Road Suite 930 Arlington, VA 22206

7 Amount of contribution (\$)
2500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/08/2021

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

Contributor address; City; State; Zip Code
603 E. Tripp Rd. Sunnyvale, TX 75182

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/08/2021

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

Contributor address; City; State; Zip Code
603 E. Tripp Rd. Sunnyvale, TX 75182

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/18/2021

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

Contributor address; City; State; Zip Code
1235 Lausanne Ave Dallas, TX 75208

Amount of contribution (\$)
1000.00

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 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
02/18/2021

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

6 Contributor address; City; State; Zip Code
1235 Lausanne Ave Dallas, TX 75208

7 Amount of contribution (\$)
1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/19/2021

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

Contributor address; City; State; Zip Code
5447 Vickery Blvd Dallas, TX 75206

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/19/2021

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

Contributor address; City; State; Zip Code
5447 Vickery Blvd Dallas, TX 75206

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/20/2021

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

Contributor address; City; State; Zip Code
5956 Sherry Lane Suite 727 Dallas, TX 75225

Amount of contribution (\$)
250.00

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:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
02/22/2021

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

6 Contributor address; City; State; Zip Code
4406 Somerville Ave Dallas, TX 75206

7 Amount of contribution (\$)
1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/22/2021

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

Contributor address; City; State; Zip Code
4406 Somerville Ave Dallas, TX 75206

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/23/2021

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

Contributor address; City; State; Zip Code
2801 Turtle Creek Blvd Dallas, TX 75219

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/24/2021

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

Contributor address; City; State; Zip Code
7514 Azalea Ln Dallas, TX 75206

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
02/24/2021

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
3216 Marquette St Dallas, TX 75225

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/24/2021

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
5214 Paolmar Lane Dallas, TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/02/2021

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

Amount of contribution (\$)
20.21

Contributor address; City; State; Zip Code
235 Chicopee Dr. NE Marietta, GA 30060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/02/2021

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
17430 Campbell Rd Suite 230 Dallas, TX 75252

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:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/03/2021

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

6 Contributor address; City; State; Zip Code
100 Sharpsburg Dr. Lafayette, LA 70508

7 Amount of contribution (\$)
1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/03/2021

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

Contributor address; City; State; Zip Code
6615 Sewanee Ave. Houston, TX 77005

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/03/2021

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

Contributor address; City; State; Zip Code
6615 Sewanee Ave. Houston, TX 77005

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/03/2021

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

Contributor address; City; State; Zip Code
11441 Cromwell Court Dallas, TX 75229

Amount of contribution (\$)
1000.00

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:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date

03/04/2021

5 Full name of contributor

Mike Francis

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

6 Contributor address;

222 N. Parkerson Ave.

City; State; Zip Code

Crowley, LA 70526

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/05/2021

Full name of contributor

Sandra Mills

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

Contributor address;

2250 Robley Drive

City; State; Zip Code

Lafayette, LA 70503

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2021

Full name of contributor

Arthur Dexter

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

Contributor address;

3705 Stonington Drive

City; State; Zip Code

Plano, TX 75093

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2021

Full name of contributor

William Walton

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

Contributor address;

133 Rush River Ln

City; State; Zip Code

Washington, VA 22747

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/05/2021

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

6 Contributor address; City; State; Zip Code
P.O. Box 569 McDonough, GA 30253

7 Amount of contribution (\$)
1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/05/2021

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

Contributor address; City; State; Zip Code
P.O. Box 569 McDonough, GA 30253

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2021

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

Contributor address; City; State; Zip Code
42 Belmont Dr. Hockessin, DE 19707

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2021

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

Contributor address; City; State; Zip Code
P.O. Box 493 Placida, FL 33946

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/05/2021

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

6 Contributor address; City; State; Zip Code
801 G Street NW Washington, DC 20001

7 Amount of contribution (\$)
150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/05/2021

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

Contributor address; City; State; Zip Code
41810 North Venture Drive Suite F Anthem, AZ 85086

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2021

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

Contributor address; City; State; Zip Code
14810 Cobo de Bara Cir Corpus Christi, TX 78418

Amount of contribution (\$)
300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2021

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

Contributor address; City; State; Zip Code
301 Abercorn Sq. Peachtree City, GA 30269

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/05/2021

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

Gevie White

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
98 Camp Creek Pt Rosemary Beach, FL 32461

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/05/2021

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

James White

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
6223 Costa Lake Pt Flowery Branch, GA 30542

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2021

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

David Pittman

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1945 Ponce de Leon Ave. NE Atlanta, GA 30307

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2021

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

Penny Nance

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
525 Montgomery St. Suite 215 Alexandria, VA 22314

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:
10 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/06/2021

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

6 Contributor address; City; State; Zip Code
625 East Hedgelawn Way Southern Pines, NC 28387

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/06/2021

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

Contributor address; City; State; Zip Code
2525 Carlisle St Suite 335 Dallas, TX 75201

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/06/2021

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

Contributor address; City; State; Zip Code
6875 Carolyncrest Dr. Dallas, TX 75214

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/06/2021

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

Contributor address; City; State; Zip Code
100 Sharpsburg Dr. Lafayette, LA 70508

Amount of contribution (\$)
1000.00

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:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/08/2021

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

6 Contributor address; City; State; Zip Code
3401 WCR 180 Midland, TX 79706

7 Amount of contribution (\$)
1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/08/2021

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

Contributor address; City; State; Zip Code
3401 WCR 180 Midland, TX 79706

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/08/2021

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

Contributor address; City; State; Zip Code
1727 Andrew Crockett Ct. Brentwood, TN 37027

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/08/2021

Full name of contributor out-of-state PAC (ID#: _____)
J. Kenneth Blackwell

Contributor address; City; State; Zip Code
693 Windings Ln. Cincinatti, OH 45220

Amount of contribution (\$)
100.00

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:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/08/2021

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

6 Contributor address; City; State; Zip Code
5417 Buggy Whip Dr. Centreville, VA 20120

7 Amount of contribution (\$)
50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/08/2021

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

Contributor address; City; State; Zip Code
110 Martele Blvd. Lafayette, LA 70508

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/08/2021

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

Contributor address; City; State; Zip Code
805 Beaujolais Pkwy Lafayette, LA 70503

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/08/2021

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

Contributor address; City; State; Zip Code
6227 E. Lovers Lane Dallas, TX 75214

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
13 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/08/2021

5 Full name of contributor out-of-state PAC (ID#: _____)
Dr. Celestin Musekura

6 Contributor address; City; State; Zip Code
1321 E. Spring Valley Rd. Richardson, TX 75081

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/08/2021

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

Contributor address; City; State; Zip Code
778 Bordeaux Dr. Rockwall, TX 75087

Amount of contribution (\$)
20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/08/2021

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

Contributor address; City; State; Zip Code
5919 Hillcrest Ave. Dallas, TX 75205

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/08/2021

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

Contributor address; City; State; Zip Code
5042 Westgrove Dr. Dallas, TX 75248

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/08/2021

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
3216 Greenbrier Dr. Dallas, TX 75225

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/08/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1839 Calhoun St. New Orleans, LA 70118

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/09/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
712 Lakeway Dr. Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/09/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
3829 Stanford Ave Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/09/2021

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

6 Contributor address; City; State; Zip Code
25 Highland Park Vlg Dallas, TX 75205

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/09/2021

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

Contributor address; City; State; Zip Code
4465 Rheims Pl Dallas, TX 75205

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/09/2021

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

Contributor address; City; State; Zip Code
4818 Tremont St Dallas, TX 75246

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/10/2021

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

Contributor address; City; State; Zip Code
3508 Bryn Mawr Dr. Dallas, TX 75225

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date

03/10/2021

5 Full name of contributor

Gary Salmon

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

6 Contributor address;

P.O. Box 52149

City; State; Zip Code

Lafayette, LA 70505

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/10/2021

Full name of contributor

Donald Mendoza

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

Contributor address;

1809 Denais Rd

City; State; Zip Code

Duson, LA 70529

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2021

Full name of contributor

David Mills

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

Contributor address;

2250 Robley Drive

City; State; Zip Code

Lafayette, LA 70503

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2021

Full name of contributor

Eric Stroder

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

Contributor address;

100 Sweetwater Creek

City; State; Zip Code

Youngsville, LA 70592

Amount of contribution (\$)

1000.00

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:
17 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/10/2021

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

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
106 Valerie Drive Lafayette, LA 70508

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/10/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
229 English Gardens Pkwy Lafayette, LA 70503

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/10/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
P.O. Box 82284 Lafayette, LA 70598

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/10/2021

Full name of contributor out-of-state PAC (ID#: _____)
Douglas Cochrane Jr.

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
317 Thibodeaux Dr. Lafayette, LA 70503

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:
18 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date

03/10/2021

5 Full name of contributor

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

Maurine Dickey

7 Amount of contribution (\$)

300.00

6 Contributor address;

City; State; Zip Code

18583 Dallas Pkwy Suite 120

Dallas, TX 75287

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/10/2021

Full name of contributor

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

David Bordes

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

P.O. Box 53669

Lafayette, LA 70505

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/2021

Full name of contributor

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

Joseph Malick

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3140 Harvard Ave Suite 1802

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/2021

Full name of contributor

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

John Holden

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

7 Turtle Creek Bend

Dallas, TX 75204

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:
19 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/12/2021

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

6 Contributor address; City; State; Zip Code
131 Green Oaks Dr. Lafayette, LA 70503

7 Amount of contribution (\$)
1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/12/2021

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

Contributor address; City; State; Zip Code
6732 Vanderbilt Ave. Dallas, TX 75214

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/13/2021

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

Contributor address; City; State; Zip Code
3444 Normandy Ave. Dallas, TX 75205

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/14/2021

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

Contributor address; City; State; Zip Code
1000 Artessa Cir Suite 1301 Franklin, TN 37067

Amount of contribution (\$)
1000.00

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:
20 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date

03/15/2021

5 Full name of contributor

Helen Hubbard

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

6 Contributor address;

6541 Winton St.

City; State; Zip Code

Dallas, TX 75214

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/15/2021

Full name of contributor

Benjamin Wilson

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

Contributor address;

4424 Jackson Ave. Suite 507

City; State; Zip Code

Dallas, TX 78731

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2021

Full name of contributor

Jane Kinney

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

Contributor address;

5214 Palomar Ln

City; State; Zip Code

Dallas, TX 75229

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2021

Full name of contributor

Dr Joyce Tarpley

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

Contributor address;

3937 Pictureline Dr.

City; State; Zip Code

Dallas, TX 75233

Amount of contribution (\$)

50.00

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:
21 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date

03/15/2021

5 Full name of contributor

Evan Baker

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

6 Contributor address;

4301 Westway Ave.

City; State; Zip Code

Dallas, TX 75205

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/16/2021

Full name of contributor

Rose Miller

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

Contributor address;

P.O. Box 267

City; State; Zip Code

Crowley, LA 70527

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/16/2021

Full name of contributor

Randy Prather

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

Contributor address;

P.O. Box 267

City; State; Zip Code

Crowley, LA 70527

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/16/2021

Full name of contributor

Thomas McCasland III

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

Contributor address;

804 Richland Ave.

City; State; Zip Code

Lafayette, LA 22206

Amount of contribution (\$)

1000.00

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:
22 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date

03/16/2021

5 Full name of contributor

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

Richard Zuschlag

6 Contributor address;

City; State; Zip Code

108 Astoria Loop

Lafayette, LA 70508

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/16/2021

Full name of contributor

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

Deirdre Lyons

Contributor address;

City; State; Zip Code

106 Valerie Drive

Lafayette, LA 70508

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/16/2021

Full name of contributor

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

William Scarlett III

Contributor address;

City; State; Zip Code

3490 Clubhouse Drive Suite 205

Wilson, WY 83014

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/16/2021

Full name of contributor

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

Stephen Moxley

Contributor address;

City; State; Zip Code

550 Longwood Lane

Alpharetta, GA 30004

Amount of contribution (\$)

250.00

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:
23 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/16/2021

5 Full name of contributor out-of-state PAC (ID#: _____)
Roger, Jr. Villere

6 Contributor address; City; State; Zip Code
838 Aurora Ave Metairie, LA 70005

7 Amount of contribution (\$)
200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/16/2021

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

Contributor address; City; State; Zip Code
714 Brighton Lane Dallas, TX 75043

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/16/2021

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

Contributor address; City; State; Zip Code
5643 Vanderbilt Ave Dallas, TX 75206

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/16/2021

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

Contributor address; City; State; Zip Code
5643 Vanderbilt Ave Dallas, TX 75206

Amount of contribution (\$)
1000.00

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:
24 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/16/2021

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

6 Contributor address; City; State; Zip Code
10134 Waller Drive Dallas, TX 75229

7 Amount of contribution (\$)
1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/16/2021

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

Contributor address; City; State; Zip Code
10134 Waller Drive Dallas, TX 75229

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/16/2021

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

Contributor address; City; State; Zip Code
107 Running Deer Lafayette, LA 70503

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/16/2021

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

Contributor address; City; State; Zip Code
4601 Belclaire Avenue Dallas, TX 75209

Amount of contribution (\$)
500.00

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:
25 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/16/2021

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

6 Contributor address; City; State; Zip Code
624 Eden Park Rd Altamonte Springs, FL 32714

7 Amount of contribution (\$)
500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/16/2021

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

Contributor address; City; State; Zip Code
3953 Maple Ave Suite 150 Dallas, TX 75219

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/16/2021

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

Contributor address; City; State; Zip Code
3953 Maple Ave Suite 150 Dallas, TX 75219

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/18/2021

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

Contributor address; City; State; Zip Code
5003 Sea Pines Drive Dallas, TX 75287

Amount of contribution (\$)
50.00

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:
26 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date

03/18/2021

5 Full name of contributor

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

Dr Brynne Sullivan

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

2750 Lockerbie Lane

Keswick, VA 22947

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/18/2021

Full name of contributor

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

Michael Holmes

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

P.O. Box 38282

Dallas, TX 75238

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2021

Full name of contributor

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

Amy Davis

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

6505 Woodland Drive

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2021

Full name of contributor

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

Walt Davis

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

6505 Woodland Drive

Dallas, TX 75225

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:
27 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/18/2021

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

6 Contributor address; City; State; Zip Code
3233 Hugo Place Dallas, TX 75204

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/18/2021

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

Contributor address; City; State; Zip Code
3401 Lee Parkway Suite 608 Dallas, TX 75219

Amount of contribution (\$)
25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/19/2021

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

Contributor address; City; State; Zip Code
3505 Turtle Creek Suite 6F Dallas, TX 75219

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/19/2021

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

Contributor address; City; State; Zip Code
3680 Miles St Dallas, TX 75209

Amount of contribution (\$)
250.00

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:
28 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/19/2021

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

6 Contributor address; City; State; Zip Code
P.O. Box 53962 Lafayette, LA 70505

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/19/2021

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

Contributor address; City; State; Zip Code
4420 Lorraine Ave Dallas, TX 75205

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/19/2021

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

Contributor address; City; State; Zip Code
111 Sonoma Way Lafayette, LA 70508

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/19/2021

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

Contributor address; City; State; Zip Code
4309 Alta Vista Lane Dallas, TX 75229

Amount of contribution (\$)
100.00

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:
29 of 29

2 FILER NAME

Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 Date
03/19/2021

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
808 Northlake Dr Richardson, TX 75080

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/21/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
6315 Bandera Ave Suite D Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/22/2021

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
5600 W. Lovers Ln 116 Suite 386 Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/22/2021

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

Amount of contribution (\$)
875.00

Contributor address; City; State; Zip Code
10630 Chesterton Drive Dallas, TX 75238

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mrs Elizabeth Viney

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan
02/22/2021

7 Name of lender out-of-state PAC (ID#: _____)
Mrs Elizabeth M Viney Candidate

9 Loan Amount (\$)
20000.00

6 Is lender a financial Institution?
Y N

8 Lender address; City; State; Zip Code
6211 Prospect Ave. Dallas, TX 75214

10 Interest rate
0.0%

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
 not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)
0.00

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
 not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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: 1 of 7	2 FILER NAME Mrs Elizabeth Viney	3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2021	5 Payee name Eagle Postal Center	
6 Amount (\$) 264.00	7 Payee address; City; State; Zip Code 6333 E. Mockingbird Ln Dallas, TX 75214	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Post Office Box Rental
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 03/02/2021	Payee name Texas Tape & Label	
Amount (\$) 1549.60	Payee address; City; State; Zip Code 500 S. 26th St Waco, TX 76706	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 03/03/2021	Payee name Nathan Johnson	
Amount (\$) 350.00	Payee address; City; State; Zip Code 1250 State Street Suite 2405 Richardson, TX 75082	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography
	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

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 of 7	2 FILER NAME Mrs Elizabeth Viney	3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2021	5 Payee name Strategic Political Management	
6 Amount (\$) 4500.00	7 Payee address; City; State; Zip Code 2805 Allen St. Dallas, TX 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consultant Fees
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 03/19/2021	Payee name Strategic Political Management	
Amount (\$) 1490.85	Payee address; City; State; Zip Code 2805 Allen St Suite 319 Dallas, TX 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Marketing and Design
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 03/22/2021	Payee name CVS	
Amount (\$) 25.18	Payee address; City; State; Zip Code 6120 E. Mockingbird Ln Dallas, TX 75214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Supplies
	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

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: 3 of 7	2 FILER NAME Mrs Elizabeth Viney	3 Filer ID (Ethics Commission Filers)			
4 Date 02/22/2021	5 Payee name Anedot Inc.				
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 02/26/2021	Payee name Anedot Inc.				
Amount (\$) 44.60	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic Fundraising Expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 03/04/2021	Payee name Anedot Inc.				
Amount (\$) 202.61	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

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: 4 of 7	2 FILER NAME Mrs Elizabeth Viney	3 Filer ID (Ethics Commission Filers)			
4 Date 03/06/2021	5 Payee name Anedot Inc.				
6 Amount (\$) 111.20	7 Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 03/08/2021	Payee name Anedot Inc.				
Amount (\$) 86.10	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 03/10/2021	Payee name Anedot Inc.				
Amount (\$) 78.10	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

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: 5 of 7	2 FILER NAME Mrs Elizabeth Viney	3 Filer ID (Ethics Commission Filers)			
4 Date 03/12/2021	5 Payee name Anedot Inc.				
6 Amount (\$) 64.90	7 Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 03/14/2021	Payee name Anedot Inc.				
Amount (\$) 44.60	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 03/16/2021	Payee name Anedot Inc.				
Amount (\$) 176.40	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 7	2 FILER NAME Mrs Elizabeth Viney	3 Filer ID (Ethics Commission Filers)			
4 Date 03/18/2021	5 Payee name Anedot Inc.				
6 Amount (\$) 129.00	7 Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 03/20/2021	Payee name Anedot Inc.				
Amount (\$) 40.50	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 03/22/2021	Payee name Anedot Inc.				
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 7	2 FILER NAME Mrs Elizabeth Viney	3 Filer ID (Ethics Commission Filers)			
4 Date 03/07/2021	5 Payee name Square, Inc.				
6 Amount (\$) 202.05	7 Payee address; City; State; Zip Code 1455 Market Street Suite 500 San Francisco, CA 94103				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 02/17/2021	Payee name Harland Clarke				
Amount (\$) 24.50	Payee address; City; State; Zip Code 5955 La Cantera Pky. San Antonio, TX 78256				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business checks			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mrs Elizabeth Viney	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 03/19/2021	6 Payee name Cafe Danielle
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7 Amount (\$) 1619.63	8 Payee address; City; State; Zip Code 9026 McCraw Dr Dallas, TX 75209
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

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

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/22/2021	Payee name Vanguard Field Strategies
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Amount (\$) 11250.00	Payee address; City; State; Zip Code 800 W 47th St Suite 200 Kansas City, MO 64112
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Program
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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