

# 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 (If Texas Commission Filer): 2 Total pages filed: **11**

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: **MS.** FIRST: **JABRANICA** MI: **W**  
 NICKNAME: **NIKKI** LAST: **STROBA** SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: **823 VALLEYBROOKE DR. ARLINGTON, TX 76001**  
APT / SUITE # CITY STATE ZIP CODE  
Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: **(682)** PHONE NUMBER: **225-2541** EXTENSION:

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: **MRS.** FIRST: **MELODIE** MI: **G**  
 NICKNAME: LAST: **MORRIS** SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS**  
(Residence or Business)  
 STREET ADDRESS (NO PO BOX PLEASE): **123 MILL CREEK DR. ARLINGTON, TX 76010**  
APT / SUITE # CITY STATE ZIP CODE

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: **(817)** PHONE NUMBER: **929-4359** EXTENSION:

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  0th day before election  Exceeded Modified Reporting Limit  Final Report (Attach COM FR)

**10 PERIOD COVERED**  
 Month: **3** Day: **28** Year: **23** THROUGH Month: **4** Day: **26** Year: **23**

**11 ELECTION**  
 ELECTION DATE: Month: **5** Day: **6** Year: **23**  
 ELECTION TYPE:  Primary  Runoff  Other Description  
 General  Special

**12 OFFICE** OFFICE HELD (if any): **NONE** **13 OFFICE SOUGHT (if any):** **TCCCD5 TRUSTEEM**

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

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received

## POSTED

APR 27 2023

**TARRANT COUNTY COLLEGE DISTRICT**

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME MS JABRANICA W. NIKKI STROBA		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1225.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3605.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 71.88

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

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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jabranica W. Stroba and my date of birth is 1/31/1992  
 My address is 723 Valleybrooke Dr Arlington Tx 76010 USA  
(street) (city) (state) (zip code) (country)  
 Executed in Tarrant County, State of Tx, on the 28 day of April, 2023  
(month) (year)  
Jabranica W. Stroba  
 Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>Jabranica W. Steeby</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1 SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS		\$ <i>128500</i>
2 SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>0</i>
3 SCHEDULE B PLEDGED CONTRIBUTIONS		\$ <i>0</i>
4 SCHEDULE E LOANS		\$ <i>0</i>
5 SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>360513</i>
6 SCHEDULE F2 UNPAID INCURRED OBLIGATIONS		\$ <i>0</i>
7 SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
8 SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD		\$ <i>0</i>
9 SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>0</i>
10 SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>0</i>
11 SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
12 SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>0</i>

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <b>5</b>
2 FILER NAME <b>MS. JABRANICA W STROBA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/31/2023</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>SUSAN VALIANT</b>	7 Amount of contribution (\$) <b>50.00</b>
	6 Contributor address, City, State, Zip Code <b>1910 LEIGHTON DR. ARLINGTON TX 76015</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/02/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>GINA SANDERS</b>	Amount of contribution (\$) <b>30.00</b>
	Contributor address, City, State, Zip Code <b>2 ARABIAN CT MANSFIELD TX 76063</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/02/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>CYNTHIA LASHER</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address, City, State, Zip Code <b>2235 PARK HURST DR ARLINGTON TX 76001</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/03/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>PAMELA JOYCE</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address, City, State, Zip Code <b>2600 FEATHERSTONE CT ARLINGTON TX 76001</b>	
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**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <b>5</b>
2 FILER NAME <b>Jabrina W Stroba</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/3/23</b>	5 Full name of contributor <b>Bina Woodlee</b> <small>out-of-state PAC (ID#)</small>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address, City, State, Zip Code <b>5600 Bridgeway Dr Arlington TX 7</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>4/4/23</b>	Full name of contributor <b>Stephen E Klum</b> <small>out-of-state PAC (ID#)</small>	Amount of contribution (\$) <b>50.00</b>
Contributor address, City, State, Zip Code <b>4740 Oak Club Dr Arlington TX 76010</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>4/16/23</b>	Full name of contributor <b>Anne B. Coker</b> <small>out-of-state PAC (ID#)</small>	Amount of contribution (\$) <b>100.00</b>
Contributor address, City, State, Zip Code <b>2716 Margaret Dr. Arlington TX 76012</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/16/23</b>	Full name of contributor <b>Rich Steglin</b> <small>out-of-state PAC (ID#)</small>	Amount of contribution (\$) <b>100.00</b>
Contributor address, City, State, Zip Code <b>P.O. Box 171627 Arlington TX 76003</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1	5
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Jahannica W Stroba			
4 Date	5 Full name of contributor	out of state PAC (ID#)	7 Amount of contribution (\$)
4/16/23	Susan Valiant		50.00
6 Contributor address		City	State Zip Code
1411 Leighton Dr.		Arlington	TX 76015
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor	out of state PAC (ID#)	Amount of contribution (\$)
4/16/23	Richard Sutterfield		20.00
Contributor address		City	State Zip Code
304 Vermont P.O. Box 15234		Arlington	TX 76015
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Retired			
Date	Full name of contributor	out of state PAC (ID#)	Amount of contribution (\$)
4/16/23	Gina Sanders		20.00
Contributor address		City	State Zip Code
P.O. Box 143225		Arlington	TX 76045
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out of state PAC (ID#)	Amount of contribution (\$)
4/16/23	Peggy Borchert		40.00
Contributor address		City	State Zip Code
P.O. Box 15234E		Arlington	TX 76015
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Retired			

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>5</u>
2 FILER NAME <u>Jabranica W. Stroba</u>		3 Filer ID (Ethics Commission Fiers)
4 Date <u>4/16/23</u>	5 Full name of contributor out of state PAC (ID#) <u>Hector Casanueva</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address. City. State. Zip Code <u>6501 Sherwood Dr Arlington TX 76015</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/16/23</u>	Full name of contributor out of state PAC (ID#) <u>Jerry Paswell</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address. City. State. Zip Code <u>P.O. Box 12-221 Arlington TX 76015</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>4/16/23</u>	Full name of contributor out of state PAC (ID#) <u>Denise Lunski</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address. City. State. Zip Code <u>6503 Branch Hollow Arlington TX 76001</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/15/23</u>	Full name of contributor out of state PAC (ID#) <u>Dora Graham</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address. City. State. Zip Code <u>1702 Princeton Dr. Arlington TX 76015</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 **5**

2 FILER NAME **Ms. Jabariya W. Strabel**

3 Filer ID (Ethics Commission Filers)

4 Date **11/12/23** 5 Full name of contributor **Kathleen Arechka Jessup** out-of-state PAC (ID#)

7 Amount of contribution (\$) **200.00**

6 Contributor address, City, State, Zip Code  
**3215 Greenbriar Dr. Arlington TX 76014**

8 Principal occupation / Job title (See Instructions) **Subst Teacher**

9 Employer (See Instructions) **AISD**

Date **4/26/23** Full name of contributor **Larry Mike** out-of-state PAC (ID#)  
Contributor address, City, State, Zip Code  
**425 E. Lamar Blvd 149 Arlington TX 76010**

Amount of contribution (\$) **100.00**

Principal occupation / Job title (See Instructions) **Attorney**

Employer (See Instructions) **Cracker Russell Assoc**

Date Full name of contributor out-of-state PAC (ID#)  
Contributor address, City, State, Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#)  
Contributor address, City, State, Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidates/Officeholders/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Fundraising Expense  
Gifts/Awards/Memorabilia Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Mental Expense  
Printing Expense  
Travel Expense  
Salaries/Wages/Contract Labor

Subsistence/Undressing Expense  
Transportation/Equipment & Related Expenses  
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 <b>3</b>	2 FILER NAME <b>Anedot Jabranica W Strelak</b>	3 Filer ID (Ethics Commission Filer)
4 Date <b>3/22/23</b>	5 Payee name <b>Mark Hayes aka Tarrant Campaign Sign</b>	
6 Amount (\$) <b>1136.65</b>	7 Payee address, City, State, Zip Code <b>2720 E. Sarton Rd. Grand Prairie TX 75254</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Sign installation</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <b>4/26/23</b>	Payee name <b>Home Depot</b>	
Amount (\$) <b>209.62</b>	Payee address, City, State, Zip Code <b>1125 N US Hwy 227 Mansfield TX 76063</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Posts for signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <b>4/26/23</b>	Payee name <b>Power Mart</b>	
Amount (\$) <b>\$22.28</b>	Payee address, City, State, Zip Code <b>615 W. Abram St Arlington TX 76017</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>fuel to put up signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |  |   |  |
|--|--|---|--|
| Advertising Expenses<br>Accounting/Printing<br>Consulting Expenses<br>Contributions/Donations Made By<br>Candidate/Officeholder/Federal Committee<br>Credit Card Payment | Event Expenses<br>Fees<br>Fundraising Expense<br>Gift/Award/Banner/Trade Show Expenses<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expenses<br>Polling Expenses<br>Printing Expenses<br>Salaries/Wages/Contract Labor | Subscription/Leasing Expense<br>Transportation/Equipment & Related Expenses<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
|--|--|---|--|
- The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1 <u>3</u>	<b>2</b> FILER NAME <u>Jabranica W. Struble</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>3/22/23</u>	<b>5</b> Payee name <u>Ft Worth Hightech Signs Co</u>	
<b>6</b> Amount (\$) <u>893.64</u>	<b>7</b> Payee address, City, State, Zip Code <u>3120 Bennie Dr Ft Worth TX 76116</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising/Printing</u>	<b>(b)</b> Description <u>Design &amp; print cards &amp; signs</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<input type="checkbox"/> Check if Austin TX officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
<b>Date</b> <u>4/16/23</u>	<b>Payee name</b> <u>Ft Worth HighTech Signs Co</u>	
<b>Amount (\$)</b> <u>562.90</u>	<b>Payee address, City, State, Zip Code</b> <u>3120 Bennie Dr Ft Worth TX 76116</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Advertising/Printing</u>	<b>Description</b> <u>Design &amp; print post cards &amp; signs</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<input type="checkbox"/> Check if Austin TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
<b>Date</b> <u>4/17/23</u>	<b>Payee name</b> <u>Ft Worth Hightech Signs Co</u>	
<b>Amount (\$)</b> <u>665.74</u>	<b>Payee address, City, State, Zip Code</b> <u>3122 Bennie Dr Ft. Worth TX 76116</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Advertising/Printing</u>	<b>Description</b> <u>Design &amp; print cards and signs</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<input type="checkbox"/> Check if Austin TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |   |                               |                                 |  |
|---|-------------------------------|---------------------------------|--|
| Advertising Expense                     | Event Expense                 | Loan Repayment/Reimbursement    | Stationery/Fundraising Expense             |
| Accounting/Bookkeeping                  | Fees                          | Office Overhead/Related Expense | Transportation Equipment & Related Expense |
| Consulting Expense                      | Food/Beverage Expense         | Printing Expense                | Travel In District                         |
| Contributor Relations Made By           | Gift Awards/Memorials Expense | Printing Expense                | Travel Out Of District                     |
| Candidate/Officeholder/Public 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 3	2 FILER NAME Sabrina W. Straley	3 Filer ID (Ethics Commission Filers)
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4 Date 4-11-23	5 Payee name Anndet
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6 Amount (\$) \$14.40	7 Payee address 5550 Hutton Ave, Baton Rouge LA	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description online donations service fees charged by Anndet
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-26-23	Payee name Boy Scouts of America Longhorn Council
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Amount (\$)	Payee address 256 Cannon Dr Hurst TX	City	State	Zip Code 76054
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense / Solicitation / Fundraising	Description Attend wife's wife event for soliciting votes & endorsements
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address	City	State	Zip Code
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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 I	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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