

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **20**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mrs Keziah M V
NICKNAME LAST SUFFIX
Farrar

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2080 Cannon Dr Mansfield TX 76063

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 319-4032

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs Leigh Ann M
NICKNAME LAST SUFFIX
Tipping

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1021 Pebble Beach Dr Mansfield TX 76063

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(682) 472-0161

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
02 / 03 / 20 THROUGH 03 / 31 / 20

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05 / 01 / 20 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mansfield ISD School Board Place 4

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

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

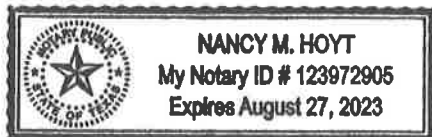
15 C/OH NAME Keziah Valdes Farrar		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4365.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3503.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 862.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

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


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nancy Hoyt / Keziah Farrar this the 1st day of April, 2021, to certify which, witness my hand and seal of office.

Nancy Hoyt Nancy Hoyt HR Admin Asst
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Keziah Valdes Farrar		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4365.73
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 500.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3503.28
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Keziah Valdes Farrar

3 Filer ID (Ethics Commission Filers)

4 Date

3-1-21

5 Full name of contributor

Lorraine Valdes

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2080 Cannon Dr Mansfield TX 76063

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-3-21

Full name of contributor

Peggy DuBois

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

Amount of contribution (\$)

40.00

Contributor address;

City;

State;

Zip Code

1026 Clubhouse Dr Mansfield TX 76063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-21

Full name of contributor

Brenda Hayes

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

Amount of contribution (\$)

9.00

Contributor address;

City;

State;

Zip Code

370 Cagle Crow Rd Mansfield TX 76063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-21

Full name of contributor

Craig Tipping

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1021 Pebble Beach Dr Mansfield TX 76063

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:
2 FILER NAME Keziah Valdes Farrar		3 Filer ID (Ethics Commission Filers)
4 Date 3-7-21	5 Full name of contributor out-of-state PAC (ID#: _____) Jeanette Bertucci <hr/> 6 Contributor address; City; State; Zip Code 1417 Harbourtown Mansfield TX 76063	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-7-21	Full name of contributor out-of-state PAC (ID#: _____) Lani Castro <hr/> Contributor address; City; State; Zip Code 1207 Delaware Dr Mansfield TX 76063	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-7-21	Full name of contributor out-of-state PAC (ID#: _____) Nicole Shoquist <hr/> Contributor address; City; State; Zip Code 1109 Greenhill Trl Mansfield TX 76063	Amount of contribution (\$) 515.24
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-7-21	Full name of contributor out-of-state PAC (ID#: _____) Carol Burney <hr/> Contributor address; City; State; Zip Code Dr Mansfield TX 76063 1206 Dover Heights	Amount of contribution (\$) 103.30
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.

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

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

103.30

9 Employer (See Instructions)

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

103.30

Employer (See Instructions)

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

26.06

Employer (See Instructions)

out-of-state PAC (ID#:

26.06

Employer (See Instructions)

Revised 8/17/2020

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:
2 FILER NAME Keziah Valdes Farrar		3 Filer ID (Ethics Commission Filers)
4 Date 3-14-21	5 Full name of contributor out-of-state PAC (ID#: _____) Lorraine Valdes 6 Contributor address; City; State; Zip Code 2080 Cannon Dr Mansfield TX 76063	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-14-21	Full name of contributor out-of-state PAC (ID#: _____) Debbie Farrar Contributor address; City; State; Zip Code 1609 Wakefield Ct Mansfield TX 76063	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-15-21	Full name of contributor out-of-state PAC (ID#: _____) Chad Rounsavall Contributor address; City; State; Zip Code 7947 Chartwell Ln Fort Worth TX 76120	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-19-21	Full name of contributor out-of-state PAC (ID#: _____) Raymond Bowman Contributor address; City; State; Zip Code 2514 Goodnight Trl Mansfield TX 76063	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

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:
2 FILER NAME Keziah Valdes Farrar		3 Filer ID (Ethics Commission Filers)
4 Date 3-19-21	5 Full name of contributor out-of-state PAC (ID#: Jennifer Littman 6 Contributor address; City; State; Zip Code 3412 Lake Creek Trail Mansfield TX 76063	7 Amount of contribution (\$) 51.80
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-20-21	Full name of contributor out-of-state PAC (ID#: Casey Higginbotham Contributor address; City; State; Zip Code 1739 Matlock Mansfield TX 76063	Amount of contribution (\$) 103.30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-20-21	Full name of contributor out-of-state PAC (ID#: Jennifer Littman Contributor address; City; State; Zip Code 3412 Lake Creek Trail Mansfield TX 76063	Amount of contribution (\$) 51.80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-21-21	Full name of contributor out-of-state PAC (ID#: Renee Chappell Contributor address; City; State; Zip Code 908 Turnberry Mansfield TX 76063	Amount of contribution (\$) 200.00
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

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:
2 FILER NAME Keziah Valdes Farrar		3 Filer ID (Ethics Commission Filers)
4 Date 3-23-21	5 Full name of contributor out-of-state PAC (ID#: _____) RJ Carroll Company <hr/> 6 Contributor address; City; State; Zip Code 1341 Hwy 287 S Mansfield TX 76063	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-25-21	Full name of contributor out-of-state PAC (ID#: _____) Patricia Chappell <hr/> Contributor address; City; State; Zip Code 1218 Danbury Mansfield TX 76063	Amount of contribution (\$) 154.79
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-26-21	Full name of contributor out-of-state PAC (ID#: _____) Andrew Barg <hr/> Contributor address; City; State; Zip Code 1506 Chretien Point Mansfield TX 76063	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-28-21	Full name of contributor out-of-state PAC (ID#: _____) Joyce Deming <hr/> Contributor address; City; State; Zip Code 809 Xavier Dr Mansfield TX 76063	Amount of contribution (\$) 20.00
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

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:

2 FILER NAME

Keziah Valdes Farrar

3 Filer ID (Ethics Commission Filers)

4 Date

3-31-21

5 Full name of contributor

out-of-state PAC (ID# _____)

Sara Ramirez

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

501 Glen Cove Ct Mansfield TX 76063

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-31-21

Full name of contributor

out-of-state PAC (ID# _____)

Kevin Braud

Amount of contribution (\$)

257.78

Contributor address;

City;

State;

Zip Code

2090 Cannon Dr Mansfield TX 76063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**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 E: 1
2 FILER NAME Keziah Valdes Farrar		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 500.00
5 Date of loan 3-1-21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Keziah Farrar	9 Loan Amount (\$) 500.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2080 Cannon Dr Mansfield TX 76063	10 Interest rate 0
		11 Maturity date 12-31-2021
12 Principal occupation / Job title (See Instructions) Realtor		13 Employer (See Instructions) Interhomes Realty
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <input type="checkbox"/> Y <input type="checkbox"/> 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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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

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
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: <u>9</u>	2 FILER NAME <u>Keniah Valdes Famar</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3-5-21</u>	5 Payee name <u>Paypal</u>	
6 Amount (\$) <u>3.20</u>	7 Payee address; <u>2211 N 1st St San Jose</u> City: <u>CA</u> State: <u>95131</u> Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>fees</u>	(b) Description <u>fees</u>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date <u>3-7-21</u>	Payee name <u>Paypal</u>	
Amount (\$) <u>3.20</u>	Payee address; <u>2211 N 1st St San Jose</u> City: <u>CA</u> State: <u>95131</u> Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>fees</u>	Description <u>fees</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date <u>3-7-21</u>	Payee name <u>Paypal</u>	
Amount (\$) <u>1.75</u>	Payee address; <u>2211 N 1st St San Jose</u> City: <u>CA</u> State: <u>95131</u> Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>fees</u>	Description <u>fees</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>Keruan Valdes Famar</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-7-21</u>	5 Payee name <u>paypal</u>		
6 Amount (\$) <u>15.24</u>	7 Payee address; City; State; Zip Code <u>2211 N 1st St San Jose CA 95131</u>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>fees</u>		(b) Description <u>fees</u>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <u>3-7-21</u>	Payee name <u>paypal</u>		
Amount (\$) <u>3.30</u>	Payee address; City; State; Zip Code <u>2211 N 1st St San Jose CA 95131</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>fees</u>		Description <u>fees</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <u>3-7-21</u>	Payee name <u>paypal</u>		
Amount (\$) <u>3.30</u>	Payee address; City; State; Zip Code <u>2211 N 1st St San Jose CA 95131</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>fees</u>		Description <u>fees</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Keriah Valdes Faurar</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-8-21</i>	5 Payee name <i>Wix.com</i>
-----------------------------	------------------------------------

6 Amount (\$) <i>175.36</i>	7 Payee address; City; State; Zip Code <i>2601 mission st. San Francisco CA</i>
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>website</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>3-8-21</i>	Payee name <i>Wix.com</i>
--------------------	---------------------------

Amount (\$) <i>10.71</i>	Payee address; City; State; Zip Code <i>2601 mission St. San Francisco CA</i>
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>website domain</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date <i>3-9-21</i>	Payee name <i>Historic mansfield Business Assoc.</i>
--------------------	--

Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>208 E Broad St mansfield TX 76063</i>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>movie night @ The Lot</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>Keruan Valdes Famar</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-12-21</u>	5 Payee name <u>paypal</u>		
6 Amount (\$) <u>3.30</u>	7 Payee address; City; State; Zip Code <u>2211 N 1st St San Jose CA 95131</u>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Fees</u>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date <u>3-13-21</u>	Payee name <u>paypal</u>		
Amount (\$) <u>1.06</u>	Payee address; City; State; Zip Code <u>2211 N 1st St San Jose CA 95131</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Fees</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date <u>3-14-21</u>	Payee name <u>paypal</u>		
Amount (\$) <u>1.06</u>	Payee address; City; State; Zip Code <u>2211 N 1st St San Jose CA 95131</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Fees</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name _____ Office sought _____ Office held _____			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Keriah Valdes Faurar</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-15-21</i>	5 Payee name <i>Paypal</i>			
6 Amount (\$) <i>3.20</i>	7 Payee address; <i>2211 N 1st St. San Jose</i>		City; <i>CA</i>	State; <i>95131</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Fees</i>	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <i>3-19-21</i>	Payee name <i>paypal</i>			
Amount (\$) <i>1.75</i>	Payee address; <i>2211 N 1st St.</i>		City; <i>San Jose</i>	State; <i>CA</i> Zip Code <i>95131</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Fees</i>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <i>3-19-21</i>	Payee name <i>paypal</i>			
Amount (\$) <i>1.80</i>	Payee address; <i>2211 N 1st St.</i>		City; <i>San Jose</i>	State; <i>CA</i> Zip Code <i>95131</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Fees</i>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name _____ Office sought _____ Office held _____				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>Keriah Valdes Fawcett</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3-20-21</u>	5 Payee name <u>paypal</u>			
6 Amount (\$) <u>3.30</u>	7 Payee address; <u>2211 N 1st St.</u>		City; <u>San Jose</u>	State; <u>CA</u> Zip Code <u>95131</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Fees</u>	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <u>3-20-21</u>	Payee name <u>paypal</u>			
Amount (\$) <u>1.80</u>	Payee address; <u>2211 N 1st St.</u>		City; <u>San Jose</u>	State; <u>CA</u> Zip Code <u>95131</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Fees</u>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <u>3-21-21</u>	Payee name <u>paypal</u>			
Amount (\$) <u>6.10</u>	Payee address; <u>2211 N 1st St</u>		City; <u>San Jose</u>	State; <u>CA</u> Zip Code <u>95131</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Fees</u>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name _____ Office sought _____ Office held _____				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Keriah Valdes Fajur</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-22-21</i>	5 Payee name <i>Williams Signs Company</i>
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6 Amount (\$) <i>1341.49</i>	7 Payee address; City; State; Zip Code <i>3933 E California Pkwy #C Forest Hill TX 76119</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expens</i>	(b) Description <i>campaign signs</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-23-21</i>	Payee name <i>Paypal</i>
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Amount (\$) <i>29.30</i>	Payee address; City; State; Zip Code <i>2211 N 1st St. San Jose CA 95131</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Fees</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-24-21</i>	Payee name <i>Williams Signs</i>
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Amount (\$) <i>542.33</i>	Payee address; City; State; Zip Code <i>3933 E California Pkwy #C Forest Hill TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>campaign signs</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Keriah Valdes Famar</i>		3 Filer ID (Ethics Commission Filers)				
4 Date <i>3-25-21</i>		5 Payee name <i>paypal</i>						
6 Amount (\$) <i>4.79</i>		7 Payee address; <i>2211 N 1st St.</i>		City; <i>San Jose</i>	State; <i>CA</i> Zip Code <i>95131</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Fees</i>					
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date <i>3-26-21</i>		Payee name <i>paypal</i>						
Amount (\$) <i>1.75</i>		Payee address; <i>2211 N 1st St.</i>		City; <i>San Jose</i>	State; <i>CA</i> Zip Code <i>95131</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Fees</i>					
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date <i>3-29-21</i>		Payee name <i>Williams Signs</i>						
Amount (\$) <i>542.33</i>		Payee address; <i>3933 E California Pkwy #C</i>		City; <i>Forest Hill TX</i>	State; <i>TX</i> Zip Code <i>76119</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		Description <i>campaign signs</i>					
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>Kenah Valdes Famar</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3-31-21</u>	5 Payee name <u>Williams Signs</u>			
6 Amount (\$) <u>512.33</u>	7 Payee address; City; State; Zip Code <u>3933 E California Pkwy # C Forest Hill TX 76119</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>advertising expense</u>		(b) Description <u>campaign signs</u>	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <u>3-31-21</u>	Payee name <u>paypal</u>			
Amount (\$) <u>1.75</u>	Payee address; City; State; Zip Code <u>2211 N 1st St. San Jose CA 95131</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Fees</u>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <u>3-31-21</u>	Payee name <u>paypal</u>			
Amount (\$) <u>7.78</u>	Payee address; City; State; Zip Code <u>2211 N 1st St. San Jose CA 95131</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Fees</u>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name _____ Office sought _____ Office held _____				

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