#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY 0 Danieka **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE # CITY STATE: ZIP CODE 10/24/2021-9H **OFFICEHOLDER** MAILING **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE TREASURER ADDRESS TX (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Month Day COVERED 10 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Description General Special OFFICE HELD (if any) OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	Daniela Parsley	or ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 700
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 900
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 793.36
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD	\$ 793.36 \$ 106.64
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	1 land - Parcha	h day of October,
	Ruepando Rita VII al pando	RITA VILLALPANDO Notary Public, State of Te
	OR OR	Notary ID 132607874
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (state)  County, State of, on the day of	(zip code) (country) , 20 (year)
	Signature of Candidate/Offi	

## SUBTOTALS - C/OH

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

19	FILER NAME 20 F	Filer ID (Ethics Commission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	s 900			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	utions \$ 793,36			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$			
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 BUSIN	NESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	sutions \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED \$			

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the reques	sted information is not applicat	ole, <b>DO NOT</b> in	nclude th	is page in the	report.
The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME	Daniela Pars	ley			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Debra Portider  6 Contributor address;  pation / Job title (See Instructions)		State;		7 Amount of contribution (\$)
o rimapai occu	pation / dob title (coe mandetions)		2	loyer (occ mande	
Date	Full name of contributor  Adam Kousey	out-of-state PA	C (ID#:	)	Amount of contribution (\$)
09/14/12/	Contributor address;	city; Kyle		Zip Code	\$50
	pation / Job title (See Instructions)	roque	1	loyer (See Instruct	ions)
Date Principal occup	Full name of contributor  OCKIL RUPO  Contributor address;  pation / Job title (See Instructions)	out-of-state PA	State;	Zip Code 79645	Amount of contribution (\$)
Date ON IN 12	Full name of contributor  Gay Tuom  Contributor address;	out-of-state PA	C (ID#:State;	zip Code 78640	Amount of contribution (\$)  \$\frac{25}{25}\$
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruct	ions)
	ATTACH ADDIT	IONAL COPIES	OF THIS S	SCHEDULE AS N	EEDED

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

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	sted information is not applicable, DO NOT include this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date 2)	5 Full name of contributor   out-of-state PAC (ID#:)  Tegan TcWorther  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Timorpai occu	and the second s	
Date	Full name of contributor	Amount of contribution (\$)
	Mona and Rex Fisher	150
oloyla	Contributor address; City; State; Zip Code	\$ 20
010,	Kyle TX 78640	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
L	Deanna and Will talmer Turner	1
a/20/2	Contributor address; City; State; Zip Code	9250
) "	Kyle Tx 78640	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
۱۵.	Anita and Mario Perez	
100/2	Contributor address; City; State; Zip Code	\$200
01/012	Kyle TX 72040	
	pation / Job title (See Instructions) Employer (See Instruc	tions)

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

Т	ne Instruction Guide explains how to complete this form	1 Total pages S	Schedule A1:	
FILER NAME		3 Filer ID (Eth	3 Filer ID (Ethics Commission Filers)	
Date 1/2/2	5 Eull name of contributor	7 Amount of contests Zip Code	contribution (\$)	
	The state of the s	Employer (See Instructions)	100	
Date	Full name of contributor	Amount of c	contribution (\$)	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor	Amount of c	contribution (\$)	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor	) Amount of c	contribution (\$)	
	Contributor address; City; St	ate; Zip Code		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)		

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE

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

ii tile requested iiii	offiation is not applicable, be not in	iciade tino page in the	report.
	EXPENDITURE CATEG	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
result pages contaction	Daniela Par	sleep-	
P1/21/2	5 Payee name PGG printing and	grapmics	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$400	536 Herrick Rd. Ly	nbrook, NY	11563.
8	(a) Category (See Categories listed at the top of this		,
PURPOSE	Advertising expense	2 Signs	/banner
EXPENDITURE	Printing expense		
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Au	stin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oł	1		
Date	Payee name	9	
09/22/21	The Block Scre	en printing	
Amount (\$)	Payee address;	City;	State; Zip Code
\$145.75	1059 Sanders, Kyle	及	78640
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Advertising expense	- Tonirt	S .
	Check if travel outside of Texas, Complete Sci	hedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/01/21	Vista Print Nether	lands BY	
Amount (\$)	Payee address;	City;	State; Zip Code
119.39	170 Data drive	Waltham	MA 02451
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE	Advertising expens	e Him	
EXPENDITURE	Printing expense	e fliers.	
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Au	stin, 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 NE	EDED

# 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/Protecholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Daniela Parsley azon  Son involce #114 Catagories listed at the top of this schedule)	City; State;	s Commission Filers)
500 involce #114		
son involce #114		
	(DODO) 500 -	Zip Code
Cotonorine liefed at the ton of this pake title	1-6001366-3946223	
Jacegories issed at the top of this schedule)	(b) Description	
1.01001 Ola 00001	· Treat bags	
Ging expanses	· Halloween tays.	
travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living	expense
officeholder name	Office sought	Office held
art		
	City; State;	Zip Code
ategories listed at the top of this schedule)	Description	
ngexpense	Candy to treat	bags
travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	expense
fficeholder name	Office sought	Office held
	City; State;	Zip Code
ategories listed at the top of this schedule)	Description	
travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	expense
	Office sought	Office held
ď	if travel outside of Texas. Complete Schedule T. Officeholder name	