CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction 0	Guide explains how	to comple	te this form.	1 Filer	ID (Ethics Comm	nission Filers)	2 Total pages fi	iled: 21
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR		FIRST ANCISCO		м J	ΛI J	OFFICE	USEONLY
NAME	NICKNAME HARVEY		LAST AXACA			SUFFIX SR.	Date Received HI/20	221
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 4405 SAN F			CITY; CKINNE		OP CODE	info	ace.
5 CANDIDATE/	AREA CODE	PHONE	NUMBER		EXTENSION		Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER PHONE	(469)	853-	-0477					
6 CAMPAIGN TREASURER	MS / MRS / MR		FIRST		М		Receipt #	Amount \$
NAME	NICKNAME	• • • • • • • • • •	LIZADE I II.		• • • • • • • • • • • • • • • • • • • •	A SUFFIX	Date Processed	
			TRAND		-		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 7110 WELLI	•	•	•	CITY; INNEY, T	X 75072	STATE;	ZIP CODE
(Residence or Business)				· · · · · · · · · · · · · · · · · · ·				
8 CAMPAIGN TREASURER PHONE	(415)		NUMBER -9781		EXTENSION			
9 REPORT TYPE	January 15		30th day before e		Runoff	ed Modified	treasurer a (Officeholde	fter campaign ippointment er Only) rt (Attach C/OH - FR)
10 PERIOD	1 .				Reporting		1	
COVERED	Month 1	Day / 7	Year	THRO	DUGH	Month 3	Day Year / 30 / 21	ŗ
11 ELECTION	ELECTION DA	TE		*************************************	ELE	ECTION TYPE	W	1
·	Month Day	Year	Primary	Ru		Other Description		
	5 / 1 /	/ 21	■ General	Sp	ecial		<u> </u>	
12 OFFICE	OFFICE HELD (if any)				OFFICE SOUG	, ,	BOARD P	LACE 7
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. TI	HESE EXPENDITURES	S MAY HAVE R	EEN MADE WITH	OUT THE CAND	IDATE'S OR OFFICEHOL	MMITTEES TO SUPPORT LDER'S KNOWLEDGE OR F SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE				,		
Additional Pages	GENERAL	СОММІТТЕ	EE ADDRESS					
	SPECIFIC	COMMITTE	EE CAMPAIGN TRE	ASURER NAM	ΛE			
		СОММІТТЕ	EE CAMPAIGN TRE	EASURER AD	DRESS			
			GO TO	PAGE 2	 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME FRANCISCO J. "HAR	.	er ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,300.45			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,902.47			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,587.14			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00			
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/SEA	before me by this the	day of			
	which, witness my hand and seal of office.				
Signature of officer administration (2) Unsworn Declaration	OR	Title of officer administering oath			
Mv name is	, and my date of birth is				
	, and my date of Sharite				
,		(zip code) (country)			
Executed in	County, State of, on the day of(month)	• • • • • • • • • • • • • • • • • • • •			
	Signature of Candidate/Of	ficeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

1	FILER NAME RANCISCO J. "HARVEY" OAXACA SR.	ommiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	7,511.89
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	788.56
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	2,924.75
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	\$	

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: 14			
2 FILER NAME FRANCIS	CO J. "HARVEY" OAXACA SR.		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Elizabeth A. Strand	(ID#:)	7 Amount of contribution (\$)			
01/11/2021	6 Contributor address; City; 7110 Wellington Point Rd, McKinney	State; Zip Code	100.00			
8 Principal occu University Pro	pation / Job title (See Instructions) Ofessor	9 Employer (See Instruction Southern Methodist	·			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
01/28/2021		State; Zip Code ney, TX 75070	500.00			
	ation / Job title (See Instructions) mage Consultant	Employer (See Instructi Wahaka's Wares - S	•			
Date 02/03/2021	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address; City; State; Zip Code 4405 San Fernando Ln, McKinney, TX 75070		100.00			
	nation / Job title (See Instructions) mage Consultant	Employer (See Instructi Wahaka's Wares - S	•			
Date	Full name of contributor out-of-state PAC Jerry E. & Laura A. Fisher	(ID#:)	Amount of contribution (\$)			
02/10/2021	Contributor address; City; 4407 San Fernando Ln, McKinr	State; Zip Code	500.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)			
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EEDED			
	If contributor is out-of-state PAC, please see Instru	iction guide for additional re	eporting requirements.			

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: 14			
2 FILER NAME FRANCIS	CO J. "HARVEY" OAXACA SR.	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
02/24/2021	6 Contributor address; City; State; Zip City; State; Zip City; TX 75072	1,000.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
02/02/2021	Rebecca J. & Thomas Thompson Contributor address; City; State; Zip C 2402 Versailles Ct, McKinney, TX 75070	100.00			
Principal occup	eation / Job title (See Instructions) Employer (S	ee Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:				
02/27/2021	Contributor address; City; State; Zip City; TX 75070	100.00			
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)			
02/27/2021	Christine D. & William W. Schell Contributor address; City; State; Zip Co 314 Brook Ln, McKinney, TX 750	200.00			
Principal occu	pation / Job title (See Instructions) Employer (S	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.					

If the reques	ted information is not applicable, DO NOT inclu	ude this page in the re	eport.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME FRANCIS	CO J. "HARVEY" OAXACA SR.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of contribution (\$)
02/26/2021	6 Contributor address; City; 7210 Linkside Point Dr Apt 207, McKir	State; Zip Code	1,500.00
8 Principal occu	pation / Job title (See Instructions)		ons)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
03/02/2021	••••••	State; Zip Code	50.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		D#:)	Amount of contribution (\$)
03/02/2021	H. Leonard & Joann Court Contributor address; City; 6105 Willowridge Dr, Oklahoma City, (State; Zip Code OK 73122	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
02/21/2021	Jannan Logan Contributor address; City;	State; Zip Code	20.00
Principal occur	jannan.logan@gmail.co	Employer (See Instructi	ions)
i iiioipai occup	ration 7 500 title (See Instructions)	Employer (See Instruction	
			· ·
	ATTACH ADDITIONAL COPIES OF		

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 for	m.	1 Total pages Schedule A1: 14		
2 FILER NAME FRANCIS	CO J. "HARVEY" OAXACA SR.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#, Mollie McCune)	7 Amount of contribution (\$)		
02/21/2021	6 Contributor address; City; S molliemccune@me.com	itate; Zip Code	50.00		
8 Principal occu	pation / Job title (See Instructions) 9		ons)		
Date		:)	Amount of contribution (\$)		
02/21/2021	Sonia Aguirre Contributor address; City; S 406 Paula Rd, McKinney,	State; Zip Code	25.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	·	:)	Amount of contribution (\$)		
Hobert Fields Contributor address; City; State; Zip Code hleefields@gmail.com					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (ID#	:	Amount of contribution (\$)		
02/21/2021	•	State; Zip Code	50.00		
ksmc@sbcglobal.net					
· ····orpai ocoup		Employer (See Instructi			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

If the reques	ted information is not applicable, DO NOT i r	clude this page in the	report.		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME FRANCIS	CO J. "HARVEY" OAXACA SR.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA Spirit Bands	C (ID#:)	7 Amount of contribution (\$)		
02/21/2021	6 Contributor address; City;	State; Zip Code	10.00		
	roaxaca89@gmail.co	m			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date		C (ID#:)	Amount of contribution (\$)		
02/21/2021	Miguel Oaxaca		25.00		
	Contributor address; City;	State; Zip Code	23.00		
	oaxaca4@icloud.com	1			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
02/21/2021	Hayley Rohn		400 00		
02/2 1/2021	Contributor address; City;	State; Zip Code	100.00		
	hayley.rohn@gmail.co	om			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)		
02/21/2021	Sonia Rhykerd Contributor address; City;	State; Zip Code	100.00		
	soniarhykerd@gmail.	com	•		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst				

SCHEDULE A1

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

" the requested information is not applicable, bo not include this page in the report.						
The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 14		
2 FILER NAME FRANCIS	CO J. "HARVEY" OAX	ACA SR.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Julieta Monge	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
02/21/2021		City;	State; Zip Code	20.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date	Full name of contributor clara rankin	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
02/21/2021	Contributor address; clararankin@tx	city;	State; Zip Code	50.00		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date 02/21/2021	Full name of contributor Carol Sibley-Garrido	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
02/21/2021	Contributor address; 802 Griffin St, Mo	cKinney	State; Zip Code , TX 75069	20.00		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
02/22/2021	Megan Neubauer Contributor address; meganneubauer	city;	State; Zip Code	50.00		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
	ATTACH ADDITIO		OF THIS SCHEDULE AS N	i		

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT inc	lude this page in the r	eport.		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME FRANCIS	CO J. "HARVEY" OAXACA SR.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Charles Bell	(ID#:)	7 Amount of contribution (\$)		
02/22/2021	6 Contributor address; City; 19charbe56@gmail.co	State; Zip Code	25.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC Sarah Teasdale	(ID#:)	Amount of contribution (\$)		
02/22/2021	Contributor address; City;	State; Zip Code	50.00		
1741 Hearn Ln, Van Alstyne, TX 75495 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC Carrie Doyle	(ID#:)	Amount of contribution (\$)		
02/23/2021	Contributor address; City; State; Zip Code 7309 Braemar Ter, McKinney, TX 75071		100.00		
· Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
02/23/2021	DEANNA PHILLIPS Contributor address; City;	State; Zip Code	250.00		
Principal occui	deanna@firstmckinne	y.com Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED		

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT inclu	de this page in the r	eport.
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME FRANCIS	CO J. "HARVEY" OAXACA SR.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID:	* :)	7 Amount of contribution (\$)
02/24/2021	6 Contributor address; City; s melneapril@att.net	State; Zip Code	20.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date 02/27/2021	Full name of contributor out-of-state PAC (ID:	# :)	Amount of contribution (\$)
0212112021	Contributor address; City; 1005 Park Meadow Ln, McKinney	State; Zip Code /, TX 75071	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/27/2021	Full name of contributor out-of-state PAC (ID#:) DGS		Amount of contribution (\$)
	Contributor address; City; State Contributor address; City; City; State Contributor address; City; City; State Contributor address; City;	State; Zip Code /, TX 75072	25.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)
02/27/2021	•••••	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF		

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: 14		
2 FILER NAME FRANCIS	CO J. "HARVEY" OAXACA SR.	3	Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) juan loya		Amount of contribution (\$)		
02/28/2021	6 Contributor address; City; Sta 4921 Austin Circle, Sanger, TX 762	ite; Zip Code	19.89		
8 Principal occu		Employer (See Instruction	ns)		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)		
03/02/2021	Francisco Oaxaca Contributor address; City; Sta 4405 San Fernando, McKinney, TX	ite; Zip Code	5.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date 03/03/2021	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)		
03/03/2021	contributor address; City; Sta		250.00		
· Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	(an		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)		
03/05/2021	•	ate; Zip Code	2.00		
	catheyatchison@gmail.c	com	•		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ns)		
			·		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	EDED		

		4. Tetal pages Caledrille Ad.
	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: /4
FRANCIS	CO J. "HARVEY" OAXACA SR.	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#: babysitting	7 Amount of contribution (\$)
3/05/2021	6 Contributor address; City; State;	Zip Code 25.00
	catheyatchison@gmail.co	m 20.00
Principal occu		loyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/05/2021		250.00
	Contributor address; City; State;	
	4405 San Fernando, McKinney, TX 7	5070
Principal occu	pation / Job title (See Instructions) Empl	loyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/05/2021	Bradley Brown	100 00
		Zip Code 100.00
	712 Crabapple Way, McKinney, TX 7	50/2
Principal occu	pation / Job title (See Instructions) Empl	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/08/2021	Heather Lowry	45.00
.,,		Zip Code 15.00
****	hlow05@gmail.com	
Principal occup	pation / Job title (See Instructions) Emplo	oyer (See Instructions)

If the reque	sted 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: 14	
2 FILER NAME FRANCIS	CO J. "HARVEY" OAXAC	A SR.	3 Filer ID (Ethics Commission Filers)	
4 Date	Charles Bell		7 Amount of contribution (\$)	
03/09/2021	6 Contributor address; Cit 19charbe56@gma	• •	25.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	 tions)	
Date	Full name of contributor out-o	of-state PAC (ID#:)	Amount of contribution (\$)	
03/11/2021	Contributor address; Cit	· ' '	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date 03/12/2021	Full name of contributor out-out-out-out-out-out-out-out-out-out-	Amount of cor		
03/12/2021	Contributor address; City; State; Zip Code 1900 Savannah Dr, McKinney, TX 75072-7285		100.00	
. Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-o	of-state PAC (ID#:)	Amount of contribution (\$)	
03/13/2021	Contributor address; City 1108 Scenic Hills, McKinr	•	20.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL			
	ATTACH ADDITIONAL O	COPIES OF THIS SCHEDULE AS N see Instruction guide for additional r		

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 FRANCIS	CO J. "HARVEY" OAXACA SR.	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
03/14/2021	6 Contributor address; City; State; Zip Code abbott.millie@gmail.com	25.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Inst	ructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
03/16/2021	Contributor address; City; State; Zip Code julieluton67@gmail.com	100.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)		
Date 03/17/2021	Full name of contributor Ink & Toner Texas - McKinney TX Contributor address; City; State; Zip Code michael@inkandtonertexas.com	Amount of contribution (\$) 50.00		
. Principal occup	pation / Job title (See Instructions) Employer (See Inst	1		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
03/19/2021	Contributor address; City; State; Zip Code 4432 San Fernando Ln, McKinney, TX 75070	200.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)		
····				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include	de this page in the	report.
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: / 4
2 FILER NAME FRANCIS	CO J. "HARVEY" OAXACA SR.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
03/23/2021	6 Contributor address; City; s 25055 235th Ct SE, Maple Valley,	tate; Zip Code	20.00
8 Principal occu	pation / Job title (See Instructions)		ions)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of contribution (\$)
03/24/2021		itate; Zip Code	200.00
	trey.deupree@gmail.co	m	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	William Darling		Amount of contribution (\$)
03/26/2021			300.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/26/2021		tate; Zip Code	15.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	<u>'</u>		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS N	EEDED

If the reques	sted information is not applicable, DO NOT ir	nclude this page in the	report.	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 14	
2 FILER NAME FRANCIS	CO J. "HARVEY" OAXACA SR.		3 Filer ID (Ethics Commission Filers)	
5 Full name of contributor out-of-state PAC (ID#:) Kathy Parker			7 Amount of contribution (\$)	
03/29/2021	6 Contributor address; City; State; Zip Code 206 Troon Rd, McKinney, TX 75072		200.00	
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
03/30/2021	Contributor address; City; 1905 Canyon Creek Dr, McKin	50.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
· Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code	-	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
			,	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2		
FRANCISCO J. "HARVEY" OAXACA SR.		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00			
5 Date 01/15/2021	6 Full name of contributor	Zip Code	8 Amount of Contribution \$ 75.00	9 In-kind contribution description logo design	
	214-551-9453			I de of Texas. Complete Schedule T.	
Graphic I		11 Employe Self		AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 03/04/2021	Full name of contributor		Amount of Contribution \$	In-kind contribution description Slack communication	
33/3/1/2321	Contributor address; City; State; Zip Code 7002 Old York Rd, McKinney, TX 75072		platform Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Emplo		Employe Retired	er (FOR NON-JUDICIAL)(See Instructions)		
		Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
If	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 Sched	1 Total pages Schedule A2: 2		
FRANCISCO J. "HARVEY" OAXACA SR.			3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTION		BUTIONS	\$ 0.60			
5 Date 02/08/2021	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 50.34	9 In-kind contribution I description I steel sign posts		
	4405 San Fernando Ln, McKinney, TX 75	070	Check if travel outsi	ide of Texas. Complete Schedule T.		
10 Principal occ Retired	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe Retired	er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)		itor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor)	Amount of	In-kind contribution		
00/40/0004	Scott Lewis		Contribution \$	description campaign tshirts		
03/12/2021	Contributor address; City; State; Zip Code		595.00]		
	1601 Chancellor Ln, McKinney, TX	75072	Check if travel outside	de of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business owner		Employer (FOR NON-JUDICIAL)(See Instructions) Self				
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (If any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
			*			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) FRANCISCO J. "HARVEY" OAXACA SR. 4 Date 5 Payee name 03/04/2021 Executive Press, Inc. 6 Amount (\$) 7 Payee address; City; State: Zip Code 1400 Presidential Dr #110, Richardson, TX 75081 1,344.55 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Yard signs OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/12/2021 Executive Press, Inc. Amount (\$) Payee address: City; State; Zip Code 1400 Presidential Dr #110, Richardson, TX 75081 1,453.26 Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** Yard signs OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH Payee name 03/30/2021 PayPal Amount (\$) Payee address; City; State; Zip Code 2211 North First Street, San Jose, CA 95131 104.66 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fees Processing fees assessed for online campaign OF donation collection, 1/1/21 thru 3/30/21 **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Travel in District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District 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 3 Filer ID (Ethics Commission Filers) FRANCISCO J. "HARVEY" OAXACA SR. 4 Date 5 Payee name 01/20/2021 Independent Bank 6 Amount (\$) 7 Payee address; City; State: Zip Code 6751 Virginia Pkwy, McKinney, TX 75071 22.28 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Accounting/Banking Checks OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED