

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: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR FRANCISCO J	OFFICE USE ONLY Date Received 4/23/2021 m lara	
	NICKNAME LAST SUFFIX HARVEY OAXACA SR.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 4405 SAN FERNANDO LN, MCKINNEY, TX 75070		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 853-0477		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS ELIZABETH A		Receipt # Amount \$
	NICKNAME LAST SUFFIX STRAND		Date Processed
			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 7110 WELLINGTON POINT RD, MCKINNEY, TX 75072		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (415) 225-9781		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 31 / 21 THROUGH 4 / 21 / 21		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____		
12 OFFICE	OFFICE HELD (if any) -		13 OFFICE SOUGHT (if known) MISD SCHOOL BOARD PLACE 7
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

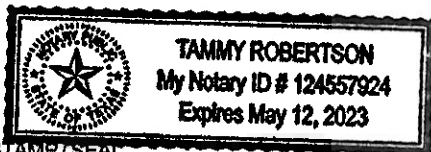
15 C/OH NAME FRANCISCO J. "HARVEY" OAXACA, SR.		16 Filer ID (Ethics Commission Filers) _____
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,054.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,382.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,209.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Francisco Javier Oaxaca
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Francisco Javier Oaxaca this the 23rd day of April

20 21, to certify which, witness my hand and seal of office.

Tammy Robertson Tammy Robertson Notary Public
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____.

Francisco Javier Oaxaca
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****FRANCISCO J. "HARVEY" OAXACA, SR.****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,054.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,382.27
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: 11
2 FILER NAME FRANCISCO J. "HARVEY" OAXACA, SR.		3 Filer ID (Ethics Commission Filers) —
4 Date 04/09/2021	5 Full name of contributor out-of-state PAC (ID#: _____) BERNICE M ROHLICH 6 Contributor address; City; State; Zip Code 224 PRISM LN, MCKINNEY TX 75070	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/09/2021	Full name of contributor out-of-state PAC (ID#: _____) CHARLES & CARRIE GREEVER Contributor address; City; State; Zip Code P.O. BOX 1066, DECATUR, TX 76234	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2021	Full name of contributor out-of-state PAC (ID#: _____) DAN BROOKS Contributor address; City; State; Zip Code 7002 OXFORD CT, MCKINNEY, TX 75071	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2021	Full name of contributor out-of-state PAC (ID#: _____) THE LAW OFFICE OF GONZALO SERRANO, P.C. Contributor address; City; State; Zip Code P.O. BOX 758, MCKINNEY, TX 75070	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**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: 11
2 FILER NAME FRANCISCO J. "HARVEY" OAXACA, SR.		3 Filer ID (Ethics Commission Filers) —
4 Date 03/31/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Ceresse Buckler 6 Contributor address; City; State; Zip Code 2013 Whitney Ln, McKinney, TX, 75072	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2021	Full name of contributor out-of-state PAC (ID#: _____) Patricia Seyb Contributor address; City; State; Zip Code seyb@comcast.net	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2021	Full name of contributor out-of-state PAC (ID#: _____) maria litwin Contributor address; City; State; Zip Code 5124 Sandy Court, McKinney, TX, 75070	Amount of contribution (\$) 27.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2021	Full name of contributor out-of-state PAC (ID#: _____) Amber Epperson Contributor address; City; State; Zip Code 8500 Broad Meadow Ln., McKinney, TX, 75071	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**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: **11****2** FILER NAME**FRANCISCO J. "HARVEY" OAXACA, SR.****3** Filer ID (Ethics Commission Filers)
—**4** Date

04/03/2021

5 Full name of contributor

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

Alyssa Boehringer

7 Amount of contribution (\$)**40.00****6** Contributor address;

City;

State;

Zip Code

3413 Gillespie Rd, McKinney, TX, 75072

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/03/2021

Full name of contributor

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

Vaughn Ryan Watson

Amount of contribution (\$)

20.00

Contributor address;

City;

State;

Zip Code

3704 Lauren Dr, McKinney, TX, 75070

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/03/2021

Full name of contributor

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

David Duke

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

4200 Canvasback Blvd., McKinney, TX, 75070

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/03/2021

Full name of contributor

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

brittany slater

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

1005 Park Meadow lane, Mckinney, TX, 75071

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: 11
2 FILER NAME FRANCISCO J. "HARVEY" OAXACA, SR.		3 Filer ID (Ethics Commission Filers) —
4 Date 04/03/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Brendan O'Brien 6 Contributor address; City; State; Zip Code 8613 Spectrum dr, McKinney, TX, 75072	7 Amount of contribution (\$) 17.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/2021	Full name of contributor out-of-state PAC (ID#: _____) Traci Watkins Contributor address; City; State; Zip Code 1021 orchard hill trl, mckinney, TX, 75071	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2021	Full name of contributor out-of-state PAC (ID#: _____) Lisa West Contributor address; City; State; Zip Code Chloechloe203@gmail.com	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2021	Full name of contributor out-of-state PAC (ID#: _____) sarahi lopez Contributor address; City; State; Zip Code sarahi878@yahoo.com	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: 11
2 FILER NAME FRANCISCO J. "HARVEY" OAXACA, SR.		3 Filer ID (Ethics Commission Filers) —
4 Date 04/03/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Ann Snyder 6 Contributor address; City; State; Zip Code 705 Rouen Dr, McKinney, TX, 75070	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/2021	Full name of contributor out-of-state PAC (ID#: _____) Julie Luton Contributor address; City; State; Zip Code julieluton67@gmail.com	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2021	Full name of contributor out-of-state PAC (ID#: _____) Janette Johanson Contributor address; City; State; Zip Code 8637 Palermo Way, McKinney, TX, 75071	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2021	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Douglass Contributor address; City; State; Zip Code jendouglass@gmail.com	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.

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1 Total pages Schedule A1: **11**

2 FILER NAME

FRANCISCO J. "HARVEY" OAXACA, SR.3 Filer ID (Ethics Commission Filers)
—

4 Date

04/03/2021

5 Full name of contributor

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

Holly Sanchez

7 Amount of contribution (\$)

7.00

6 Contributor address;

City;

State;

Zip Code

3005 Hartford Court, Mckinney, TX, 75070

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/03/2021

Full name of contributor

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

Keith Ballard

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

jkeithballard@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/03/2021

Full name of contributor

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

Edelweiss Camacho

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

2000 North waddill st, McKinney, TX, 75069

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/03/2021

Full name of contributor

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

Jennifer Larose

Amount of contribution (\$)

27.00

Contributor address;

City;

State;

Zip Code

jennifergreever@gmail.com

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.

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1 Total pages Schedule A1: **11****2 FILER NAME****FRANCISCO J. "HARVEY" OAXACA, SR.**

3 Filer ID (Ethics Commission Filers)

—

4 Date

04/03/2021

5 Full name of contributor

Jenny Garcia

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

6 Contributor address;

City;

State;

Zip Code

3209 Palo Duro Ct., Georgetown, TX, 78628

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/04/2021

Full name of contributor

Caroline DeBord

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

Contributor address;

City;

State;

Zip Code

107 Totten Street, Fort Leonard Wood, MO, 65473

Amount of contribution (\$)

40.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2021

Full name of contributor

Alyssa Greever

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

Contributor address;

City;

State;

Zip Code

191 Champions Blvd., La Vernia, TX, 78121

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2021

Full name of contributor

Jennifer Landi

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

Contributor address;

City;

State;

Zip Code

205 Gershwin Way, McKinney, TX, 75070

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: 11

2 FILER NAME

FRANCISCO J. "HARVEY" OAXACA, SR.

3 Filer ID (Ethics Commission Filers)

-

4 Date

04/06/2021

5 Full name of contributor

Julie M Robinson

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

6 Contributor address;

City;

State;

Zip Code

1307 W. Louisiana St., McKinney, TX, 75069

7 Amount of contribution (\$)

10.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/06/2021

Full name of contributor

Stella Uribe

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

Contributor address;

City;

State;

Zip Code

5424 Hampshire, McKinney, TX, 75070

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/07/2021

Full name of contributor

Kelly Calkins Roberts

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

Contributor address;

City;

State;

Zip Code

kelcalkins@att.net

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/07/2021

Full name of contributor

Cheryl Hargrove

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

Contributor address;

City;

State;

Zip Code

rchargrove@gmail.com

Amount of contribution (\$)

25.00

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: 11
2 FILER NAME FRANCISCO J. "HARVEY" OAXACA, SR.		3 Filer ID (Ethics Commission Filers) —
4 Date 04/08/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Susan Richards 6 Contributor address; City; State; Zip Code 700 Boyd Creek Rd, McKinney, TX, 75071	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/08/2021	Full name of contributor out-of-state PAC (ID#: _____) Joshua Rouse Contributor address; City; State; Zip Code jarouse@gmail.com	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Carey Bryson Contributor address; City; State; Zip Code careyjbryson@msn.com	Amount of contribution (\$) 57.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Brendan O'Brien Contributor address; City; State; Zip Code bkacobrien@att.net	Amount of contribution (\$) 25.00
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: 11
2 FILER NAME FRANCISCO J. "HARVEY" OAXACA, SR.		3 Filer ID (Ethics Commission Filers) —
4 Date 04/11/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Jeff Harvick 6 Contributor address; City; State; Zip Code jeffharvick@gmail.com	7 Amount of contribution (\$) 4.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/2021	Full name of contributor out-of-state PAC (ID#: _____) Lena Milstead Contributor address; City; State; Zip Code lena@kw.com	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: _____) juan loya Contributor address; City; State; Zip Code juanloya@rocketmail.com	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2021	Full name of contributor out-of-state PAC (ID#: _____) Lisa West Contributor address; City; State; Zip Code Chloechloe203@gmail.com	Amount of contribution (\$) 25.00
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: 11
2 FILER NAME FRANCISCO J. "HARVEY" OAXACA, SR.		3 Filer ID (Ethics Commission Filers) —
4 Date 04/17/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Maria Dolores Oaxaca 6 Contributor address; City; State; Zip Code 1541 Peter Hurd Dr., El Paso, TX, 79936	7 Amount of contribution (\$) <div style="font-size: 2em; text-align: center;">75.00</div>
8 Principal occupation / Job title (See Instructions)		9 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)
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$ 0.00

6 Full name of contributor ☐ out-of-state PAC (ID#:

8 Amount of Contribution \$
3,000.00

7 Contributor address; City: State: Zip Code

9 In-kind contribution description
CAMPAIGN WEBSITE, E-COMMERCE, SOCIAL MEDIA

Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

SELF

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date _____

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

In-kind contribution description

Contributor address: City: State: Zip Code

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

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 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME FRANCISCO J. "HARVEY" OAXACA, SR.	3 Filer ID (Ethics Commission Filers) —
4 Date 04/08/2021	5 Payee name METRO MAILER	
6 Amount (\$) 3,627.52	7 Payee address; City; State; Zip Code 5719 E ROSEDALE ST., STE 809, FORT WORTH, TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description POSTCARDS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 04/14/2021	Candidate / Officeholder name EXECUTIVE PRESS, INC.	
Amount (\$) 593.21	Office sought 1400 PRESIDENTIAL DR. #110, RICHARDSON, TX 75081	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description YARD SIGNS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date 04/17/2021	Candidate / Officeholder name TARGETING CLOUD	
Amount (\$) 2,000.00	Office sought P.O. BOX 1245, LITTLETON, CO 80160-1245	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description VOICE DROPS & SMS TEXT MESSAGES
	Check if travel outside of Texas. Complete Schedule T. 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
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		2 FILER NAME FRANCISCO J. "HARVEY" OAXACA, SR.		3 Filer ID (Ethics Commission Filers) —	
4 Date 04/19/2021		5 Payee name EXECUTIVE PRESS, INC.			
6 Amount (\$) 108.25		7 Payee address; City; State; Zip Code 1400 PRESIDENTIAL DR #110, RICHARDSON, TX 75081			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description 1/4 SHEET DOOR INSERTS		
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/21/2021		Payee name PAYPAL			
Amount (\$) 53.29		Payee address; City; State; Zip Code 2211 NORTH FIRST STREET, SAN JOSE, CA 95131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description PROCESSING FEES ASSESSED FOR ONLINE CAMPAIGN DONATION COLLECTION, 3/31/21 THRU 4/21/21		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. 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