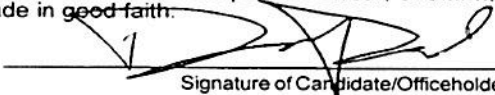


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed.		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX			
		Mr. Dustin Paschal		JUL 15 2022	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Other (specify) <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Hand-delivered or Date Postmarked	
				Receipt #      Amount \$	
5 ORIGINAL PERIOD COVERED		Month Day Year      THROUGH      Month Day Year		Date Processed	
		03 / 29 / 2022      THROUGH      04 / 27 / 2022		Date Imaged	

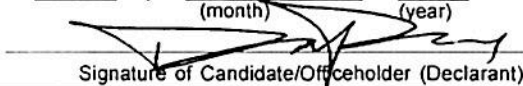
6 EXPLANATION OF CORRECTION  
 Four contribution transactions that took place during the aforementioned reporting period were inadvertently omitted; these have been added to Schedule A1 and A2 on the corrected report, and the respective subtotals on Cover Sheet Page 3 have been updated. Further, the unitemized in-kind contributions that were timely reported in Line 4 on the original filed A2 schedule were not additionally included in Section 17, Box 1. on original cover sheet; this has been corrected as well.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.  
 Check ONLY if applicable:  
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.  
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.  
  
 Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit  
 NOTARY STAMP/SEAL  
 Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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

(2) Unsworn Declaration  
 My name is DUSTIN PASCHAL and my date of birth is 09/18/1979  
 My address is 11066 YORKSHIRE LANE FRISCO TX 75033 USA  
(street) (city) (state) (zip code) (country)  
 Executed in COLLIN County, State of TX, on the 15<sup>th</sup> day of JULY, 2022  
(month) (year)  
  
 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# 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	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Dustin	MI
	NICKNAME	LAST Paschal	SUFFIX
			<b>OFFICE USE ONLY</b>
			Date Received  JUL 15 2022
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 11066 Yorkshire Lane  Frisco, TX 75033		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Danyel	MI
	NICKNAME	LAST Surrency-Jones	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  11625 Custer Road Suite 110-372 Frisco, TX 75035		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(214) 233-6195	
8 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)		
9 PERIOD COVERED	Month	Day	Year
	03/29/2022	THROUGH	04/27/2022
10 ELECTION	ELECTION DATE Month Day Year 05/07/2022		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)  Frisco ISD Board Place 3
<b>GO TO PAGE 2</b>			


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER  
SHEET PG 2

15 C/OH NAME Dustin Paschal 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)	\$ 326.33
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,396.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 243.15
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,536.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,931.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,550.00

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

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

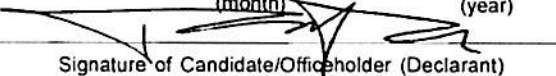
OR

(2) Unsworn Declaration

My name is DUSTIN PASCHAL, and my date of birth is 07/18/1979

My address is 11066 YORKSHIRE LANE (street), FRISCO (city), TX (state), 75033 (zip code), USA (country)

Executed in Collin (county), TX (state) on this 15<sup>th</sup> day of JULY (month), 20 22 (year)

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

3 of 19

18 FILER NAME Paschal, Dustin	19 Filer ID
----------------------------------	-------------

20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE	NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,540.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,105.83
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 9,550.00
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,293.27
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3
<b>2</b> FILER NAME Paschal, Dustin		<b>3</b> Filer ID
<b>4</b> Date 04/18/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckley, Jeffrey	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>6</b> Contributor address; City; State; Zip Code 2213 Talbot Drive  Frisco, TX 75033		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, William	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 8042 Nimrod Trail  Dallas, TX 75238		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paschal, Jeff	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code 2524 Meadow Hills Lane  Plano, TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Rachel	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code 14993 Brazoria Drive  Frisco, TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ifft, Ellen	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code 9813 Zembriski Dr  Plano, TX 75025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3
<b>2</b> FILER NAME Paschal, Dustin		<b>3</b> Filer ID
<b>4</b> Date 04/20/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Richard	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 6676 Catalina Lane  Frisco, TX 75036		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Son, Jamie	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 2105 Warrington Drive  McKinney, TX 75072		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipman, Tracie	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 10141 Calvery Court  Frisco, TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paschal, Terry	Amount of Contribution (\$)  \$300.00
Contributor address; City; State; Zip Code 1085 Paradise Cove Road  Pottsboro, TX 75076		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hons, Cindy	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code 7145 Yellowstone Drive  Frisco, TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3
<b>2</b> FILER NAME Paschal, Dustin		<b>3</b> Filer ID
<b>4</b> Date 04/03/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hons, Cindy and Paul	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code 7145 Yellowstone Drive  Frisco, TX 75033		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Dr. Debra	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code 8514 Emerald Glen Lane Frisco, TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusk, Fred	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 9912 Mallory Drive Frisco, TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, William	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code 11545 La Grange Drive Frisco, TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCausland, Anne	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 2209 Crowbridge Drive Frisco, TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# 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	
2 FILER NAME Dustin Paschal		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 326.33	
5 Date 4/14/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hamlin Jones	8 Amount of Contribution \$ \$150.00	9 In-kind contribution description Campaign event food & beverage
7 Contributor address; City; State; Zip Code 7990 Meadow Hill Dr Frisco TX 75033		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (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 4/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erin Swain	Amount of Contribution \$ \$150.00	In-kind contribution description Campaign event food & beverage
Contributor address; City; State; Zip Code 8107 Cherry Springs Ct. Frisco TX 75034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			



# 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	
2 FILER NAME Dustin Paschal		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 326.33	
5 Date 4/14/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simon   Paschal PLLC 7 Contributor address; City: State; Zip Code 5300 Town and Country Blvd., Suite 155, Frisco, TX 75034	8 Amount of Contribution \$ \$1,230.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Print Advertising
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (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 4/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Awarity LLC Contributor address; City: State; Zip Code 2600 Network Blvd, Suite 270 Frisco TX 75034	Amount of Contribution \$ \$1,249.50 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Digital Advertising
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 13/19
<b>2</b> FILER NAME Paschal, Dustin		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 01/03/2022	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon   Paschal PLLC	<b>9</b> Loan Amount (\$) \$9,550.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code 5300 Town & Country Blvd Suite 155 Frisco, TX 75034	<b>10</b> Interest Rate 0%
		<b>11</b> Maturity Date 12/31/2025
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address, City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Paschal, Dustin	<b>3</b> Filer ID
<b>4</b> Date 04/18/2022	<b>5</b> Payee name Advantage Storage	
<b>6</b> Amount (\$) \$91.50	<b>7</b> Payee address, City; State; Zip Code 3339 W. Main Street  Frisco, TX 75034	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage Unit Rental
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2022	Payee name Aldi	
Amount (\$) \$90.22	Payee address, City; State; Zip Code 6951 Preston Rd. Frisco, TX 75034	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Food & Beverage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2022	Payee name Atomic T-Shirts LLC	
Amount (\$) \$511.36	Payee address, City; State; Zip Code 412 North Oklahoma Drive  Celina, TX 75009	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign T-shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: <p style="text-align:center">3</p>	<b>2</b> FILER NAME <p style="text-align:center">Paschal, Dustin</p>	<b>3</b> Filer ID
<b>4</b> Date <p style="text-align:center">04/01/2022</p>	<b>5</b> Payee name <p style="text-align:center">Facebook.com</p>	
<b>6</b> Amount (\$) <p style="text-align:center">\$164.56</p>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</p>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <p style="text-align:center">Digital Ads</p>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date <p style="text-align:center">04/03/2022</p>	Payee name <p style="text-align:center">Aldi</p>	
Amount (\$) <p style="text-align:center">78.33</p>	Payee address; City; State; Zip Code <p style="text-align:center">6951 Preston Rd.                      Frisco, TX 75034</p>	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align:center">Event Expense</p>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <p style="text-align:center">Campaign Event Food &amp; Beverage</p>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date <p style="text-align:center">03/31/2022</p>	Payee name <p style="text-align:center">Frisco CTE</p>	
Amount (\$) <p style="text-align:center">56.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">9889 Wade Blvd.  Frisco, TX 75035</p>	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align:center">Event Expense</p>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <p style="text-align:center">Campaign Event Food</p>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Paschal, Dustin	<b>3</b> Filer ID
<b>4</b> Date 03/31/2022	<b>5</b> Payee name Perfect It Solutions	
<b>6</b> Amount (\$) \$189.00	<b>7</b> Payee address; City; State; Zip Code 1821 Meadow Ridge Dr. Flower Mound, TX 75028	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 4/19/22	Payee name Aldi	
Amount (\$) 112.30	Payee address; City; State; Zip Code 6951 Preston Rd. Frisco, TX 75034	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Food & Beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held