

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Charles	MI
	NICKNAME	LAST Randklev	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 1925 Spring Dr.	APT / SUITE #;	CITY; Keller
	STATE; TX	ZIP CODE 76262	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 966 3233	EXTENSION
	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Vi	MI
	NICKNAME	LAST Nguyen-Kennedy	SUFFIX
Receipt #		Amount \$	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1629 Knox Rd.		CITY; Keller
	STATE; TX	ZIP CODE 76262	
8 CAMPAIGN TREASURER PHONE	AREA CODE (469)	PHONE NUMBER 358 8790	EXTENSION
	Date Hand-delivered or Date Postmarked		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 2	Day 12	Year 2021
	THROUGH		Month 3
		Day 31	Year 2021
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month 5	Day 1	Year 21
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
		<input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Keller ISD Trustee Place 6
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> 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

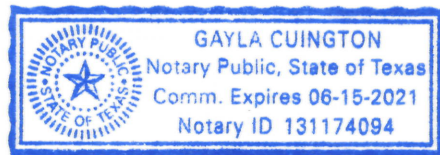
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3770.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4738.94</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>382.06</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Gayla Cuington this the 1 day of April, 2021, to certify which, witness my hand and seal of office.

Gayla Cuington Gayla Cuington Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3770.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ NA
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ NA
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ NA
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4738.94
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ NA
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ NA
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ NA
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ NA
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ NA
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ NA
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ NA

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: 1 of 10
2 FILER NAME Charles Randklev		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bravis Brown	7 Amount of contribution (\$) \$ 150.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roxana Toledo	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Randklev	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1925 Spring St. Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Fugate	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 1244 Robin St. Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 10

2 FILER NAME

Charles Randklev

3 Filer ID (Ethics Commission Filers)

4 Date

2/13/21

5 Full name of contributor

Robert Keller

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

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

1950 Spring Dr. Keller TX 76262

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/13/21

Full name of contributor

Kate Feuge

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

Amount of contribution (\$)

\$ 50.00

Contributor address;

1420 Belaire Pl. Keller TX 76262

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/21

Full name of contributor

Kris Kittle

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

4817 Campfire Ct Ft Worth TX 76244

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/21

Full name of contributor

Robyn Birkenfeld

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

1717 Broadmoor Pl. Keller TX 76248

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 3 of 10
2 FILER NAME Charles Randklev		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joanna Brochu	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1301 Vanderbilt Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassie Matthews	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1612 Bellechase Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittany Fink	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 532 Bustol Hill Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittany Whitace	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1707 Forest Bend Keller TX 76248		
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: 4 of 10
2 FILER NAME Charles Randklev		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ina Golden	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 810 Forest Lakes Ct. Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pandra Bolton	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 553 Unbridled Lane Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) melissa Montoya	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 7909 Dugans Hill Ct. Fort Worth TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula Paul	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 5 of 10
2 FILER NAME Charles Randklev		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin Bender	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 1708 Heritage Ct. Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samantha Preston	Amount of contribution (\$) \$ 40.00
Contributor address; City; State; Zip Code 409 Deer Run Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Banning	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 11501 Maddie Ave Ft. Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie McCabe	Amount of contribution (\$) \$ 30.00
Contributor address; City; State; Zip Code 2017 Vista View Rd. Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <i>6 of 10</i>
2 FILER NAME <i>Charles Randklev</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nicole Nollrah</i>	7 Amount of contribution (\$) <i>\$20.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/2/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Cloy</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1512 Bradford Grove Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nolly Rakovan</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/4/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Katja Karjalainen</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>603 Warrington Southlake TX 76092</i>		
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: 7 of 10
2 FILER NAME Charles Randklev		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Gaszak	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 818 Placid View # Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hacy Cauman	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 3109 Spotted owl # Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Presley	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 8117 Chamizal Dr. Ft Worth TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean Smith	Amount of contribution (\$) \$ 30.00
Contributor address; City; State; Zip Code 1436 Chase Oaks Dr. Keller TX 76248		
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: 8 of 10
2 FILER NAME Charles Randklev		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Missy Tyler	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 1211 Whispering Oaks Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Draper	Amount of contribution (\$) \$ 10.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin Marie Carter	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Fisher	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 9 of 10
2 FILER NAME Charles Kandklev		3 Filer ID (Ethics Commission #) _____
4 Date 3/11/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Washington	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code P.O. BOX 466 Keller TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryndi Price	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 8604 Amhurst Ct NRH TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Dewald	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 208 Harper Lane Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea Rossiter	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 2312 Old Pecos Trail FW TX 76131		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

10 of 10

2 FILER NAME

Charles Randklev

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/21

5 Full name of contributor

Sandra Heaslet

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

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/21

Full name of contributor

Kori Saunders

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

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/21

Full name of contributor

Charles Cummings II

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

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

1604 Pleasant Run Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Charles Randklev	3 Filer ID (Ethics Commission Filers)
4 Date 3/4/21	5 Payee name all Star Screen Printing	
6 Amount (\$) \$457.00	7 Payee address; City; State; Zip Code 433 Keller Pkwy Keller TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/28/21	Payee name ms marketing	
Amount (\$) \$4281.94	Payee address; City; State; Zip Code 310 N. Main Street Suite E Keller TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Banners, yard signs, ^{pool} hangers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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