

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b> <span style="font-size: 2em; margin-left: 20px;">12</span>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / <input checked="" type="radio"/> MR FIRST: Craig LAST: Tipping MI: W SUFFIX:	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1021 Pebble Beach Dr. Mansfield, TX 76063 <input type="checkbox"/> Change of Address	Date Received	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: PHONE NUMBER: EXTENSION: (682) 472-2276	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / <input checked="" type="radio"/> MRS / MR FIRST: Spacie LAST: Berlin MI: SUFFIX:	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE (Residence or Business) 1202 Williamsburg Road Mansfield, TX 76063		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: PHONE NUMBER: EXTENSION: (840) 735-2761	Date Processed	
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 02 / 10 / 2022    THROUGH    03 / 28 / 2022		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 05 / 07 / 2022	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) —	13 OFFICE SOUGHT (if known) MUSD School Board Trustee - Place 3	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

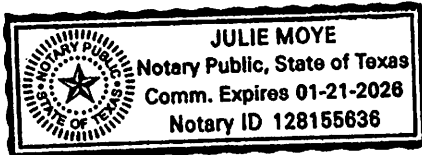
15 C/OH NAME <u>Craig Tipping</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,268.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 741.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,393.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Craig Tipping  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Craig Tipping this the 6<sup>th</sup> day of April

20 22, to certify which, witness my hand and seal of office.

Julie Moye Julie Moye Board Coordinator  
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)

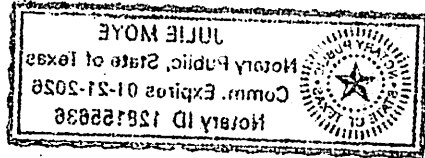
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

*[Handwritten signature]*

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0

*[Handwritten initials]*



*[Faint handwritten text]*

*[Faint handwritten text]*

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Craig Tipping</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,135. <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 125. <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 741.98
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: <b>6</b>
2 FILER NAME <b>Craig Tipping</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/21/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leigh Ann Tipping</b>	7 Amount of contribution (\$) <b>60.00</b>
6 Contributor address; City; State; Zip Code <b>1021 Pebble Beach Dr. Mansfield Tx 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>3/4/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Gazsi</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>1409 Wheeler Dr. Mansfield Tx 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/5/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Tipping</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>1213 Chapel Hill Dr. Mansfield Tx 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/7/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Matthew Hines Trust</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>401 Crowley Arlington Tx 76012</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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: <b>6</b>
2 FILER NAME <b>Craig Tipping</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/7/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lais Hodson</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>1104 Almond Dr. Mansfield TX 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/9/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Seanette Bertucci</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1417 Harbourtown Cir. Mansfield TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marty Melton</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>5250 McCart Ave. Fort Worth TX 76115</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kenna Carnar</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>3 Mystic Ct. Mansfield TX 76063</b>		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Craig Tipping</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/9/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Chen</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>4411 New Meadows Dr. Mansfield Tx 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/9/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carroll Burney</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>1202 Dover Heights Trl. Mansfield Tx 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Bach</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>7518 Bent Trl. Mansfield Tx 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bianca Downs</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1019 Pebble Beach Dr. Mansfield Tx 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Craig Tipping</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/9/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wanda Tipping</b>	7 Amount of contribution (\$) <b>300.00</b>
6 Contributor address; City; State; Zip Code <b>2627 Goodnight Trl. Mansfield TX 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jessica Gray</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1310 Waterwood Dr. Mansfield TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/11/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve Walkup</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>4710 Sinclair Ave. Austin TX 78756</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Solene Marchant</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>2633 Morgan Ann Ave. Mansfield TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

# 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: <b>6</b>
2 FILER NAME <b>Craig Tipping</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/14/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerry Downs</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>1019 Pebble Beach Dr. Mansfield Tx 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/14/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scot Bowman</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>2514 Goodnight Trl. Mansfield Tx 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carol Frey</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>1002 Dover Heights Trl. Mansfield Tx 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/21/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Margaret Dubois</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>1026 Clobhouse Dr. Mansfield Tx 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

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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: <b>6</b>
2 FILER NAME <b>Craig Tipping</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/24/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terry Moore</b>	7 Amount of contribution (\$) <b>200.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>3 Morningside Ct. Mansfield Tx 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/26/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cary Ray</b>	Amount of contribution (\$) <b>150.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1405 Clover Hill Rd. Mansfield Tx 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tina Sneoffer</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4200 Waterford Glen Dr. Mansfield Tx 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/28/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pamela Rudnicki</b>	Amount of contribution (\$) <b>300.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1017 Pebble Beach Dr. Mansfield Tx 76063</b>		
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.

# 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: <u>1</u>	
2 FILER NAME <u>Craig Tipping</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>125.00</u>	
5 Date <u>03/24/22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Poured</u>	8 Amount of Contribution \$ <u>125.00</u>	9 In-kind contribution description <u>Appetizers/Food</u>
7 Contributor address; City; State; Zip Code <u>1601 E. Debbie Ln. #1105 Mansfield, TX 76063</u>		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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>			

**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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | 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.

<b>1</b> Total pages Schedule F1: <i>2</i>	<b>2</b> FILER NAME <i>Craig Tipping</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>03/14/22</i>	<b>5</b> Payee name <i>Wix.com</i>	
<b>6</b> Amount (\$) <i>71.55</i>	<b>7</b> Payee address; City; State; Zip Code <i>500 Terry A Francois Blvd. Sixth Floor San Francisco CA 94158</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	<b>(b)</b> Description <i>Website design</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/14/22</i>	Payee name <i>Wix.com</i>	
Amount (\$) <i>149.38</i>	Payee address; City; State; Zip Code <i>500 Terry A Francois Blvd. Sixth Floor San Francisco CA 94158</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <i>Website hosting</i>
	<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
Date <i>3/22/22</i>	Payee name <i>Manstfield Area Chamber of Commerece</i>	
Amount (\$) <i>40.00</i>	Payee address; City; State; Zip Code <i>114 N. Main St. Manstfield TX 76063</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	Description <i>Luncheon ticket</i>
	<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

**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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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: <b>2</b>		2 FILER NAME <b>Craig Tipping</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/24/22</b>		5 Payee name <b>Edgerton Strategies</b>			
6 Amount (\$) <b>473.05</b>		7 Payee address, City, State, Zip Code <b>1540 Keller Parkway #108-402 Keller TX 76248</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		(b) Description <b>Yard signs</b>		
	(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
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Date <b>3/28/22</b>	Payee name <b>Anedot Inc.</b>		
Amount (\$) <b>8.00</b>	Payee address; City, State, Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans LA 70112</b>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Electronic contribution fees</b>	
	<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
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED