

# 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</b>	<b>2 Total pages filed:</b> 13
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI
	Folashade		
	NICKNAME	LAST	SUFFIX
	Sade	Fashokun	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	1841 S. Lakeline Blvd #101-114 Cedar Park, TX 78613		
			<b>OFFICE USE ONLY</b>
			<b>RECEIVED</b> SEP 27 2024 SUPERINTENDENT'S OFFICE
			Emailed 9-27-24
			Receipt # _____ Amount _____
			Date Processed 9-30-24
			Date Imaged 9-30-24
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI
	MS Holly		
	NICKNAME	LAST	SUFFIX
		Rich	
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	1510 Avery Elissa Ln Cedar Park, TX 78613		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
		737-704-7054	
<b>8 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>9 PERIOD COVERED</b>	Month	Day	Year
	07	01	2024
THROUGH		Month	Day
		09	26
<b>10 ELECTION</b>	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11	05	2024
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b>
	Leander ISD Board of Trustees, Place 5		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

2 of 13

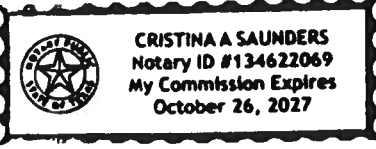
<b>13 C / OH NAME</b> Fashokun, Sade	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE TYPE</b>  <b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16 CONTRIBUTION TOTALS</b>	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)	\$	2,058.25
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	1,752.59
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,152.02
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**


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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Folasade Fashokun, this the 27 day of September, 2024, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering

Cristina Saunders  
 \_\_\_\_\_  
 Printed name of officer administering

Not  
 \_\_\_\_\_  
 Title of officer administering oath

# SUBTOTALS - C/OH

<b>18 FILER NAME</b> Fashokun, Sade	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,058.25
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,752.59
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: 1/6 Rpt: 4/13
<b>2</b> FILER NAME Fashokun, Sade		<b>3</b> Filer ID
<b>4</b> Date 08/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Clifford <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) Retired
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Attale, Heather Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Product Strategy Consultant		Employer (See Instructions) Independent consultant
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bercu, Stephani Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	Amount of Contribution (\$)  \$210.84
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Longarm quilter
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Natomi Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	Amount of Contribution (\$)  \$63.47
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Dell Technologies
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Zachary Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) Self-employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/13
<b>2</b> FILER NAME Fashokun, Sade		<b>3</b> Filer ID
<b>4</b> Date 09/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flannigan, Jimmy <hr/> <b>6</b> Contributor address; City; State; Zip Code <div style="background-color: gray; width: 150px; height: 20px; margin: 5px 0;"></div> Austin, TX 78729	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Public Administration		<b>9</b> Employer (See Instructions) Austin Convention Enterprises
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gin, Kelly <hr/> Contributor address; City; State; Zip Code <div style="background-color: gray; width: 120px; height: 20px; margin: 5px 0;"></div> Cedar Park, TX 78613	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Meredith <hr/> Contributor address; City; State; Zip Code <div style="background-color: gray; width: 180px; height: 20px; margin: 5px 0;"></div> Leander, TX 78641	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Leander ISD
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoekzema, Andrew <hr/> Contributor address; City; State; Zip Code <div style="background-color: gray; width: 200px; height: 20px; margin: 5px 0;"></div> Cedar Park, TX 78613	Amount of Contribution (\$)  \$210.84
Principal occupation / Job title (See Instructions) Deputy Executive Director		Employer (See Instructions) Capital Area Council of Governments
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoskins, Kyle <hr/> Contributor address; City; State; Zip Code <div style="background-color: gray; width: 150px; height: 20px; margin: 5px 0;"></div> Cedar Park, TX 78613	Amount of Contribution (\$)  \$63.47
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Apex Process Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/13
<b>2</b> FILER NAME Fashokun, Sade		<b>3</b> Filer ID
<b>4</b> Date 07/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefts, Heather	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Komendera, Stacy	Amount of Contribution (\$)  \$105.58
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeClair, Kate	Amount of Contribution (\$)  \$26.63
Contributor address; City; State; Zip Code  Leander, TX 78641		
Principal occupation / Job title (See Instructions) Doula		Employer (See Instructions) Self
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MtJoy, Greg	Amount of Contribution (\$)  \$63.47
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penniman-Morin, Sarah	Amount of Contribution (\$)  \$105.58
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Humanitarian Aid Work		Employer (See Instructions) IRC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/13
<b>2</b> FILER NAME Fashokun, Sade		<b>3</b> Filer ID
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell, Adam	<b>7</b> Amount of Contribution (\$)  \$10.84
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ray, Jodi	Amount of Contribution (\$)  \$52.95
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Unemployed
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saval, Maureen	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Leander, TX 78641		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schisser, Dianna	Amount of Contribution (\$)  \$52.95
Contributor address; City; State; Zip Code  Leander, TX 78641		
Principal occupation / Job title (See Instructions) Marketing Coordinator		Employer (See Instructions) Self
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seeds, Catherine	Amount of Contribution (\$)  \$31.89
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Ketner Group


# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/13
<b>2</b> FILER NAME Fashokun, Sade		<b>3</b> Filer ID
<b>4</b> Date 09/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Gregory <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$10.84
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) LISD
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Bevin Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of Contribution (\$)  \$16.11
Principal occupation / Job title (See Instructions) Support		Employer (See Instructions) BazaarVoice
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Lisa Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	Amount of Contribution (\$)  \$63.47
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Leander ISD Retired
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Becky Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.84
Principal occupation / Job title (See Instructions) Prof		Employer (See Instructions) Acc
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTERMAN, LAURA Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of Contribution (\$)  \$263.47
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/13
<b>2</b> FILER NAME Fashokun, Sade		<b>3</b> Filer ID
<b>4</b> Date 09/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Western Wilco Dems Club <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78750	<b>7</b> Amount of Contribution (\$) \$150.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</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: Sch: 1/4 Rpt: 10/13	<b>2</b> FILER NAME Fashokun, Sade	<b>3</b> Filer ID
<b>4</b> Date 07/30/2024	<b>5</b> Payee name Campaign Verify	
<b>6</b> Amount (\$) \$95.00	<b>7</b> Payee address; City; State; Zip Code 1215 31st Street NW PO Box 3554 Washington, DC 20007	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Texting Number Verification
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name City of Cedar Park	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 1435 Main St  Cedar Park, TX 78613	
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 Space Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name DonateWay	
Amount (\$) \$102.91	Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees for online donations
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: Sch: 2/4 Rpt: 11/13	<b>2</b> FILER NAME Fashokun, Sade	<b>3</b> Filer ID
<b>4</b> Date 08/12/2024	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) \$68.11	<b>7</b> Payee address; City; State; Zip Code 11301 Lakeline Blvd  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 Road sign materials
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name Lowe's	
Amount (\$) \$183.46	Payee address; City; State; Zip Code 1495 US-183  Leander, TX 78641	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 Road sign materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name Office Depot	
Amount (\$) \$18.19	Payee address; City; State; Zip Code 11066 Pecan Park Blvd  Cedar Park, TX 78613	
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 Business Cards
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: Sch: 3/4 Rpt: 12/13	<b>2</b> FILER NAME Fashokun, Sade	<b>3</b> Filer ID
<b>4</b> Date 08/09/2024	<b>5</b> Payee name Platinum Vue Studio	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 108 Monahans Dr  Georgetown, TX 78628	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting 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 Website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 08/12/2024	Payee name Tractor Supply	
Amount (\$) \$202.19	Payee address; City; State; Zip Code 2000 N Bell Blvd  Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 Road sign materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 08/29/2024	Payee name VistaPrint	
Amount (\$) \$349.62	Payee address; City; State; Zip Code 170 Data Drive  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 Door hangers
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: Sch: 4/4 Rpt: 13/13	<b>2</b> FILER NAME Fashokun, Sade	<b>3</b> Filer ID	
<b>4</b> Date 08/29/2024	<b>5</b> Payee name Vistago Print		
<b>6</b> Amount (\$) \$513.11	<b>7</b> Payee address; City; State; Zip Code 6706 Lohman Ford Rd  Lago Vista, TX 78645		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 Yard signs	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held