

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: 19	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST Folashade	MI	<div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: blue; font-weight: bold; font-size: 1.2em;">JUL 14 2022</div> <div style="color: blue; font-weight: bold; font-size: 1.2em;">SUPERINTENDENT'S OFFICE</div>
	NICKNAME Sade	LAST Fashokun	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2404 Allison Way	APT / SUITE #; CITY; Cedar Park	STATE; ZIP CODE TX 78613	
Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (425)	PHONE NUMBER 941-4142	EXTENSION	Date Hand-delivered or Date Postmarked Handdelivered 7/14/22
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Holly	MI	Receipt #
	NICKNAME Rich	LAST	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 1510 Avery Elissa Ln Cedar Park		STATE; ZIP CODE TX 78613	Date Processed 7/15/22
(Residence or Business)	Date Imaged 7/15/22			
8 CAMPAIGN TREASURER PHONE	AREA CODE (737)	PHONE NUMBER 704-7054	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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 Day Year 2 / 10 / 22 THROUGH 6 / 30 / 22			
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 22		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Leander ISD Board of Trustees, PI 5		13 OFFICE SOUGHT (if known) Leander ISD Board of Trustees, Place 5	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

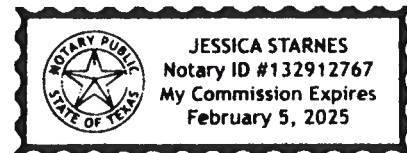
15 C/OH NAME Sade Fashokun		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,745.47
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 444.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,312.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Sade Fashokun
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Folashade Fashokun this the 14 day of July, 2022, to certify which, witness my hand and seal of office.

Jessica Starnes Printed name of officer administering oath
Signature of officer administering oath
Notary Public 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 Sade Fashokun		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,745.47
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 432.86
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 12.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/22	5 Full name of contributor out-of-state PAC (ID#: _____) Holly Rich 6 Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Content Designer		9 Employer (See Instructions) Meta
Date 3/4/22	Full name of contributor out-of-state PAC (ID#: _____) Kelly Gin Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of contribution (\$) 26.63
Principal occupation / Job title (See Instructions) School psychologist		Employer (See Instructions) LISD
Date 3/4/22	Full name of contributor out-of-state PAC (ID#: _____) Helen Arguello Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of contribution (\$) 52.95
Principal occupation / Job title (See Instructions) ARD/504 Specialist		Employer (See Instructions) Leander ISD
Date 3/5/22	Full name of contributor out-of-state PAC (ID#: _____) Mary Jones Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of contribution (\$) 10.84
Principal occupation / Job title (See Instructions) Instructional Assistant		Employer (See Instructions) LISD
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 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/22	5 Full name of contributor Jacqueline Goggin out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Round Rock, TX 78681	7 Amount of contribution (\$) 10.84
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) LISD
Date 3/6/22	Full name of contributor Kakiko Klahorst out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of contribution (\$) 16.11
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 4/26/22	Full name of contributor Katherine McClellan out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	Amount of contribution (\$) 105.58
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Leander ISD
Date 5/22/22	Full name of contributor Sarah Penniman-Morin out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of contribution (\$) 105.58
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/22	5 Full name of contributor out-of-state PAC (ID#: _____) Aimee Ziller 6 Contributor address; City; State; Zip Code ██████████ Cedar Park, TX 78613	7 Amount of contribution (\$) 26.63
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Self
Date 5/26/22	Full name of contributor out-of-state PAC (ID#: _____) Christina Legrand Contributor address; City; State; Zip Code ██████████ Cedar Park, TX 78613	Amount of contribution (\$) 105.58
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 5/28/22	Full name of contributor out-of-state PAC (ID#: _____) Dianna Schisser Contributor address; City; State; Zip Code ██████████ Leander, TX 78641	Amount of contribution (\$) 26.63
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self
Date 6/1/22	Full name of contributor out-of-state PAC (ID#: _____) Greg MtJoy Contributor address; City; State; Zip Code ██████████ Cedar Park, TX 78613	Amount of contribution (\$) 52.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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:
2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/22	5 Full name of contributor out-of-state PAC (ID#: _____) Ezinne Udezue 6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78732	7 Amount of contribution (\$) 263.47
8 Principal occupation / Job title (See Instructions) Product Manager		9 Employer (See Instructions) Procore
Date 6/12/22	Full name of contributor out-of-state PAC (ID#: _____) Joel Bercu Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	Amount of contribution (\$) 210.84
Principal occupation / Job title (See Instructions) Toxicologist		Employer (See Instructions) Gilead Sciences
Date 6/15/22	Full name of contributor out-of-state PAC (ID#: _____) Heather Attale Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of contribution (\$) 263.47
Principal occupation / Job title (See Instructions) CPO		Employer (See Instructions) Cambiar Education- Illuminate Literacy
Date 6/17/22	Full name of contributor out-of-state PAC (ID#: _____) Courtney Harper Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of contribution (\$) 158.21
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 6/18/22	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Shindell 6 Contributor address; City; State; Zip Code ██████████ Cedar Park, TX 78613	7 Amount of contribution (\$) 158.21
8 Principal occupation / Job title (See Instructions) Professor/Business Owner		9 Employer (See Instructions) Self
Date 6/20/22	Full name of contributor out-of-state PAC (ID#: _____) Patrick Ayeni Contributor address; City; State; Zip Code ██████████ Round Rock, TX 78665	Amount of contribution (\$) 526.63
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Tinix Impacts
Date 6/20/22	Full name of contributor out-of-state PAC (ID#: _____) Erin Sullivan Contributor address; City; State; Zip Code ██████████ Cedar Park, TX 78613	Amount of contribution (\$) 26.63
Principal occupation / Job title (See Instructions) Sahm		Employer (See Instructions) Home
Date 6/20/22	Full name of contributor out-of-state PAC (ID#: _____) Ivie Ehiemua Contributor address; City; State; Zip Code ██████████ Round Rock, TX 78665	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
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SCHEDULE A1

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2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 6/20/22	5 Full name of contributor out-of-state PAC (ID#: _____) Laura Storm 6 Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	7 Amount of contribution (\$) 37.16
8 Principal occupation / Job title (See Instructions) Stay at home mom		9 Employer (See Instructions) Home
Date 6/21/22	Full name of contributor out-of-state PAC (ID#: _____) Sally Twellman Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of contribution (\$) 26.63
Principal occupation / Job title (See Instructions) RD		Employer (See Instructions) Heading Health
Date 6/21/22	Full name of contributor out-of-state PAC (ID#: _____) Rene Leblanc Contributor address; City; State; Zip Code [REDACTED] Lago Vista, TX 78645	Amount of contribution (\$) 26.63
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pentathlon Institute
Date 6/21/22	Full name of contributor out-of-state PAC (ID#: _____) Christopher Bowman Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of contribution (\$) 105.58
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) General Motors
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 6/21/22	5 Full name of contributor out-of-state PAC (ID#: _____) Scott Stroud	7 Amount of contribution (\$) 52.95
6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78730		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) UT Austin
Date 6/21/22	Full name of contributor out-of-state PAC (ID#: _____) August Melton	Amount of contribution (\$) 26.63
Contributor address; City; State; Zip Code [REDACTED] Colorado Springs, CO 80902		
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) New York Life
Date 6/22/22	Full name of contributor out-of-state PAC (ID#: _____) Phillip Aluko	Amount of contribution (\$) 105.58
Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Cellink
Date 6/22/22	Full name of contributor out-of-state PAC (ID#: _____) Mirtha Perez	Amount of contribution (\$) 52.95
Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Implementation Engineer		Employer (See Instructions) Q2
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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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2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 6/23/22	5 Full name of contributor out-of-state PAC (ID#: _____) Sarah Kumengi	7 Amount of contribution (\$) 26.63
6 Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Leander ISD
Date 6/23/22	Full name of contributor out-of-state PAC (ID#: _____) Francesca Romans	Amount of contribution (\$) 26.63
Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641		
Principal occupation / Job title (See Instructions) Freelance Paralegal		Employer (See Instructions) Self
Date 6/23/22	Full name of contributor out-of-state PAC (ID#: _____) Esmeralda Matkke Longoria	Amount of contribution (\$) 52.95
Contributor address; City; State; Zip Code [REDACTED] Leander TX 78641		
Principal occupation / Job title (See Instructions) Business Architect		Employer (See Instructions) Dell Technologies
Date 6/24/22	Full name of contributor out-of-state PAC (ID#: _____) Toni Carter	Amount of contribution (\$) 26.63
Contributor address; City; State; Zip Code [REDACTED] Pearland TX 77584		
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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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2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 6/24/22	5 Full name of contributor out-of-state PAC (ID#: _____) Alice Dorsey	7 Amount of contribution (\$) 26.63
6 Contributor address; City; State; Zip Code [REDACTED] Pearland TX 77854		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 6/24/22	Full name of contributor out-of-state PAC (ID#: _____) Neitha Engert	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] Cedar Park TX 78613		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 6/24/22	Full name of contributor out-of-state PAC (ID#: _____) Becky Calzada	Amount of contribution (\$) 26.63
Contributor address; City; State; Zip Code [REDACTED] Leander TX 78641		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Leander ISD
Date 6/25/22	Full name of contributor out-of-state PAC (ID#: _____) Stacey McQueary	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code [REDACTED] Austin TX 78717		
Principal occupation / Job title (See Instructions) analyst		Employer (See Instructions) Telus
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 6/26/22	5 Full name of contributor out-of-state PAC (ID#: _____) Christina Cavalli 6 Contributor address; City; State; Zip Code [REDACTED] Cedar Park TX 78613	7 Amount of contribution (\$) 52.95
8 Principal occupation / Job title (See Instructions) Retired professor		9 Employer (See Instructions) None
Date 6/26/22	Full name of contributor out-of-state PAC (ID#: _____) Christopher Obeime Contributor address; City; State; Zip Code [REDACTED] Indianapolis IN 46268	Amount of contribution (\$) 105.58
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Doctors Skin Care LLC
Date 6/26/22	Full name of contributor out-of-state PAC (ID#: _____) Rachel Wilks Contributor address; City; State; Zip Code [REDACTED] Cedar Park TX 78613	Amount of contribution (\$) 105.58
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Pure Realty
Date 6/27/22	Full name of contributor out-of-state PAC (ID#: _____) Uju Muse Contributor address; City; State; Zip Code [REDACTED] San Jose CA 95135	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Vitus healthcare
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

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2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 6/27/22	5 Full name of contributor out-of-state PAC (ID#: _____) Molly Tillerson 6 Contributor address; City; State; Zip Code [REDACTED] Cedar Park TX 78613	7 Amount of contribution (\$) 263.47
8 Principal occupation / Job title (See Instructions) Stay at home mom		9 Employer (See Instructions) N/A
Date 6/27/22	Full name of contributor out-of-state PAC (ID#: _____) Catherine Seeds Contributor address; City; State; Zip Code [REDACTED] Cedar Park TX 78613	Amount of contribution (\$) 52.95
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Ketner Group
Date 6/27/22	Full name of contributor out-of-state PAC (ID#: _____) Abiola Asojo Contributor address; City; State; Zip Code [REDACTED] Cedar Park TX 78613	Amount of contribution (\$) 52.95
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) IBM
Date 6/28/22	Full name of contributor out-of-state PAC (ID#: _____) Mary Hengstebeck Contributor address; City; State; Zip Code [REDACTED] Leander TX 78641	Amount of contribution (\$) 37.16
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/22	5 Full name of contributor out-of-state PAC (ID#: _____) Venice Taylor 6 Contributor address; City; State; Zip Code [REDACTED] Leander TX 78641	7 Amount of contribution (\$) 26.63
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) ISD
Date 6/29/22	Full name of contributor out-of-state PAC (ID#: _____) Erika Mittag Contributor address; City; State; Zip Code [REDACTED] Cedar Park TX 78613	Amount of contribution (\$) 26.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 6/29/22	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Falola Contributor address; City; State; Zip Code [REDACTED] Flower Mound TX 75028	Amount of contribution (\$) 316.11
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Parkland Hospital
Date 6/30/22	Full name of contributor out-of-state PAC (ID#: _____) Becky Jones Contributor address; City; State; Zip Code [REDACTED] Cedar Park TX 78613	Amount of contribution (\$) 10.84
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LISD
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Sade Fashokun		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/22	5 Full name of contributor out-of-state PAC (ID#: _____) Anne Duffy ----- 6 Contributor address; City; State; Zip Code [REDACTED] Cedar Park TX 78613	7 Amount of contribution (\$) 26.63
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Ascension Texas
Date 2/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Sade Fashokun ----- Contributor address; City; State; Zip Code [REDACTED] Cedar Park TX 78613	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Agency Owner		Employer (See Instructions) Self
Date 5/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Andrew Hoekzema ----- Contributor address; City; State; Zip Code [REDACTED] Cedar Park TX 78613	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ----- Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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: 2	2 FILER NAME Sade Fashokun	3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2022	5 Payee name City of Cedar Park	
6 Amount (\$) 50.00	7 Payee address; 1435 Main Street	City; Cedar Park State; TX Zip Code 78613
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Pavilion Rental
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/12/2022	Payee name Office Depot	
Amount (\$) 10.83	Payee address; 11066 Pecan Park Blvd	City; Cedar Park State; TX Zip Code 78613
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description
	Check if travel outside of Texas. Complete Schedule T. 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 5/23/2022	Payee name H-E-B	
Amount (\$) 30.64	Payee address; 14028 US 183 Hwy	City; Austin State; TX Zip Code 78717
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description
	Check if travel outside of Texas. Complete Schedule T. 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: 2	2 FILER NAME Sade Fashokun	3 Filer ID (Ethics Commission Filers)
4 Date 5/23/2022	5 Payee name Costco	
6 Amount (\$) 96.90	7 Payee address; 4601 183A	City; State; Zip Code Cedar Park TX 78613
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/29/2022	Payee name Meta	
Amount (\$) 20.00	Payee address; 1 Facebook Way	City; State; Zip Code Menlo Park CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule T. 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 6/30/2022	Payee name Donateway	
Amount (\$) 224.49	Payee address; P.O. Box 301267	City; State; Zip Code Austin TX 78703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description
	Check if travel outside of Texas. Complete Schedule T. 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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Sade Fashokun	3 Filer ID (Ethics Commission Filers)
4 Date 2/26/22	5 Payee name Google	
6 Amount (\$) 12.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; 1600 Amphitheatre Parkway	City; Mountain View State; CA Zip Code 94043
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Domain Name
	(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	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	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
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	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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