

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD  
CITY SECRETARY**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

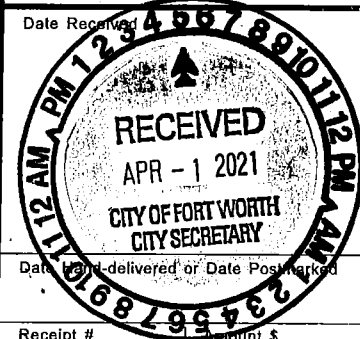
1 Filer (Election Commission Filers)

2 Total pages filed **14**

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

MS  MRS / MR FIRST MI  
**Kristie D**  
NICKNAME LAST SUFFIX  
**Hanhart**

**OFFICE USE ONLY**



**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**7509 Creekfall Dr.  
Fort Worth, TX 76137**

**5 CANDIDATE/  
OFFICEHOLDER  
PHONE**

AREA CODE PHONE NUMBER EXTENSION  
**(817) 500-1302**

Receipt # Amount \$

**6 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR  FIRST MI  
**Jared D**  
NICKNAME LAST SUFFIX  
**Hanhart**

Date Processed

Date Imaged

**7 CAMPAIGN  
TREASURER  
ADDRESS**  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**7509 Creekfall Dr.  
Fort Worth, TX 76137**

**8 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE PHONE NUMBER EXTENSION  
**(817) 500-8117**

**9 REPORT TYPE**

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

**10 PERIOD  
COVERED**

Month Day Year Month Day Year  
**1 / 22 / 21 THROUGH 3 / 22 / 21**

**11 ELECTION**

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**5 / 1 / 21**  General  Special **Local**

**12 OFFICE**

OFFICE HELD (if any)

**13 OFFICE SOUGHT (if known)**  
**Fort Worth City Council District 4**

**14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**  
 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  
 GENERAL COMMITTEE ADDRESS  
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# 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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1370. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1360.80
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>5</b>
2 FILER NAME <b>Kristie Hanhart</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/22/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jared Hanhart</b>	7 Amount of contribution (\$) <b>50<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>7509 Creeksfall Dr. Fort Worth, TX 76137</b>		
8 Principal occupation / Job title (See Instructions) <b>industrial mechanic</b>		9 Employer (See Instructions) <b>Pratt Industries</b>
Date <b>1/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathy Candelaria</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3045 Creekview Dr. Grapevine, TX 76051</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>1/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathy Johnston</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2929 Pritchett Irving TX 75061</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>1/28/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeromey Sims</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6752 Shadydale Ct. NHR TX 76182</b>		
Principal occupation / Job title (See Instructions) <b>IT consultant</b>		Employer (See Instructions) <b>Texedo Technologies</b>

**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>5</b>
2 FILER NAME <b>Kristie Hanhart</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/30/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kristie Hanhart</b>	7 Amount of contribution (\$) <b>\$1 25<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>7509 Creekfall Dr. Fort Worth, TX 76137</b>		
8 Principal occupation / Job title (See Instructions) <b>owner</b>		9 Employer (See Instructions) <b>Kristie's Cleaning Service</b>
Date <b>1/31/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donna Winslager</b>	Amount of contribution (\$) <b>\$ 60<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>712 Mountain Terrace Hwst, TX 76033</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>2/2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Whitfield</b>	Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1319 Black Walnut Lane Arlington TX 76005</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Kelly Hart &amp; Hallman</b>
Date <b>2/2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>M. Emad Salem</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>506 Park Hill Dr. Euless, TX 76040</b>		
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions) <b>Century 21</b>

**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>Kristie Hanhart</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/2/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melissa Willis</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>5409 Topper Dr. AKH TX 76180</b>		
8 Principal occupation / Job title (See Instructions) <b>Beauty salon owner</b>		9 Employer (See Instructions) <b>Pickture Perfect Beauty &amp; Brows</b>
Date <b>2/2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peagy Pate</b>	Amount of contribution (\$) <b>\$25<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>113 Varsity Circle Arlington, TX 76013</b>		
Principal occupation / Job title (See Instructions) <b>Speech and language Pathologist</b>		Employer (See Instructions) <b>Fort Worth ISD</b>
Date <b>2/2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ellen Hunt</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5006 Oak Springs Drive Arlington, TX 76016</b>		
Principal occupation / Job title (See Instructions) <b>Newcomer Minister</b>		Employer (See Instructions) <b>St. Albans Episcopal Church</b>
Date <b>2/3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dennis Sherrard</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3819 Ashbury Lane Bedford, TX 76021</b>		
Principal occupation / Job title (See Instructions) <b>Technology Sales</b>		Employer (See Instructions) <b>SAIC</b>

**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>Kristie Hanhart</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/6/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ann Teeter</b>	7 Amount of contribution (\$) <b>\$25<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>625 West Pleasantview Dr. Hurst, TX 76054</b>		
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>retired</b>
Date <b>2/9/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathy Bratz</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5700 Bend Tree Ct. Colleyville TX 76034</b>		
Principal occupation / Job title (See Instructions) <b>Quality engineer</b>		Employer (See Instructions) <b>Lockheed Martin M &amp; FC</b>
Date <b>2/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela Darden</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2716 York Ct. , Southlake, TX 76092</b>		
Principal occupation / Job title (See Instructions) <b>Not employed</b>		Employer (See Instructions) <b>not employed</b>
Date <b>2/23/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathleen Thompson</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3317 Burning Log Drive Grapevine, TX 76051</b>		
Principal occupation / Job title (See Instructions) <b>Writer</b>		Employer (See Instructions) <b>SELF</b>

**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: 8

2 FILER NAME

Kristie Hanhart

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/21

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Brody-Andrew Mulligan

7 Amount of contribution (\$)

\$4000

6 Contributor address; City; State; Zip Code

312 Rambling Ct. Euless, TX 76039

8 Principal occupation / Job title (See Instructions)

Instructor

9 Employer (See Instructions)

The Trumpet Studio of Brody Mulligan

Date

3/1/21

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jael Fryar

Amount of contribution (\$)

\$2500

Contributor address; City; State; Zip Code

1205 Lola Drive NHR TX 76180

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Barry Wehmiller Design Group

Date

3/3/21

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gayle Pulliam

Amount of contribution (\$)

\$2000

Contributor address; City; State; Zip Code

224 Norwich Dr. Hurst, TX 76054

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

Postal Annex

Date

3/4/21

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mark Hesselgrave

Amount of contribution (\$)

\$2500

Contributor address; City; State; Zip Code

4665 Misty Ridge Dr. Fort Worth, TX 76137

Principal occupation / Job title (See Instructions)

Not employed

Employer (See Instructions)

Not employed

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: 6

2 FILER NAME Kristie Hanhart

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

3/5/21

Brody Mulligan  
6 Contributor address; City; State; Zip Code

\$ 50<sup>00</sup>

3908 Block Dr. Apt 340 Irving, TX 75038

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Trumpet teacher

CEBISD

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

3/7/21

Kristie Hanhart  
Contributor address; City; State; Zip Code

\$ 200

7509 Creekfall Dr. Fort Worth TX 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

owner

Kristie's Cleaning Service

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)

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 Expense   | 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: <b>5</b>	2 FILER NAME <b>Kristie Hanhart</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/29/21</b>	5 Payee name <b>City of Fort Worth</b>	
6 Amount (\$) <b>100<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>200 Texas St. Fort Worth TX 76102</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Filing fee</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		
Date <b>2/2/21</b>	Payee name <b>Vista Print</b>	
Amount (\$) <b>\$ 178.66</b>	Payee address; City; State; Zip Code <b>100 Hayden Ave. Lexington MA 02421</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Flyers</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		
Date <b>2/3/21</b>	Payee name <b>Daley Professional</b>	
Amount (\$) <b>29<sup>00</sup></b>	Payee address; City; State; Zip Code <b>Online</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>website</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		

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>5</b>	2 FILER NAME <b>Kristie Hanhart</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/9/21</b>	5 Payee name <b>Act Blue</b>	
6 Amount (\$) <b>.33</b>	7 Payee address; City; State; Zip Code <b>P.O Box 441146 Somerville, MA 02144-0031</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Account/Banking</b>	(b) Description <b>Credit Card Processing</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>2/10/21</b>	Payee name <b>Intensive Social Keeping</b>		
Amount (\$) <b>250<sup>00</sup></b>	Payee address; City; State; Zip Code <b>5608 Royal Lane # 424, Benbrook, TX 76109</b>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>website design</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
---	-------------------------------	---------------	-------------

Date <b>2/12/21</b>	Payee name <b>Intensive Social Keeping</b>		
Amount (\$) <b>25<sup>00</sup></b>	Payee address; City; State; Zip Code <b>5608 Royal Lane # 424, Benbrook, TX 76109</b>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Website domain</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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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>5</b>	2 FILER NAME <b>Kristie Hanhart</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/12/21</b>	5 Payee name <b>TEXAS Democratic Party</b>	
6 Amount (\$) <b>126.<sup>25</sup></b>	7 Payee address; City; State; Zip Code <b>1106 Lavaca, Suite 100, Austin TX 78701</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Exp.</b>	(b) Description <b>Texas Voter File</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		
Date <b>2/16/21</b>	Payee name <b>VISTA Print</b>	
Amount (\$) <b>145.<sup>23</sup></b>	Payee address; City; State; Zip Code <b>100 Hayden Ave. Lexington, MA 02421</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Flyers</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		
Date <b>2/16/21</b>	Payee name <b>Crazy Cheap Political Signs</b>	
Amount (\$) <b>\$120.16</b>	Payee address; City; State; Zip Code <b>11525A Stonehollow Dr, Suite 100, Austin TX 78758</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</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		

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.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Kristie Hanhart	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/26/21	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$10 <sup>00</sup>	<b>7</b> Payee address; 3851 NE LOOP 820	City; State; Zip Code Fort Worth TX 76137
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Service fee
	<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 3/2/21	Payee name Crazy Cheap Political Signs	
Amount (\$) \$120. <sup>15</sup>	Payee address; 11525A Stonehollow Dr Suite 100,	City; State; Zip Code Austin, TX 78758
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	<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 3/3/21	Payee name Act Blue	
Amount (\$) \$9. <sup>02</sup>	Payee address; P.O. Box 441146	City; State; Zip Code Somerville, MA 02144-0031
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Credit Card Processing
	<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.

<b>1</b> Total pages, Schedule F1: 5		<b>2</b> FILER NAME Kristie Hanhart		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/12/21		<b>5</b> Payee name Texas Democratic Party			
<b>6</b> Amount (\$) 126. <sup>25</sup>		<b>7</b> Payee address; City; State; Zip Code 1106 Lavaca, Suite 100, Austin, TX 78701			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Exp.		<b>(b)</b> Description Texas Voter File		
	<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	
<b>Date</b> 3/17/21		<b>Payee name</b> Crazy Cheap Political Signs			
<b>Amount (\$)</b> \$120. <sup>15</sup>		<b>Payee address; City; State; Zip Code</b> 11525A Stonehollow Dr. Suite 100, Austin, TX 78758			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> Signs.		
	<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	
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b>		<b>Payee address; City; State; Zip Code</b>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED