

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**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:

| | | | | | |
|---|--|--------------------------------------|-----------------------------|---|--------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY | |
| | Steve | Penate | | | |
| | NICKNAME | LAST | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | | |
| | 5244 Rancho Trail, Fort Worth, TX 76126 | | | | |
| <input checked="" type="checkbox"/> Change of Address | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked | |
| | (817) | 805-7455 | | APR 1 2021 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Receipt # | Amount \$ |
| | <i>Steve</i> | <i>Penate</i> | | | |
| | NICKNAME | LAST | SUFFIX | Date Processed | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | | |
| (Residence or Business) | 5244 Rancho Trl Fort Worth, TX 76126 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Imaged | |
| | (817) | 805-7455 | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month / Day / Year |
| | | | | | 04 / 01 / 2021 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | | |
| | Month | Day | Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description | |
| | 05 | 01 | 2021 | <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) | | |
| | | | Mayor | | |
| 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. | | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |

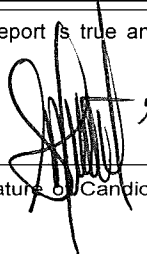
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|-------------------------|---|--|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 3,372.96 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 40,462.09 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 56,814.72 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 14,588.85 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 25,000.00 |

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.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Steve Penate, and my date of birth is June 3rd, 1983.
 My address is 5244 Ranchero Trl, Fort Worth, TX, 76126, USA.
(street) (city) (state) (zip code) (country)
 Executed in Tarrant County, State of Texas, on the 1 day of April, 2021.
(month) (year)


 Signature of Candidate or Officeholder (Declarant)

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: 11 |
| 2 FILER NAME Steve Penate | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03-28-21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan D. Newton | 7 Amount of contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code 205 Emerald Way, Weatherford, Tx, 76085 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|--------------------------------------|
| Date 03-24-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Francisco J. Alamilla | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 7904 Stansfield Dr. Fort Worth, TX, 76137 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|---|--------------------------------------|
| Date 03-12-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael E. Shipley | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 3604 Bellaire Dr. N, Fort Worth, Tx, 76109 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|--------------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Kimberlin Gambill | Amount of contribution (\$) \$300.00 |
| Contributor address; City; State; Zip Code 3740 Westdiff rd. South, Fort Worth, Tx, 76109 | | |
| 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 11 |
| 2 FILER NAME Steve Penate | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03-20-21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan McDonald | 7 Amount of contribution (\$) \$ 225.00 |
| 6 Contributor address; City; State; Zip Code 411 Harold St. Fort Worth, Tx, 76107 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|--|---|---|
| Date 03-30-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myles Weiss | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 2141 Mill Rd. Novato CA 94947 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|---|
| Date 03-30-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Sentell | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code PO Box 24204 Knoxville TN 37933 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|---|---|
| Date 03-28-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liza Coughlin | Amount of contribution (\$) \$ 200.00 |
| Contributor address; City; State; Zip Code 12533 Outlook Ave., Fort Worth, Tx, 76244 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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| 2 FILER NAME Steve Penate | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03-28-21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Armstrong | 7 Amount of contribution (\$) \$ 100.00 |
| 6 Contributor address; City; State; Zip Code 1000 Henderson St. Fort Worth, Tx, 76102 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|--|
| Date 03-25-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Katherine Nolan | Amount of contribution (\$) \$ 500.00 |
| Contributor address; City; State; Zip Code 6370 Montego Ct. Fort Worth, Tx, 76116 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|--|
| Date 03-25-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Terndrup | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 4816 Rincon Way Fort Worth Tx, 76137 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|--|
| Date 03-21-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Clayton | Amount of contribution (\$) \$ 200.00 |
| Contributor address; City; State; Zip Code 5201 Starny Ct. Fort Worth Tx, 76123 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Steve Penate | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date 03-21-21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Roberts | 7 Amount of contribution (\$) \$ 100.00 |
| 6 Contributor address; City; State; Zip Code 2106 Cedar Ridge Ct Keller Tx, 76248 | | |

| | |
|---|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|-------------------------------|

| | | |
|---|---|---|
| Date 03-21-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terrence Garrett | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 6504 Winifred Dr. Fort Worth Tx, 76133 | | |

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| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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| Date 03-21-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jorge Bosch | Amount of contribution (\$) \$ 200.00 |
| Contributor address; City; State; Zip Code 5208 Sonata Tr. Fort Worth, Tx 76126 | | |

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| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
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|--|--|---|
| Date 03-21-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Johnson | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 11831 Sundog Way, Fort Worth, Tx, 76244 | | |

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| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
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| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Steve Ponate | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03-21-21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross Raines | 7 Amount of contribution (\$) \$ 100.00 |
| 6 Contributor address; City; State; Zip Code 1913 Bluebird Ave. Fort Worth, TX, 76111 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|--|---|---|
| Date 03-21-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle Fonville | Amount of contribution (\$) \$ 500.00 |
| Contributor address; City; State; Zip Code 1808 Fairmount Ave. Fort Worth, TX, 76110 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|--|---|
| Date 03-19-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy Keeton | Amount of contribution (\$) \$ 500.00 |
| Contributor address; City; State; Zip Code PO Box 35078 Fort Worth, Tx, 76162 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|--|
| Date 03-16-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel Hall | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 6705 Cambrian Way, Fort Worth, Tx, 76137 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Steve Penate | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03-15-21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie Martensen | 7 Amount of contribution (\$) \$ 100.00 |
| | 6 Contributor address; City; State; Zip Code Address says "no thanks!" | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|---|
| Date 03-12-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Ramos | Amount of contribution (\$) \$ 100.00 |
| | Contributor address; City; State; Zip Code 8108 Carlos St Fort Worth Tx, 76108 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|---|
| Date 03-09-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Whelan | Amount of contribution (\$) \$ 500.00 |
| | Contributor address; City; State; Zip Code 3801 Candlelite Ct. Fort Worth Tx, 76109 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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|---|--|---|
| Date 03-05-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Huebner | Amount of contribution (\$) \$ 100.00 |
| | Contributor address; City; State; Zip Code 9044 Neper Valley trail, Fort Worth, Tx, 76244 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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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: 11 |
| 2 FILER NAME Steve Penate | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02-26-21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrienne Schatzline | 7 Amount of contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code 13037 Monte Alto St, Fort Worth, TX, 76244 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|--|
| Date 02-21-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Bosh | Amount of contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 10129 Rolling Hills Ct. Benbrook, TX, 76126 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|---|
| Date 02-20-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil Foster | Amount of contribution (\$) \$ 100.00 |
| | Contributor address; City; State; Zip Code 4901 Sugar Lake Rd. Fort Worth, TX, 76103 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|--|---|
| Date 02-07-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Esquivel | Amount of contribution (\$) \$ 100.00 |
| | Contributor address; City; State; Zip Code 3613 James Ave. Fort Worth, TX, 76110 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Steve Penate | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02-08-21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinah Rowland | 7 Amount of contribution (\$) 0000 \$100.00 |
| 6 Contributor address; City; State; Zip Code 88 Village Ln. Colleyville Tx, 76034 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|--|
| Date 02-01-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zane Anderson | Amount of contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 4705 West Oasis Rd. Tucson AZ, 85742 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|---|--|
| Date 02-01-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean Turner | Amount of contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 1205 South White Chapel Blvd., Southlake, TX, 76092 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|---|--|
| Date 01-31-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Penate | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 105 W. Valencia Dr. Fullerton CA, 92832 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Steve Penate | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date 03-29-21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Smeltzer Jr. | 7 Amount of contribution (\$) \$4,410.00 |
| 6 Contributor address; City; State; Zip Code 3312 Stonecrest Dr., Grapevine, TX, 76051 | | |

| | |
|--|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) Business Owner | 9 Employer (See Instructions) |
|--|-------------------------------|

| | | |
|--|--|---|
| Date 02-06-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Smeltzer Jr. | Amount of contribution (\$) \$2021.00 |
| Contributor address; City; State; Zip Code 3312 Stonecrest Dr., Grapevine, TX, 76051 | | |

| | |
|--|-----------------------------|
| Principal occupation / Job title (See Instructions) Business Owner | Employer (See Instructions) |
|--|-----------------------------|

| | | |
|--|---|---|
| Date 03-29-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traci Jenkins | Amount of contribution (\$) \$1,000 |
| Contributor address; City; State; Zip Code 3836 Mattison Ave., Fort Worth, TX, 76107 | | |

| | |
|--|-----------------------------|
| Principal occupation / Job title (See Instructions) Business Owner | Employer (See Instructions) |
|--|-----------------------------|

| | | |
|---|---|---|
| Date 03-18-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skyler Corliffe | Amount of contribution (\$) \$1,500 |
| Contributor address; City; State; Zip Code 3408 Rolling Hills Ln., Grapevine, TX, 76051 | | |

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| Principal occupation / Job title (See Instructions) Business Owner | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 11 |
| 2 FILER NAME Steve Penate | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/31/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler M. Wall | 7 Amount of contribution (\$) \$ 2,000.00 |
| 6 Contributor address; City; State; Zip Code 713 Timberview Ct. North, Fort Worth, TX 76112 | | |
| 8 Principal occupation / Job title (See Instructions) Business Performance Manager | | 9 Employer (See Instructions) EFCU |
| Date 2/7/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troy Bravenboer | Amount of contribution (\$) \$ 5,000.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76135 | | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) |
| Date 3/24/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britt LANE | Amount of contribution (\$) \$ 5,000.00 |
| Contributor address; City; State; Zip Code 4609 Porto Vila Ct. Fort Worth, TX 76126 | | |
| Principal occupation / Job title (See Instructions) President, | | Employer (See Instructions) Bobby Cox Corp. |
| Date 3/24/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn W. Lynch | Amount of contribution (\$) \$ 5,000.00 |
| Contributor address; City; State; Zip Code 8124 ELVIS CT Fort Worth, TX 76134 | | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Steve Penate | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|---------------------------------------|

| | | |
|---|--|---|
| 4 Date 03-10-21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat and Karen Schatzline | 7 Amount of contribution (\$) \$1,000 |
| 6 Contributor address; City; State; Zip Code 639 Woods Dr., Arroyo, TX, 76226 | | |

| | |
|--|---|
| 8 Principal occupation / Job title (See Instructions) Health Coach | 9 Employer (See Instructions) Optavia |
|--|---|

| | | |
|--|---|---|
| Date 03-01-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Toon | Amount of contribution (\$) \$1,000 |
| Contributor address; City; State; Zip Code 2400 Great SW Pkwy, Fort Worth, TX, 76106 | | |

| | |
|--|-----------------------------|
| Principal occupation / Job title (See Instructions) Business Owner | Employer (See Instructions) |
|--|-----------------------------|

| | | |
|---|--|---|
| Date 02-23-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alessandro Alu | Amount of contribution (\$) \$1,000 |
| Contributor address; City; State; Zip Code 12624 Steadman Farms Dr, Fort Worth, TX, 76244 | | |

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) Real Estate / Owner | Employer (See Instructions) |
|---|-----------------------------|

| | | |
|---|--|--|
| Date 03-31-21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Coleman | Amount of contribution (\$) \$333.13 |
| Contributor address; City; State; Zip Code 1009 Oak Forest Dr., Fort Worth, TX, 76114 | | |

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | |
|---|----------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|---|----------------------------|

| | |
|--------------|---------------------------------------|
| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|--------------|---------------------------------------|

| | | |
|--|---|--|
| 4 Date <i>03-2021</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Deering</i> | 7 Amount of contribution (\$) <i>\$ 1000.00</i> |
| 6 Contributor address; City; State; Zip Code <i>3419 Westminister Ave., Dallas, Tx, 75205</i> | | |

| | |
|---|--|
| 8 Principal occupation / Job title (See Instructions) <i>CEO</i> | 9 Employer (See Instructions) <i>LEO Cyber Security</i> |
|---|--|

| | | |
|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nana Rennie</i> | Amount of contribution (\$) <i>\$100.00</i> |
| Contributor address; City; State; Zip Code <i>3701 Shawnee Trl. Lake Worth, TX, 76135</i> | | |

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

| | | |
|--|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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
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 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: | 2 FILER NAME Steve Penate | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

| | |
|-----------------------|---|
| 4 Date 3/31/21 | 5 Payee name Lankford Production and Media Group |
|-----------------------|---|

| | | | | |
|---------------------------------|--|-----------------------|------------------|-----------------------|
| 6 Amount (\$) \$8,822.00 | 7 Payee address; 2605 Sylvanangle St. | City; Burleson | State; Tx | Zip Code 76028 |
|---------------------------------|--|-----------------------|------------------|-----------------------|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Held an event |
| | (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 04/01/21 | Payee name Cole's Porta Potties |
|----------------------|--|

| | | | | |
|-------------------------------|------------------------------------|-----------------------|------------------|-----------------------|
| Amount (\$) \$1,200.00 | Payee address; 8024 CR 518, | City; Burleson | State; TX | Zip Code 76028 |
|-------------------------------|------------------------------------|-----------------------|------------------|-----------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Campaign Event Expense | Description Porta Potties for Attendees |
| | <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 3/31/21 | Payee name Joe Martinez |
|---------------------|--------------------------------|

| | | | | |
|-------------------------------|---|-----------------------------|------------------|-----------------------|
| Amount (\$) \$3,700.00 | Payee address; 3340 Lone tree Ln | City; Fort Worth, TX | State; TX | Zip Code 76244 |
|-------------------------------|---|-----------------------------|------------------|-----------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description T-Shirts |
| | <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: | 2 FILER NAME Steve Renate | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

| | |
|-----------------------|---|
| 4 Date 3/25/21 | 5 Payee name Fort Worth Hightech Signs Co. |
|-----------------------|---|

| | | | | |
|---------------------------------|---|-------|--------|----------|
| 6 Amount (\$) \$2,381.50 | 7 Payee address; 3141 Joyce Dr. Fort Worth, TX 76116 | City; | State; | Zip Code |
|---------------------------------|---|-------|--------|----------|

| | | |
|--------------------------|---|-----------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Signage |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|----------------------|---|
| Date 3/08/21. | Payee name Fort Worth Hightech Signs Co. |
|----------------------|---|

| | | | | |
|-------------------------------|---|-------|--------|----------|
| Amount (\$) \$6,873.88 | Payee address; 3141 Joyce Dr. Fort Worth, TX 76116 | City; | State; | Zip Code |
|-------------------------------|---|-------|--------|----------|

| | | |
|------------------------|---|-------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Signage |
| | <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 3/29/21 | Payee name Print Place |
|---------------------|-------------------------------|

| | | | | |
|--|--|-------|--------|----------|
| Amount (\$) \$1,100.00 \$879.00 | Payee address; 1110 Ave Highway EAST, Arlington, TX 76011 | City; | State; | Zip Code |
|--|--|-------|--------|----------|

| | | |
|------------------------|---|--------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Ad Expense | Description Printing |
| | <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: | 2 FILER NAME Steve Penate | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

| | |
|----------------------|--------------------------------|
| 4 Date 2/3/21 | 5 Payee name 1836 Group |
|----------------------|--------------------------------|

| | | | | |
|----------------------------------|--|-----------------|------------------|-----------------------|
| 6 Amount (\$) \$ 4,827.27 | 7 Payee address; 1011 Surrey Ln, Flower Mound, TX 75022 | City; TX | State; TX | Zip Code 75022 |
|----------------------------------|--|-----------------|------------------|-----------------------|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting/Printing Expense | (b) Description Paid For consulting Services and Print Material |
| | (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 2/22/21 | Payee name 1836 Group |
|---------------------|------------------------------|

| | | | | |
|--------------------------------|--|-----------------|------------------|-----------------------|
| Amount (\$) \$ 3,485.00 | Payee address; 1011 Surrey Ln, Flower Mound, TX 75022 | City; TX | State; TX | Zip Code 75022 |
|--------------------------------|--|-----------------|------------------|-----------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting | Description Paid For Consulting Services |
| | <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 2/23/21 | Payee name Fort Worth Hightech Signs Co. |
|---------------------|---|

| | | | | |
|--------------------------------|---|-----------------|------------------|-----------------------|
| Amount (\$) \$ 4,016.07 | Payee address; 3141 Joyce Dr. Fort Worth 76116 | City; TX | State; TX | Zip Code 76116 |
|--------------------------------|---|-----------------|------------------|-----------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Printed Signs |
| | <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: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

| | |
|-------------------|----------------------------------|
| 4 Date 3/19/21 | 5 Payee name Hawkeye Printing |
|-------------------|----------------------------------|

| | |
|---------------------------|--|
| 6 Amount (\$) \$530.00 | 7 Payee address; City; State; Zip Code 391 W. Byron Nelson Blvd Ste. 110 Roanoke, TX 76262 |
|---------------------------|--|

| | | |
|-----------------------------|---|-----------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing | (b) Description Printing |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|----------------|------------------------------|
| Date 3/5/21 | Payee name CWL Consulting |
|----------------|------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$6,800.00 | Payee address; City; State; Zip Code 325 N. Maple Dr. #1886 Beverly Hills, CA 90213 |
|---------------------------|---|

| | | |
|------------------------|---|---------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting | Description Consulting |
| | <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 2/25/21 | Payee name L2 INC |
|-----------------|----------------------|

| | |
|----------------------------|--|
| Amount (\$) \$10,000.00 | Payee address; City; State; Zip Code 18912 North Creek Pkwy Ste. 201 Bothell, WA 98011 |
|----------------------------|--|

| | | |
|------------------------|---|---------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting | Description Voter Data |
| | <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: | 2 FILER NAME Steve Penate | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/19/21 | 5 Payee name Asher Gillaspie | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address: 1512 Daisey Ln, Burleson, TX 76028 <small>City; State; Zip Code</small> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) consulting | (b) Description Campaign manager |
| | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 3/29/21 | Payee name Asher Gillaspie | |
| Amount (\$) \$2,000.00 | Payee address: 1512 Daisy Ln, Burleson, TX 76028 <small>City; State; Zip Code</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) consulting | Description Campaign manager |
| | <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 3/04/21 | Payee name No more Normal LLC | |
| Amount (\$) \$2,500.00 | Payee address: 13037 Monte Alto St Fort Worth, TX 76244 <small>City; State; Zip Code</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) consulting | Description consulting |
| | <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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Steve Penate

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|--------------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 37,089.13 |
| 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 | \$ 25,000.00 |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 56,814.72 |
| 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 | \$ |

LOANS

SCHEDULE E

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 E: |
| 2 FILER NAME <i>Steve Penate</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan <i>02/01/21</i> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Penate</i> | 9 Loan Amount (\$) <i>\$25,000.00</i> |
| 6 Is lender a financial Institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code <i>5244 Rambler Dr, Fort Worth, TX 76126</i> | 10 Interest rate <i>—</i> |
| | | 11 Maturity date <i>—</i> |
| 12 Principal occupation / Job title (See Instructions) <i>Broker</i> | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |

| | | |
|--|--|---|
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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