DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers):

2 Total pages filed:

3 FILER NAME

MS / MRS / MR: MRS.

FIRST: Angela

MI:

NICKNAME:

LAST: Medlin

SUFFIX:

4 FILER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. BOX 202

APT / SUITE #:

CITY: Mentone

STATE: TX

ZIP CODE: 79754

5 FILER PHONE

AREA CODE: (210)

PHONE NUMBER: 865-4886

EXTENSION:

6 REPORT TYPE

☐ January 15

☐ July 15

☑ 30th day before election

☐ 8th day before election

☐ Runoff

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

7 PERIOD COVERED

Month Day Year: 08 / 22 / 2022

THROUGH

Month Day Year: 10 / 7 / 2022

8 ELECTION

ELECTION DATE

Month Day Year: 11 / 08 / 22

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other

☑ General ☐ Special Description _____

9 FILER ACTIVITY

(Attach lists on plain paper to complete this section if necessary.)

1. Candidates

(Identify by name or, if applicable, classify by party.)

A. Supported: Angela Medlin

B. Opposed:

2. Measures

(Describe by date and location of election and nature of issue.)

A. Supported:

B. Opposed:

3. Officeholders Assisted

(Identify by name or, if applicable, classify by party.)

GO TO PAGE 2

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE COVER SHEET PG 2

10 FILER NAME	11 Filer ID (Ethics Commission Filers)
Angela Medlin	

12 EXPENDITURE TOTALS		
	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$
	2. **TOTAL POLITICAL EXPENDITURES**	$

13 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 Filer
or
Signature of individual with authority to sign on behalf of entity
(only if Filer is an entity)

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 Angela Medlin, and my date of birth is August 18, 2022.

My address is 281 FM 867 (street), Mentone (city), TX (state), 79754 (zip code), USA (country).

Executed in Loving County, State of Texas, on the 11 day of October (month), 2022 (year).

Signature of Declarant

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: ANGELA MEDLIN	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date: 8.26.22	5 Payee name: VISTAPRINT	
6 Amount ($): 41.43	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Business Cards
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: SELF	Office sought / Office held

Expenditure 2

Date: 9.14.2022	Payee name: USPS	
Amount ($): 12.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): postage - other	Description: STAMPS
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: SELF	Office sought / Office held

Expenditure 3

Date: 9.19.2022	Payee name: ETSY	
Amount ($): 40.09	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising	Description: postcards
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: SELF	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	**2** FILER NAME: Angela Medlin	**3** Filer ID (Ethics Commission Filers)
4 Date: 10.3.22	**5** Payee name: VistaPrint	
6 Amount ($): 42.70	**7** Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule)	**(b)** Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: SELF	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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

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: Angela Medlin

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $ 100.00

5 Date of loan: 8.24.22

7 Name of lender: Angela Medlin ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($):

6 Is lender a financial Institution? Y (N)

8 Lender address; City; State; Zip Code: P.O. BOX 202 Mentone TX 79754

10 Interest rate:

11 Maturity date:

12 Principal occupation / Job title (See Instructions):

13 Employer (See Instructions):

14 Description of Collateral ☐ none

15 ☑ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☐ not applicable

17 Name of guarantor:

18 Guarantor address; City; State; Zip Code:

19 Amount Guaranteed ($):

20 Principal Occupation (See Instructions):

21 Employer (See Instructions):

Date of loan: 10-3-22

Name of lender: Angela Medlin ☐ out-of-state PAC (ID# _____)

Loan Amount ($): $ 100.00

Is lender a financial Institution? Y (N)

Lender address; City; State; Zip Code: P.O BOX 202 Mentone TX 79754

Interest rate:

Maturity date:

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral ☐ none

☑ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

Amount Guaranteed ($):

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.