

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:

| | | | |
|--|--|--|-----------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <i>Mrs Jennifer P</i> | OFFICE USE ONLY | |
| | NICKNAME LAST SUFFIX <i>Jenny Doesey -</i> | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>7026 Brandon Dr. Corpus Christi TX 78413</i> | Date Received FILED FOR RECORD FILED FOR RECORD AT 9:32 PM JAN 15 2021 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS B. Riquas DEPUTY | |
| | 5 CANDIDATE / OFFICEHOLDER PHONE | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(361) 461-0573 -</i> | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <i>Mr Jeffery F</i> | Receipt # | Amount \$ |
| | NICKNAME LAST SUFFIX <i>Jeff Kane</i> | Date Processed | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <i>5337 Yorktown Blvd Ste 5-2 Corpus Christi, TX 78413-5361</i> | Date Imaged | |
| | 8 CAMPAIGN TREASURER PHONE | Date Imaged | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(361) 765-0873</i> | Date Imaged | |
| 9 REPORT TYPE | <input checked="" 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 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) | Date Imaged | |
| 10 PERIOD COVERED | Month Day Year <i>10 / 27 / 2020</i> THROUGH Month Day Year <i>01 / 15 / 2021</i> | Date Imaged | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>11 / 03 / 2020</i> | 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) <i>Now - County attorney</i> | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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 | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

GO TO PAGE 2

2021-0007

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

| | | |
|---|---|---|
| 15 C/OH NAME <i>Jennifer P. Dorsey</i> | | 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) | \$ <i>2,500.00</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>2,500.00</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <i>0</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>3,793.63</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>1,124.07</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>0</i> |

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 *Jennifer P. Dorsey*, and my date of birth is *07/31/1974*.
 My address is *702C Brander Dr*, *Coprus Christi TX*, *78413* *US*.
(street) (city) (state) (zip code) (country)
 Executed in *Nueces* County, State of *TX*, on the *14th* day of *January*, 20*21*.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>Jennifer P. Dorsey</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>2,500.00</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>3,793.63</i> |
| 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: |
| 2 FILER NAME <i>Jennifer R. Dorsey</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/27/2020</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Davis</i> | 7 Amount of contribution (\$) <i>\$1,200.00</i> |
| | 6 Contributor address; City; State; Zip Code <i>PO Box 271120 Corpus Christi TX 78427-1120</i> | |
| 8 Principal occupation / Job title (See Instructions) <i>Self employed</i> | | 9 Employer (See Instructions) <i>JDMI, LLC</i> |
| Date <i>11/02/20</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cash Connelly</i> | Amount of contribution (\$) <i>\$50.00</i> |
| | Contributor address; City; State; Zip Code <i>15906 Caboblanco CC TX 78418</i> | |
| Principal occupation / Job title (See Instructions) <i>attorney</i> | | Employer (See Instructions) <i>Self employed atty</i> |
| Date <i>11/02/20</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Notc Rhodes</i> | Amount of contribution (\$) <i>\$100.00</i> |
| | Contributor address; City; State; Zip Code <i>3306 Santa Fe CC TX 78411</i> | |
| Principal occupation / Job title (See Instructions) <i>attorney</i> | | Employer (See Instructions) <i>attorney - self</i> |
| Date <i>11/02/20</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeffrey Wington</i> | Amount of contribution (\$) <i>\$200.00</i> |
| | Contributor address; City; State; Zip Code <i>21 Hewitt Dr. CC TX 78404</i> | |
| 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

Jennifer P. Dorsey

3 Filer ID (Ethics Commission Filers)

4 Date

11/02/20

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

Fred McClutchen

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

344 University Dr. CC TX 78412

8 Principal occupation / Job title (See Instructions)

attorney

9 Employer (See Instructions)

Self

Date

11/02/20

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

David Loeb

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

3833 S. Staples Ste 116 CC TX 78411

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

Date

01/13/21

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

Brent Chesney

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

5402 Holly Rd Ste 2202 CC TX 78411

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Self

Date

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

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 | 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 <i>Jennifer P. Donsey</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/28/20</i> | 5 Payee name <i>Amazon</i> | |
| 6 Amount (\$) <i>\$27.05</i> | 7 Payee address; City; State; Zip Code <i>amazon.com</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Other</i> | (b) Description <i>Thank you cards</i> |
| | <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 <i>11/02/20</i> | Payee name <i>Sam's Club</i> | |
| Amount (\$) <i>\$33.82</i> | Payee address; City; State; Zip Code <i>Sam's Club 4833 SPID CC TX 78411</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i> | Description <i>for volunteers</i> |
| | <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 <i>11/03/20</i> | Payee name <i>Gulf Coast Mailing</i> | |
| Amount (\$) <i>\$184.03</i> | Payee address; City; State; Zip Code <i>6901 SPID St 103A CC TX 78412</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising expense</i> | Description |
| | <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.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Jennifer P. Dorsy</i> | 3 Filer ID (Ethics Commission Filers) |
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|----------------------------|-----------------------------------|
| 4 Date <i>Nov 5, 20</i> | 5 Payee name <i>Janis Club</i> |
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|----------------------------------|--------------------------------------|--------------------|---------------------|--------------------------|
| 6 Amount (\$) <i>\$120.66</i> | 7 Payee address; <i>4833 SPID</i> | City; <i>CC</i> | State; <i>TX</i> | Zip Code <i>78411</i> |
|----------------------------------|--------------------------------------|--------------------|---------------------|--------------------------|

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

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

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|-------------------------|-----------------------------------|
| Date <i>11/09/20</i> | Payee name <i>Coffee Waves</i> |
|-------------------------|-----------------------------------|

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|-------------------------------|-------------------------------------|----------------------|---------------------|--------------------------|
| Amount (\$) <i>\$18.37</i> | Payee address; <i>10309 SPID</i> | City; <i>CC 1</i> | State; <i>TX</i> | Zip Code <i>78418</i> |
|-------------------------------|-------------------------------------|----------------------|---------------------|--------------------------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food / Bev Expense</i> | Description |
| | <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 |
|--|-------------------------------|---------------|-------------|

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|-------------------------|------------------------------|
| Date <i>11/12/20</i> | Payee name <i>Godaddy</i> |
|-------------------------|------------------------------|

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|-------------------------------|--------------------------------------|-------|--------|----------|
| Amount (\$) <i>\$21.31</i> | Payee address; <i>Godaddy.com</i> | City; | State; | Zip Code |
|-------------------------------|--------------------------------------|-------|--------|----------|

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|------------------------|---|-------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>advertising</i> | Description <i>website</i> |
| | <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 |
|--|-------------------------------|---------------|-------------|

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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 | 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 <i>Jennifer P. Dorsey</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/18/20</i> | 5 Payee name <i>Frost Bank</i> | |
| 6 Amount (\$) <i>\$2.00</i> | 7 Payee address; <i>3801 S. Alameda St.</i> | City; State; Zip Code <i>CC TX 78411</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Fees</i> | (b) Description |
| | (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 <i>12/04/20</i> | Payee name <i>Randy Abrams</i> | |
| Amount (\$) <i>\$2963.77</i> | Payee address; | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising exps</i> | Description |
| | <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 <i>12/14/20</i> | Payee name <i>Godaddy</i> | |
| Amount (\$) <i>\$21.31</i> | Payee address; | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>advertising</i> | Description <i>website hosting</i> |
| | <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 |

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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 | 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 <i>Jennifer P. Dorsey</i> | 3 Filer ID (Ethics Commission Filers) |
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| | |
|------------------------|--|
| 4 Date <i>12/16/20</i> | 5 Payee name <i>El Tejano Magazine</i> |
|------------------------|--|

| | | | | |
|-------------------------------|---|-----------------|------------------|-----------------------|
| 6 Amount (\$) <i>\$200.00</i> | 7 Payee address; <i>2505 Savita St.</i> | City; <i>CC</i> | State; <i>TX</i> | Zip Code <i>78405</i> |
|-------------------------------|---|-----------------|------------------|-----------------------|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i> | (b) Description <i>Ad in magazine</i> |
| | (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 |
|--|-------------------------------|---------------|-------------|

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|----------------------|--|
| Date <i>12/30/20</i> | Payee name <i>South Coast Republican Women</i> |
|----------------------|--|

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|-----------------------------|----------------|-------|--------|----------|
| Amount (\$) <i>\$180.00</i> | Payee address; | City; | State; | Zip Code |
|-----------------------------|----------------|-------|--------|----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Event Expense/Contribution</i> | Description |
| | <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 |
|--|-------------------------------|---------------|-------------|

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|----------------------|---------------------------|
| Date <i>01/12/21</i> | Payee name <i>Godaddy</i> |
|----------------------|---------------------------|

| | | | | |
|----------------------------|----------------|-------|--------|----------|
| Amount (\$) <i>\$21.81</i> | Payee address; | City; | State; | Zip Code |
|----------------------------|----------------|-------|--------|----------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>advertising</i> | Description <i>website hosting</i> |
| | <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 |
|--|-------------------------------|---------------|-------------|

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