

# 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: <b>25</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <b>Adam E</b> NICKNAME LAST SUFFIX <b>POLTER</b>	<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b> <b>OCT 05 2020</b> <b>CITY SECRETARY</b> <b>CARROLLTON, TX</b> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4180 Creekhollos Dr., Carrollton, TX 75010</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(469) 701-0905</b>		
6 CAMPAIGN TREASURER NAME	<u>MS</u> MRS / MR FIRST MI <b>Jennifer I</b> NICKNAME LAST SUFFIX <b>Strobel</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>11301 Farnah Ln. #227, Austin, TX 78748</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(737) 333-8645</b>		
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     Month Day Year <b>1 / 3 / 2020</b> THROUGH <b>10 / 4 / 2020</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 3 / 2020</b>	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)	13 OFFICE SOUGHT (if known) <b>City Council - Place 2</b>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Adam Polter*

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ *Ø*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *4141.00*

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ *883.84*

4. TOTAL POLITICAL EXPENDITURES

\$ *11078.65*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

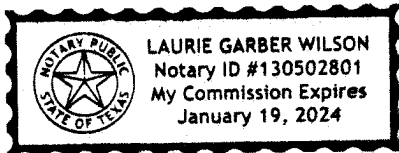
\$ *1062.35*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *8000.00*

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Adam E Polter*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Adam Polter*, this the *5* day of *October*, 20*20*, to certify which, witness my hand and seal of office.

*Wilson*

Signature of officer administering oath

*Laurie Wilson*

Printed name of officer administering oath

*City Secretary*

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Adam Polter

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4141.00
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	\$ 8000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11411.81
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 33.00
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 checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1250.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **10**

2 FILER NAME

**Adam Polter**

3 Filer ID (Ethics Commission Filers)

4 Date

**2/13/2020**

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

**Adam Polter**

7 Amount of contribution (\$)

**1.00**

6 Contributor address; City; State; Zip Code

**4180creekhollow Dr. Carrollton, TX 75010**

8 Principal occupation / Job title (See Instructions)

**IT Director**

9 Employer (See Instructions)

**Not Employed**

Date

**2/15/2020**

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

**Dan & Lucy Polter**

Amount of contribution (\$)

**1000.00**

Contributor address; City; State; Zip Code

**5414 Ursula Ln, Dallas, TX 75229**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**Retired**

Date

**2/19/2020**

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

**Carla Franklin**

Amount of contribution (\$)

**50.00**

Contributor address; City; State; Zip Code

**4164 Creek hollow Dr., Carrollton, TX 75010**

Principal occupation / Job title (See Instructions)

**Sales**

Employer (See Instructions)

**Trademark Property**

Date

**2/19/2020**

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

**Jason Williams**

Amount of contribution (\$)

**50.00**

Contributor address; City; State; Zip Code

**4001 Dellman Dr., Roanoke, TX 76262**

Principal occupation / Job title (See Instructions)

**Planning Mgr**

Employer (See Instructions)

**DFW Int'l Airport**

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Adam Dolter

3 Filer ID (Ethics Commission Filers)

4 Date

2/19/2020

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

Mike Norgaard

6 Contributor address; City; State; Zip Code

2404 Fox Glenn Cir, Bedford, TX 76021

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

Voiceover Guy

9 Employer (See Instructions)

Self-employed

Date

2/19/2020

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

Talal Mujeeb

Contributor address; City; State; Zip Code

4181 Creekhollow Dr, Carrollton, TX 75010

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

IT Analyst

Employer (See Instructions)

Tec Star Consulting

Date

2/19/2020

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

Joel Ortega

Contributor address; City; State; Zip Code

5721 Trego St., The Colony, TX 75056

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Tutor

Employer (See Instructions)

Lewisville ISD

Date

2/24/2020

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

Al Overholt

Contributor address; City; State; Zip Code

2216 Ridgewood St, Carrollton, TX 75006

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Adam Polter</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/24/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bob Michael</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>1138 Yorkshire Dr., Carrollton TX 75007</b>		
8 Principal occupation / Job title (See Instructions) <b>Not Employed</b>		9 Employer (See Instructions) <b>Not Employed</b>
Date <b>2/25/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Seth Feldman</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>4405 Staten Island Dr., Plano, TX 75024</b>		
Principal occupation / Job title (See Instructions) <b>Software Engineer</b>		Employer (See Instructions) <b>Vizient</b>
Date <b>2/25/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roberta Stavelly</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>2707 Spyglass Dr., Carrollton, TX 75007</b>		
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date <b>2/25/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bob Marion</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1316 Falcon Dr., Lewisville, TX 75077</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Adam Polter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/25/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cliff Benton</i>	7 Amount of contribution (\$)  <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>2524 Melissa Ln, Carrollton, TX 75006</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>Retired</i>
Date <i>2/25/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matthew Samuel</i>	Amount of contribution (\$)  <i>100.00</i>
Contributor address; City; State; Zip Code <i>5831 Grayco Dr., Grand Prairie, TX 75052</i>		
Principal occupation / Job title (See Instructions) <i>Import Compliance Mgr</i>		Employer (See Instructions) <i>Excite USA</i>
Date <i>2/25/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judy Clay</i>	Amount of contribution (\$)  <i>50.00</i>
Contributor address; City; State; Zip Code <i>4212 Oak Grove Dr., Carrollton, TX 75010</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date <i>2/26/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kurt Ehrlich</i>	Amount of contribution (\$)  <i>100.00</i>
Contributor address; City; State; Zip Code <i>2946 Lockwood Dr., Carrollton, TX 75007</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>UT Southwestern Medical Center</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Adam Polter

3 Filer ID (Ethics Commission Filers)

4 Date

2/29/2020

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

Marre McDermott

6 Contributor address; City; State; Zip Code

5320 E Calle Barril, Tucson, AZ 85718

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

Nurse Practitioner

9 Employer (See Instructions)

Arizona Community Physicians

Date

2/29/2020

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

Robin Polter

Contributor address; City; State; Zip Code

4401 Sinclair Ave, Austin, TX 78856

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Property Manager

Employer (See Instructions)

Self-Employed

Date

3/4/2020

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

Jean Manable

Contributor address; City; State; Zip Code

1809 Watkins Rd, Freeland, WA 98249

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Not Employed

Date

3/13/2020

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

Richard Norgaard

Contributor address; City; State; Zip Code

P.O. Box 1135, Angyle, TX 76226

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Adam Polter

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/2020

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

Dannel McDermott

6 Contributor address; City; State; Zip Code

1317 Monroe St NW, Washington, DC 20010

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

Research Assistant

9 Employer (See Instructions)

Kaiser Family Foundation

Date

7/11/2020

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

Sharon Melteny

Contributor address; City; State; Zip Code

4172 Creekhollow Dr. Carrollton, TX 75010

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Respiratory Therapist

Employer (See Instructions)

Methodist Health System

Date

7/11/2020

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

Tony Melteny

Contributor address; City; State; Zip Code

4172 Creekhollow Dr, Carrollton, TX 75010

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Engineering Tech

Employer (See Instructions)

Frontier Communications

Date

8/17/2020

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

Deb Thobe

Contributor address; City; State; Zip Code

2727 Raintree Dr., Carrollton, TX 75006

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Adam Polter

3 Filer ID (Ethics Commission Filers)

4 Date

8/17/2020

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

Shannon Kirk

6 Contributor address; City; State; Zip Code

3801 Branch Hollow Cir, Carrollton TX 75007

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

Not Employed

9 Employer (See Instructions)

Not Employed

Date

8/1/2020

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

Clorissa Diawara

Contributor address; City; State; Zip Code

2100 E Peters Colony Rd, Carrollton, TX 75007

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Medical Technologist

Employer (See Instructions)

Parkland Hospital

Date

9/7/2020

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

Sam Courtney

Contributor address; City; State; Zip Code

2004 Diamond Ridge Cir, Carrollton, TX 75010

Amount of contribution (\$)

5.00

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Not Employed

Date

9/8/2020

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

Karen Absalom

Contributor address; City; State; Zip Code

2211 Ashwood Ct, Carrollton, TX 75006

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Not Employed

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Adam Polter

3 Filer ID (Ethics Commission Filers)

4 Date

9/8/2020

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

Shelley Stracener

6 Contributor address; City; State; Zip Code

1473 Summerhill Dr., Carrollton, TX 75007

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Abbott

Date

9/9/2020

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

Robert Michael

Contributor address; City; State; Zip Code

2022 Harwell St., Grapevine, TX 76051

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Not Employed

Date

9/12/2020

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

Robert Stewart

Contributor address; City; State; Zip Code

2211 Jamestown Ct., Carrollton, TX 75006

Amount of contribution (\$)

5.00

Principal occupation / Job title (See Instructions)

Operations Analyst

Employer (See Instructions)

Careerstaff Unlimited

Date

9/18/2020

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

Gerald Blase

Contributor address; City; State; Zip Code

1802 Baxley Dr., Carrollton, TX 75006

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Not Employed

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Adam Polter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/26/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann Pettit</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>2501 Country Place, Carrollton, TX 75006</i>		
8 Principal occupation / Job title (See Instructions) <i>Not Employed</i>		9 Employer (See Instructions) <i>Not Employed</i>
Date <i>9/28/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica McLaughlin</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>5237 Pommeroy Dr., Fairfax, VA 22032</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not Employed</i>
Date <i>9/30/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Dooling</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1406 Overture Way, Carrollton TX 75006</i> <del>██████████</del>		
Principal occupation / Job title (See Instructions) <i>IT Leadership</i>		Employer (See Instructions) <i>Bank of America</i>
Date <i>10/1/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julio Chong</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>2113 Holly Hill Ln, Carrollton, TX 75007</i>		
Principal occupation / Job title (See Instructions) <i>Analyst</i>		Employer (See Instructions) <i>US Bank</i>

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Adam Polter*

3 Filer ID (Ethics Commission Filers)

4 Date

*10/2/2020*

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

*George Seay*

7 Amount of contribution (\$)

*500.00*

6 Contributor address; City; State; Zip Code

*2626 Cole Ave, Dallas, TX 75204*

8 Principal occupation / Job title (See Instructions)

*Finance*

9 Employer (See Instructions)

*Annandale Capital*

Date

*10/2/2020*

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

*Clayton Smith*

Amount of contribution (\$)

*10.00*

Contributor address; City; State; Zip Code

*2603 Country Place, Carrollton, TX 75006*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

*Retired*

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2</b>
2 FILER NAME <b>Adam Polter</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0</b>
5 Date of loan <b>1/3/2020</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Adam Polter</b>	9 Loan Amount (\$) <b>100.00</b>
6 Is lender a financial Institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>4180 Creekhollow Dr. Carrollton, TX 75010</b>	10 Interest rate <b>0</b>
		11 Maturity date _____
12 Principal occupation / Job title (See Instructions) <b>IT Director</b>		13 Employer (See Instructions) <b>Not Employed</b>
14 Description of Collateral <input checked="" type="checkbox"/> none	15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  <input checked="" 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 <b>1/4/2020</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Adam Polter</b>	Loan Amount (\$) <b>4900.00</b>
Is lender a financial Institution? <b>Y (N)</b>	Lender address; City; State; Zip Code <b>4180 Creekhollow Dr. Carrollton, TX 75010</b>	Interest rate <b>0</b>
		Maturity date _____
Principal occupation / Job title (See Instructions) <b>IT Director</b>		Employer (See Instructions) <b>Not Employed</b>
Description of Collateral <input checked="" type="checkbox"/> none	<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  <input checked="" 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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

Adam Polter

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ \_\_\_\_\_

5 Date of loan

2/18/2020

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

Adam Polter

9 Loan Amount (\$)

2000.00

6 Is lender a financial institution?  
Y  N

8 Lender address; City; State; Zip Code

4180 Creekhollow Dr.  
Carrollton, TX 75010

10 Interest rate

Ø

11 Maturity date

\_\_\_\_\_

12 Principal occupation / Job title (See Instructions)

IT Director

13 Employer (See Instructions)

Not Employed

14 Description of Collateral

none

15

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

2/24/2020

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

Adam Polter

Loan Amount (\$)

1000.00

Is lender a financial institution?  
Y  N

Lender address; City; State; Zip Code

4180 Creekhollow Dr.  
Carrollton, TX 75010

Interest rate

Ø

Maturity date

\_\_\_\_\_

Principal occupation / Job title (See Instructions)

IT Director

Employer (See Instructions)

Not Employed

Description of Collateral

none

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <b>8</b>	<b>2</b> FILER NAME <b>Adam Polter</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/23/2020</b>	<b>5</b> Payee name <b>Bluehost</b>	
<b>6</b> Amount (\$) <b>234.92</b>	<b>7</b> Payee address; City; State; Zip Code <b>10 Corporate Dr., Suite 300, Burlington, MA 01803</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising</b>	<b>(b)</b> Description <b>Choice Plus Webhosting for adampolter.com</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
<b>Date</b> <b>7/19/2020</b>	<b>Payee name</b> <b>Bluehost</b>	
<b>Amount (\$)</b> <b>5.31</b>	<b>Payee address; City; State; Zip Code</b> <b>See previous</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Other (Communications)</b>	<b>Description</b> <b>Microsoft 365 email for contact@adampolter.com</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      Office held
<b>Date</b> <b>8/20/2020</b>	<b>Payee name</b> <b>Bluehost</b>	
<b>Amount (\$)</b> <b>5.31</b>	<b>Payee address; City; State; Zip Code</b> <b>See previous</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Other (Communications)</b>	<b>Description</b> <b>MS 365 email service</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      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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>Adam Polter</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/21/2020</i>	5 Payee name <i>Bluehost</i>
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6 Amount (\$) <i>5.31</i>	7 Payee address; <i>See previous</i>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Other (Communications)</i>	(b) Description <i>MS 365 Email Service</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>2/17/2020</i>	Payee name <i>Brand: George Design</i>
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Amount (\$) <i>930.95</i>	Payee address; <i>729 Eagle Dr., Coppell, TX 75019</i>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Graphic Design Services</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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Date <i>1/15/2020</i>	Payee name <i>City of Carrollton</i>
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Amount (\$) <i>250.00</i>	Payee address; <i>1945 E. Jackson Rd., Carrollton, TX 75006</i>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Election Filing Fee</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

### 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 <i>Adam Polter</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7/31/2020</i>	5 Payee name <i>Discounttrugs.com</i>
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6 Amount (\$) <i>475.27</i>	7 Payee address; <i>12610 NW 115th Ave, Bldg 200, Medley, FL 33178</i>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Purchase 150 face masks with campaign logo</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>2/21/2020</i>	Payee name <i>Fast Signs - Carrollton</i>
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Amount (\$) <i>306.84</i>	Payee address; <i>2717 E. Beltline Rd, #113, Carrollton, TX 75006</i>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Name badges, laminated map, magnetic car signs</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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Date <i>7/7/2020</i>	Payee name <i>Fast Signs Carrollton</i>
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Amount (\$) <i>217.96</i>	Payee address; <i>See previous</i>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>Replacement magnetic car signs</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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:	<b>2</b> FILER NAME <i>Adam Polter</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/4/2020</i>	<b>5</b> Payee name <i>Home Depot - The Colony</i>	
<b>6</b> Amount (\$) <i>138.19</i>	<b>7</b> Payee address; City; State; Zip Code <i>5321 TX-121, The Colony, TX 75056</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>T-posts and driven for banner supports</i>
	<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 <i>7/17/2020</i>	Payee name <i>Home Depot - The Colony</i>	
Amount (\$) <i>120.18</i>	Payee address; City; State; Zip Code <i>See previous</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>T-posts and PVC to support and brace roadside banners</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>2/25/2020</i>	Payee name <i>Indian Creek Golf Club</i>	
Amount (\$) <i>1022.15</i>	Payee address; City; State; Zip Code <i>1650 W. Frankford Rd., Carrollton, TX 75007</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Room rental + catering for campaign kickoff</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:	<b>2</b> FILER NAME <i>Adam Polter</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/26/2020</i>	<b>5</b> Payee name <i>K+R Screen Graphics</i>	
<b>6</b> Amount (\$) <i>1150.16</i>	<b>7</b> Payee address; City; State; Zip Code <i>3915 Main Street, Dallas, TX 75226</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <i>Campaign Yard Signs - Qty 250</i>
	<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
<b>Date</b> <i>3/4/2020</i>	<b>Payee name</b> <i>K+R Screen Graphics</i>	
<b>Amount (\$)</b> <i>731.23</i>	<b>Payee address; City; State; Zip Code</b> <i>See previous</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>Description</b> <i>Campaign tshirts (40) and hats (10)</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
<b>Date</b> <i>1/7/2020</i>	<b>Payee name</b> <i>Kitchen Table Consulting</i>	
<b>Amount (\$)</b> <i>2500.00</i>	<b>Payee address; City; State; Zip Code</b> <i>125 Marseille Dr., Hurst, TX 76054</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	<b>Description</b> <i>Graphic Design + Web Design</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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>Adam Polter</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	------------------------------------	---------------------------------------

4 Date <i>2/15/2020</i>	5 Payee name <i>Kitchen Table Consulting</i>
----------------------------	---

6 Amount (\$) <i>206.86</i>	7 Payee address; City; State; Zip Code <i>See previous</i>
--------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Reimburse for business cards</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>7/8/2020</i>	Payee name <i>Minuteman Press - The Colony</i>
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Amount (\$) <i>689.87</i>	Payee address; City; State; Zip Code <i>6700 Main St., Suite 112, The Colony, TX 75056</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Qty 13 4'x6' Campaign roadside banners</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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Date <i>6/26/2020</i>	Payee name <i>Minuteman Press - The Colony</i>
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Amount (\$) <i>337.22</i>	Payee address; City; State; Zip Code <i>See previous</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Qty 6 4'x6' Campaign Roadside Banners</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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 <i>Adam Polter</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/11/2020</i>	5 Payee name <i>Minuteman Press - Grand Prairie</i>
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6 Amount (\$) <del>32.48</del> <i>32.48</i>	7 Payee address; City; State; Zip Code <i>3758 S. Carrier Pkwy, Suite 132, Grand Prairie, TX 75052</i>
--	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Business Cards - Qty 100</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>2/11/2020</i>	Payee name <i>Minuteman Press - Grand Prairie</i>
--------------------------	--

Amount (\$) <i>199.24</i>	Payee address; City; State; Zip Code <i>See previous</i>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Business Cards - Qty 500 Plastic</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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Date <i>2/17/2020</i>	Payee name <i>Minuteman Press - Grand Prairie</i>
--------------------------	--

Amount (\$) <i>336.61</i>	Payee address; City; State; Zip Code <i>See previous</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Qty 6 - 4'x6' roadside campaign banners</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

### 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>Adam Polter</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/24/2020</i>	5 Payee name <i>North Texas Web Design</i>
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6 Amount (\$) <i>1082.50</i>	7 Payee address; City; State; Zip Code <i>1387 Ranch House Dr., Fairview, TX 75069</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Consulting</i>	(b) Description <del>Web site design</del> <i>Web site design for adampolter.com</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>3/17/2020</i>	Payee name <i>North Texas Web Design</i>
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Amount (\$) <i>108.25</i>	Payee address; City; State; Zip Code <i>See previous</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <i>Web site maintenance thru 5/2/2020</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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Date <i>1/29/2020</i>	Payee name <i>Texas Democratic Party</i>
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Amount (\$) <i>325.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 15707, Austin, TX 78761</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Solicitation/Fundraising</i>	Description <i>Access to Voter Action Network (VAN) for duration of campaign</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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>1</b>	2 FILER NAME <b>Adam Polter</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>7/26/2020</b>	5 Payee name <b>Kroger</b>
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6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>4038 Old Denton Rd. Carrollton TX 75007</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraise Expense</b>	(b) Description <b>3 books of 20 stamps</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	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K: **1**

2 FILER NAME **Adam Polter** 3 Filer ID (Ethics Commission Filers)

4 Date <b>2/13/2020</b>	5 Name of person from whom amount is received <b>Kitchen Table Consulting</b> 6 Address of person from whom amount is received; City; State; Zip Code <b>125 Manscille Dr., Hurst, TX 76054</b>	8 Amount (\$) <b>1250.00</b>
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7 Purpose for which amount is received  Check if political contribution returned to filer  
**Refund due to work not completed and early contract termination**

Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**