

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (MR)	FIRST MI	OFFICE USE ONLY Date Received RECEIVED APR 01 2021 CITY SECRETARY CARROLLTON, TX Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST SUFFIX	
RUSTY PENNINGTON		A.	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2805 CARRIAGE CT. CARROLLTON TX 75006		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	754-7699	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (MS)	FIRST MI	
	NICKNAME	LAST SUFFIX	
JEAN F. HITZLER			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
(Residence or Business)	2711 Raintree Ct. CARROLLTON TX 75006		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	416-2231	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 9 / 2021 THROUGH 3 / 29 / 2021		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	5 / 1 / 2021		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		CARROLLTON CITY COUNCIL, PLACE 7	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	HNTB Holdings Hd. PAC	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME		
	715 Kirk Drive, Kansas City, MO 64105		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

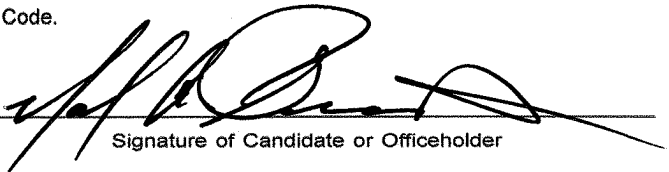
GO TO PAGE 2

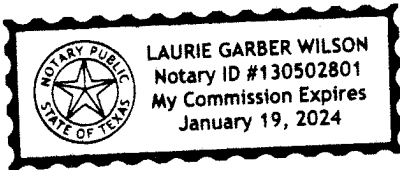
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>HAL R. PENDLETON</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1700.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>338.29</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3981.22</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>439.58</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>285.00</u>

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 Hal Rusty Pendleton this the 1 day of April, 2021, to certify which, witness my hand and seal of office.

Laurie Wilson Signature of officer administering oath
Laurie Wilson Printed name of officer administering oath
City Secretary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
HAR A. PENNINGTON		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1700
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	\$ 285
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1139.19
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2505.74
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: 3
2 FILER NAME HAL A. PENDLETON		3 Filer ID (Ethics Commission Filers)
4 Date 2-25-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean F. LITZLER	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 2711 Raintree Ct - Carrollton TX 75006		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3-1-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT SMITH	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 2723 LAKERIDGE Lane Carrollton TX 75006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3-2-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBARA McANNINEK	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 2800 LEISURE Ln Carrollton TX 75006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3-2-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL HARRISON	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 2819 SOUTH SURREY Carrollton TX 75006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

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 HAL R. PENDLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3-9-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERU F. LITZLER	7 Amount of contribution (\$) 100 ⁰⁰ / ₀₀
	6 Contributor address; City; State; Zip Code 2711 RAINTREE Ct. Carrollton TX 75006	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-12-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim ROGERS	Amount of contribution (\$) 100 ⁰⁰ / ₀₀
	Contributor address; City; State; Zip Code 2104 Bal Cono Carrollton TX 75006	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-12-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL BROWN	Amount of contribution (\$) 100 ⁰⁰ / ₀₀
	Contributor address; City; State; Zip Code 2926 WAGONWHEEL DR. Carrollton TX 75006	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-22-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEIGHTON WEISS	Amount of contribution (\$) 100 ⁰⁰ / ₀₀
	Contributor address; City; State; Zip Code 5643 Meadowcreek Dr DALLAS TX 75230	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME HAL A. PEWLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3-22-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITH JONES	7 Amount of contribution (\$) 100 ⁰⁰
6 Contributor address; City; State; Zip Code 4412 MCKINNEY AVE DALLAS TX 75205		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-25-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK TRIBBLE	Amount of contribution (\$) 50 ⁰⁰
Contributor address; City; State; Zip Code 2236 High COUNTRY CARROLLTON TX 75006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-29-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD LEMON	Amount of contribution (\$) 50 ⁰⁰
Contributor address; City; State; Zip Code 2601 CARRIAGE LN CARROLLTON TX 75006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-29-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HWTB HOLDINGS LTD, PAC	Amount of contribution (\$) 250 ⁰⁰
Contributor address; City; State; Zip Code 715 KIRK DR. KANSAS CITY MO 64105		
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

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
2 FILER NAME HAL A. PENDLETON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 2-23-2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) HAL A. PENDLETON	9 Loan Amount (\$) 250.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 2805 Carriage Ln. Carrollton TX 75006	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input 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 2-25-2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) HAL A. PENDLETON	Loan Amount (\$) 25.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 2805 Carriage Ln Carrollton TX 75006	Interest rate 0%
		Maturity date N/A
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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

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 HAL A. PENDLETON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3-25-2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) HAL A. PENDLETON	9 Loan Amount (\$) 10
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 2805 Carriage Ct. Carrollton TX 75006	10 Interest rate 0%
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
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 type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	HA L A. PENDLETON	
4 Date	5 Payee name	
3-29-2021	MASTERS PRESS - EINSTEIN PRINTING	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
1137.19	1800 SURVEYOR BLVD	CARROLLTON TX 75006
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	PRINTING	Door Hangers Campaign Signs
	<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	Payee name	
Amount (\$)	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 <u>ONLY</u> 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
	<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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <p style="text-align:center; font-size: 2em;">3</p>	2 FILER NAME <p style="text-align:center; font-size: 1.2em;">HAL A. PENNILETON</p>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 180. ⁰⁶
5 Date <p style="font-size: 1.2em;">3-4-2021</p>	6 Payee name <p style="font-size: 1.2em;">First GRAPHIC SERVICES</p>	
7 Amount (\$) <p style="font-size: 1.2em;">1133.⁹²</p>	8 Payee address; <p style="font-size: 1.2em;">229 GARVON ST.</p>	City; State; Zip Code <p style="font-size: 1.2em;">GARLAND TX 75040</p>
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="font-size: 1.2em;">Advertising</p>	(b) Description <p style="font-size: 1.2em;">Campaign yard signs</p>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held
Date <p style="font-size: 1.2em;">3-5-2021</p>	Payee name <p style="font-size: 1.2em;">First GRAPHIC SERVICES</p>	
Amount (\$) <p style="font-size: 1.2em;">617.⁰³</p>	Payee address; <p style="font-size: 1.2em;">229 GARVON ST.</p>	City; State; Zip Code <p style="font-size: 1.2em;">GARLAND TX 75040</p>
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="font-size: 1.2em;">Advertising</p>	Description <p style="font-size: 1.2em;">Campaign yard signs</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME HAR A - PENDLETON	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3-19-2021	6 Payee name HOME DEPOT	
7 Amount (\$) 107.82	8 Payee address; City; State; Zip Code 2011 KELLER SPRINGS CARROLLTON TX 75006	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	Stakes for yard signs
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-21-2021	Payee name HOME DEPOT	
Amount (\$) 204.85	Payee address; City; State; Zip Code 2011 KELLER SPRINGS CARROLLTON TX 75006	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	STAKES for YARD signs
(c) <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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4:	2 FILER NAME HAL A. PENDLETON	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3-23-2021	6 Payee name HOME DEPOT	
7 Amount (\$) 14.05	8 Payee address; City; State; Zip Code 2011 KELLER SPRINGS CARROLLTON TX 75006	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description CABLE TIES for sign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 3-25-2021	Payee name WILL HOGOS. COM	
Amount (\$) 248.01	Payee address; City; State; Zip Code 180 CENTRAL Ave. FARMINGDALE NY 11735	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Hand Sanitizer Give-aways
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED