

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 15 C/OH NAME Pat Deen | | 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) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 57,580.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 15,183.90 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 85,129.23 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Pat Deen

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Pat Deen this the 15 day of July

2021, to certify which, witness my hand and seal of office.

Michelle Snell Signature of officer administering oath
Michelle Snell Printed name of officer administering oath
Notary Public 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

Pat Deen

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|------------------------------------------------------------------------------------|--------------|
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 57,580.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 375.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. | SCHEDULE E: LOANS | \$ 0.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 15,183.90 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 150.00 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0.00 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0.00 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00 |

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 Pat Deen | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/08/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Bob Folmer | 7 Amount of contribution (\$) 80.00 |
| | 6 Contributor address; City; State; Zip Code Weatherford TX 76087 | |
| 8 Principal occupation / Job title (See Instructions) Business | | 9 Employer (See Instructions) Retired |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Chris Monaco | Amount of contribution (\$) 50.00 |
| | Contributor address; City; State; Zip Code 1514 North Lake Weatherford TX 76086 | |
| Principal occupation / Job title (See Instructions) Business | | Employer (See Instructions) |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Mary Robb | Amount of contribution (\$) 50.00 |
| | Contributor address; City; State; Zip Code 207 Fairway Willow Park TX 76087 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Marvin Herring | Amount of contribution (\$) 100.00 |
| | Contributor address; City; State; Zip Code 800 Ladera Fort Worth TX 76087 | |
| 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

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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Pat Deen | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/08/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Jerry Durant 6 Contributor address; City; State; Zip Code Fort Worth Hwy Hudson Oaks TX 76087 | 7 Amount of contribution (\$) 10,000.00 |
| 8 Principal occupation / Job title (See Instructions) Car Dealer | | 9 Employer (See Instructions) Jerry's |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Southwest Ford Contributor address; City; State; Zip Code Fort Worth Hwy. Hudson Oaks TX 76087 | Amount of contribution (\$) 10,000.00 |
| Principal occupation / Job title (See Instructions) Car Dealer | | Employer (See Instructions) Sw Ford |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Jim Martin Contributor address; City; State; Zip Code 119 Ranch House Road, TX 76087 | Amount of contribution (\$) 15,000.00 |
| Principal occupation / Job title (See Instructions) Developer | | Employer (See Instructions) Jim Martin |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Jeff Jones Contributor address; City; State; Zip Code 400 I-20 West Weatherford TX 76086 | Amount of contribution (\$) 2,500.00 |
| Principal occupation / Job title (See Instructions) Developer | | Employer (See Instructions) Imperial Construction |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Pat Deen | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/30/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Tim Fleet 6 Contributor address; City; State; Zip Code 3045 Lackland Fort Worth TX 76116 | 7 Amount of contribution (\$) 2,500.00 |
| 8 Principal occupation / Job title (See Instructions) Developer | | 9 Employer (See Instructions) Tim Fleet Inc. |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Steve Bartley Contributor address; City; State; Zip Code 301 FM 1157 Aledo TX 76008 | Amount of contribution (\$) 300.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Cierra Bank |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Calib Guinness Contributor address; City; State; Zip Code Weatherford TX 76086 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Tracy Daniels Contributor address; City; State; Zip Code 205 Stone Castle Brandon MO | Amount of contribution (\$) 400.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | 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

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
Pat Deen 3 Filer ID (Ethics Commission Filers)

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| 4 Date 07/08/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Brandon Tatarivich | 7 Amount of contribution (\$) 500.00 |
| | 6 Contributor address; City; State; Zip Code 5017 South FM 5 Aledo TX 76008 | |

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| 8 Principal occupation / Job title (See Instructions) Board Member | 9 Employer (See Instructions) ESD 1 |
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|---------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------|
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Freese & Nichols | Amount of contribution (\$) 500.00 |
| | Contributor address; City; State; Zip Code 801 Cherry Street Fort Worth TX 76102 | |

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| Principal occupation / Job title (See Instructions) Civil Engineering | Employer (See Instructions) Freese & Nichols |
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| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Adam Feriend | Amount of contribution (\$) 1,000.00 |
| | Contributor address; City; State; Zip Code 2730 White Settlement Weatherford TX76087 | |

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

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|---------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------|
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Roger Williams | Amount of contribution (\$) 2,500.00 |
| | Contributor address; City; State; Zip Code 1102 Washington Drive Weatherford TX 76086 | |

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|--------------------------------------------------------------------------------|-------------------------------------------------------|
| Principal occupation / Job title (See Instructions) U.S. Congressman | Employer (See Instructions) U.S. Government |
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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.

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Pat Deen | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/08/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Russ Authier | 7 Amount of contribution (\$) 300.00 |
| 6 Contributor address; City; State; Zip Code 112 Bent Oak Road Weatherford, TX 76086 | | |
| 8 Principal occupation / Job title (See Instructions) Sheriff | | 9 Employer (See Instructions) Parker County |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Denis Wagner Jr. | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 12 Lynn Road Weatherford TX 76008 | | |
| Principal occupation / Job title (See Instructions) Principal | | Employer (See Instructions) Wagners |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Stephen Watson | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 971 Underwood Road Aledo TX 76008 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Johnny Dwire | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 2121 Old Garner Road Weatherford TX 76086 | | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Texas Lighting |

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

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

2 FILER NAME **Pat Deen** 3 Filer ID (Ethics Commission Filers)

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|----------------------|----------------------------------------------------------------------------------------|----------------------------------------------------|
| 4 Date 07/08/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Bill Chane | 7 Amount of contribution (\$) 150.00 |
| | 6 Contributor address; City; State; Zip Code 3905 Ridgcrest Rowlett TX 75088 | |

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| 8 Principal occupation / Job title (See Instructions) Business Owner | 9 Employer (See Instructions) Retired |
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| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Phil Trew | Amount of contribution (\$) 200.00 |
| | Contributor address; City; State; Zip Code 3633 Cliff View Loop Weatherford TX 76087 | |

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| Principal occupation / Job title (See Instructions) Attorney | Employer (See Instructions) Parker County |
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| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Mark Jack | Amount of contribution (\$) 200.00 |
| | Contributor address; City; State; Zip Code 301 Hidden Valley Drive Aledo, TX 76008 | |

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| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
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| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Frank Brown | Amount of contribution (\$) 200.00 |
| | Contributor address; City; State; Zip Code 2311 High Lake Drive Weatherford TX 76086 | |

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Pat Deen | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/05/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Richard Sloan 6 Contributor address; City; State; Zip Code Hudson Oaks Blvd. Hudson Oaks TX 76086 | 7 Amount of contribution (\$) 1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 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) |
| 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. | | |

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 Pat Deen | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/08/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Mary Robb 6 Contributor address; City; State; Zip Code Willow Park TX 76087 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Robert Beal Contributor address; City; State; Zip Code 5300 Mirimar Lane Colleyville TX 76034 | Amount of contribution (\$) 5,000.00 |
| Principal occupation / Job title (See Instructions) Developer | | Employer (See Instructions) Robert Beal |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Tim Clark Contributor address; City; State; Zip Code 401 I-20 W Weatherford TX 76086 | Amount of contribution (\$) 2,500.00 |
| Principal occupation / Job title (See Instructions) Real Estate Broker | | Employer (See Instructions) Clark Reality |
| Date 07/08/2021 | Full name of contributor out-of-state PAC (ID#: _____) Doyle Handley Contributor address; City; State; Zip Code 101 Kimbro Ct. Aledo TX 76008 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) Water Wells | | 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. | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: | |
| 2 FILER NAME Pat Deen | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 25.00 | |
| 5 Date 06/30/2021 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alpha Graphics | 8 Amount of Contribution \$ 25.00 | 9 In-kind contribution description Printed fliers |
| 7 Contributor address; City; State; Zip Code 608 South Main Weatherford TX 76086 | | Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Print shop | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) Alpha Graphics | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 07/07/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd Hendrick | Amount of Contribution \$ 175.00 | In-kind contribution description Pistol |
| Contributor address; City; State; Zip Code 1029 Fort Worth Hwy | | Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Insurance, President | | Employer (FOR NON-JUDICIAL) (See Instructions) Associated | |
| Contributor's principal occupation (FOR JUDICIAL) Insurance | | Contributor's job title (FOR JUDICIAL) (See Instructions) Agent | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: | |
| 2 FILER NAME Pat Deen | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 175.00 | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter Stockon | 8 Amount of Contribution \$ 200.00 | 9 In-kind contribution description Pistol |
| | 7 Contributor address; City; State; Zip Code 5177 I-20 Willow Park TX 76087 | Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Real Estate | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) Lynch | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | | Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
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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.

| | | |
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| 1 Total pages Schedule F1: | 2 FILER NAME <i>Pat Deen</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/08/2021 | 5 Payee name Drakes Yoke | |
| 6 Amount (\$) 350.00 | 7 Payee address; City; State; Zip Code 225 Shoppes Blvd Willow Park TX 76087 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Auction Item |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought County Judge |
| Date 07/07/2021 | Payee name Walmart | |
| Amount (\$) 17.73 | Payee address; City; State; Zip Code 2801 E I-20 Weatherford TX 76087 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Food |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office held County Judge |
| Date 07/07/2021 | Payee name Walmart | |
| Amount (\$) 42.43 | Payee address; City; State; Zip Code 2801 E I-20 Weatherford TX 76087 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Food |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office held County Judge |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Pat Deen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/08/2021 | 5 Payee name Mesquite Pit | |
| 6 Amount (\$) 2,500.00 | 7 Payee address; City; State; Zip Code 1201 Weatherford TX 76086 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Food |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 07/08/2021 | Payee name John Ashe | |
| Amount (\$) 198.10 | Payee address; City; State; Zip Code 4624 Camp Bowie Fort Worth TX 76102 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Advertising |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 02/01/2021 | Payee name Community News | |
| Amount (\$) 325.00 | Payee address; City; State; Zip Code Aledo TX 76008 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Advertising |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| 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.

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|-----------------------------------|---------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Pat Deen | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------------------|----------------------------------------------|

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|-----------------------------|--------------------------------|
| 4 Date 07/08/2021 | 5 Payee name Gibsons |
|-----------------------------|--------------------------------|

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|--------------------------------|-----------------------------------------------------------------|-------|--------|----------|
| 6 Amount (\$) 443.70 | 7 Payee address; 411. South Main Weatherford TX 76086 | City; | State; | Zip Code |
|--------------------------------|-----------------------------------------------------------------|-------|--------|----------|

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|-------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Auction Item |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| | | | |
|---------------------------------------------------------------------|-------------------------------------------|---------------|-----------------------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought | Office held County Judge |
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|--------------------|---------------------------|
| Date 07/08/2021 | Payee name Drakes Yoke |
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| Amount (\$) 24.90 | Payee address; 225 Shops Willow Park TX 76087 | City; | State; | Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Food |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought | Office held County Judge |
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|--------------------|-----------------------------|
| Date 07/09/2021 | Payee name Jordan Powell |
|--------------------|-----------------------------|

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|-----------------------|-----------------------------|-------|--------|----------|
| Amount (\$) 500.00 | Payee address; Dallas Tx | City; | State; | Zip Code |
|-----------------------|-----------------------------|-------|--------|----------|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Fees | Description Consulting Fees |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

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.

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|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Pat Deen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/09/2021 | 5 Payee name Joshua Perry | |
| 6 Amount (\$) 250.00 | 7 Payee address; City; State; Zip Code 1053 W. Rosedale Fort Worth TX 76104 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Event Coordinator |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought County Judge |
| Date 01/25/2021 | Payee name Springtown Optimist Club | |
| Amount (\$) 80.00 | Payee address; City; State; Zip Code 301 East 5th Street Springtown TX 76082 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Membership | Description Membership Fees |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office held County Judge |
| Date 06/30/2021 | Payee name Fire Oak Grill | |
| Amount (\$) 76.00 | Payee address; City; State; Zip Code 114 Austin Avenue Weatherford TX 76086 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Event Expense |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office held County Judge |

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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 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) |
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The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Pat Deen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/30/2021 | 5 Payee name Fire Oak Grill | |
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 114 Austin Ave. Weatherford TX 76086 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Auction Item |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 05/19/2021 | Payee name Squaw Creek Golf Course | |
| Amount (\$) 200.00 | Payee address; City; State; Zip Code 1605 Ranch Road Willow Park 76087 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Golf Fees |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 07/08/2021 | Payee name Brookshires | |
| Amount (\$) 205.26 | Payee address; City; State; Zip Code 605 Ranch House Road Willow Park TX 76087 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Food |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |

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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.

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|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Pat Deen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/13/2021 | 5 Payee name Rival Signs | |
| 6 Amount (\$) 88.00 | 7 Payee address; City; State; Zip Code 1302 S. Main Street Weatherford TX 76086 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Advertising |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought County Judge |
| Date 04/22/2021 | Payee name Roger Williams | |
| Amount (\$) 2,500.00 | Payee address; City; State; Zip Code I-20 West Weatherford TX 76086 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Candidate/Office Holder | Description Donation |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office held County Judge |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | 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
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 Pat Deen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/27/2021 | 5 Payee name Aledo Rotary | |
| 6 Amount (\$) 165.00 | 7 Payee address; City; State; Zip Code Willow Park TX 76087 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fee Membership | (b) Description Membership |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 04/27/2021 | Payee name EPCCC | |
| Amount (\$) 165.00 | Payee address; City; State; Zip Code 100 Chuckwagon Trail Willow Park TX 76087 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Membership Fee | Description Membership |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 04/27/2021 | Payee name Boo Rays | |
| Amount (\$) 200.00 | Payee address; City; State; Zip Code 201 Hudson Oaks Drive Hudson Oaks 76087 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Auction Item |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |

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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.

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|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Pat Deen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/01/2021 | 5 Payee name Hartness Printing | |
| 6 Amount (\$) 198.60 | 7 Payee address; City; State; Zip Code 1001 Palo Pinto St. Weatherford TX 76087 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Advertising |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 04/28/2021 | Payee name Rotary Weatherford | |
| Amount (\$) 124.00 | Payee address; City; State; Zip Code 910 North Main Weatherford TX 76086 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Membership Fee | Description Rotary Fees |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 06/07/2021 | Payee name Turn Key | |
| Amount (\$) 3,000.00 | Payee address; City; State; Zip Code 9716 Limestone Court Joshua TX 76058 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Event Management/Supplies |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |

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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.

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|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Pat Deen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/30/2021 | 5 Payee name Gibsons | |
| 6 Amount (\$) 541.12 | 7 Payee address; City; State; Zip Code 411 S. Main Weatherford TX 76086 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Auction Item |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 03/17/2021 | Payee name Papadeaux | |
| Amount (\$) 94.94 | Payee address; City; State; Zip Code 2708 West Freeway Fort Worth TX 76102 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Food |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 06/24/2021 | Payee name Golf ETC Jeremy Sqall | |
| Amount (\$) 500.00 | Payee address; City; State; Zip Code 200 South Oak Ridge Hudson Oaks TX 76087 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Auction Item |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |

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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 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.

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|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Pat Deen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/08/2021 | 5 Payee name Ross Bandy | |
| 6 Amount (\$) 350.00 | 7 Payee address; City; State; Zip Code Weatherford TX 76086 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Auctioneer |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 07/09/2021 | Payee name Cathy Brunson Perry | |
| Amount (\$) 180.00 | Payee address; City; State; Zip Code 205 Cottonwood Ct Weatherford TX 76086 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description Fundraiser preparation |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 07/09/2021 | Payee name Cintia Ortiz | |
| Amount (\$) 180.00 | Payee address; City; State; Zip Code Aledo TX 76008 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labotr | Description Fundraiser preparation |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |

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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 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) |
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The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Pat Deen | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date 04/08/2021 | 5 Payee name Del Frescos Cafe |
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| 6 Amount (\$) 135.44 | 7 Payee address; 154 E. 3rd Fort Worth TX 76111 | City; | State; | Zip Code |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description Meeting with Tarrant County |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

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|--------------------------------------------------------------|-------------------------------------------|---------------|-----------------------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought | Office held County Judge |
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| Date 02/22/2021 | Payee name Zenos |
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| Amount (\$) 143.66 | Payee address; 102 Houston Street Weatherford TX 76086 | City; | State; | Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Candidate meeting | Description Food expense |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|------------------------------------------------------------|-------------------------------------------|---------------|-----------------------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought | Office held County Judge |
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|--------------------|--------------------------------|
| Date 02/22/2021 | Payee name Back Home Bakery |
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| Amount (\$) 46.58 | Payee address; 122 North Main Weatherford TX 76086 | City; | State; | Zip Code |
|----------------------|-------------------------------------------------------|-------|--------|----------|

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

| | | | |
|------------------------------------------------------------|-------------------------------|---------------|-------------|
| 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 Pat Deen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/08/2021 | 5 Payee name Brookshires | |
| 6 Amount (\$) 19.42 | 7 Payee address; City; State; Zip Code 5118 East i-20 Willow Park TX 76087 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Food |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought County Judge |
| Date 04/15/2021 | Payee name Jenson Photography | |
| Amount (\$) 175.00 | Payee address; City; State; Zip Code Weatherford TX 76087 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description Candidate Photos |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office held County Judge |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <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 Pat Deen | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------------------|----------------------------------------------|

| | |
|--------------------------------------------------------------------|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--------------------------------------------------------------------|----|

| | |
|-----------------------------|----------------------------------------------------|
| 5 Date 04/16/2021 | 6 Payee name Parker/Wise San Jacento Day |
|-----------------------------|----------------------------------------------------|

| | |
|---------------------------------------|---------------------------------------------------------------------------------|
| 7 Amount (\$) 150.00 | 8 Payee address; 7282 FM 51 Decatur TX 76234 City; State; Zip Code |
|---------------------------------------|---------------------------------------------------------------------------------|

| | |
|------------------------------|--------------------------------------------------------------------------------------|
| 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) Event Contribution | (b) Description Fund Raiser |
| | (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 | Payee name |
|------|------------|

| | |
|-------------|-----------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|-----------------------------------------|

| | |
|----------------------------|---------------------------------------------------------------------------|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|---------------------------------------------------------------------------|

| | | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | (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 |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

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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 Pat Deen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/24/2021 | 5 Payee name Boo Rays | |
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 201 Hudson Oaks Drive Hudson Oaks TX 76087 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Event Management |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 07/09/2021 | Payee name Boo Rays | |
| Amount (\$) 400.00 | Payee address; City; State; Zip Code 201 Hudson Oaks Drive Hudson Oaks TX 76087 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Food |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <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 Pat Deen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/20/2021 | 5 Payee name Fire Oak Grill | |
| 6 Amount (\$) 88.20 | 7 Payee address; City; State; Zip Code 114 Austin Ave. Weatherford TX 76086 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food Beverage Expense | (b) Description Transportation Meeting |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 02/11/2021 | Payee name Pappadeaux | |
| Amount (\$) 78.71 | Payee address; City; State; Zip Code 2708 West Freeway Fort Worth TX 76102 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description Food |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |
| Date 03/15/2021 | Payee name Sunny Street Cafe | |
| Amount (\$) 47.11 | Payee address; City; State; Zip Code 229 Shoppes Blvd. Willow Park TX 76087 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description Food |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Pat Deen | Office sought Office held County Judge |

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