CANDIDA CAMPAIG				-		l record Cretary	COVER	FORM C/OH SHEET PG 1
The C/OH Instruction (Guide explains ho	w to comple	ete this form.	1 F		William issiparilers	2 Total pag	es filed: 21
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MQ		FIRST Steve			МІ	OFF	ICE USE ONLY
NAME	NICKNAME	*********	Penate	••••••	••••••	SUFFIX	Date Received	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		ro Tr	APT/SUITE #:	CITY; Wart	STATE;		(s) APR	CEIVED 2 3 2021 FORT WORTH
5 CANDIDATE/ OFFICEHOLDER PHONE	(817)	PHONE	-7 455		EXTENS		Date Hand	Security Date: Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mr,		FIRST Steve			MI	Receipt #	Amount \$
NAME	NICKNAME		LAST	•••••	•••••	SUFFIX	Date Processed Date Imaged	
		<u> </u>	Penate					
7 CAMPAIGN TREASURER ADDRESS			PLEASE); APT/S		CITY;	'	STATE	; ZIP CODE
(Residence or Business)	<u> </u>	~ ~;	5 UDON	<u>. </u>			···	
8 CAMPAIGN TREASURER PHONE	AREA CODE		number as abou	N	EXTENSI	ION		
9 REPORT TYPE	January 15		30th day before e	election	Rur	noff	treasure	y after campaign er appointment older Only)
	July 15		8th day before ele	ection		ceeded Modified porting Limit		eport (Attach C/OH - FR)
10 PERIOD COVERED	Month 0.3	Day / Z3 /	Year ZOZ (TI	HROUGH	Month 64 /	Day 7	Year W Z-1
11 ELECTION	ELECTION DA	STE .				ELECTION TYPE		
	Month Day 05 / 01 /	Year	Primary	>	Runoff	Other Description		
2 OFFICE	OFFICE HELD (if any)					SOUGHT (if known)		
POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. <i>THI</i>	HESE EXPENDITURES	S MAY HAVE	OR POLITICAL E	EXPENDITURES MA	IDATE'S OR OFFICER	COMMITTEES TO SUPPORT HOLDER'S KNOWLEDGE OR E OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE						
Additional Pages	GENERAL	COMMITTEE	E ADDRESS				<u></u>	
	SPECIFIC	COMMITTEE	E CAMPAIGN TREA	ASURER N	1AME			
		COMMITTE	E CAMPAIGN TRE	ASURER	ADDRESS			
			GO TO F	DAGE				
· 							a	

TRUE CHIEF TO THE

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Steve	Ponate			16 File	r ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED PLEDGES, LOANS, O CONTRIBUTIONS MA	R GUARANTEES OF	LOANS, OR	AN	\$ 1,84	19.32
	2.	TOTAL POLITICAL (OTHER THAN PLEDG		RANTEES OF LOAN	S)	\$53,	922.45
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	OLITICAL EXPENDIT	rure.		\$ 67	8.74
	4.	TOTAL POLITICAL E	EXPENDITURES			\$ 51,	241.39
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO OF REPORTING PERI		AINED AS OF THE L	AST DAY	\$ 768	81.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AM LAST DAY OF THE RE		FANDING LOANS AS	OF THE	\$	
		iffirm, under penalty of peractive of period of the control of the			Candidate of		
			1 4 141	\			
		Please	complete eithe	er option belo	w:		
Notar Com	MARY J. KA y Public, Sta m. Expires 0 lotary ID 38	te of Texas 1-11-2025					
NOTARY STAMP/SE					A20.	1 2	. 0
Sworn to and subscribe	d before me	by Stewer	Porate	this the	,_774	day of	pul.
20 , to certi	fy Which, with	ess my hand and seal of o	office.	r			
1100	XO~	2 Man	RUJKar	2556	(V	4S00	ut
Signature of officer adminis	tering oath	Printed nar	ne of officer administer	ing oath		Title of officer	administering oath
			OR				
(2) Unsworn Declara	tion			-			
(_,							
My name is			, ar	nd my date of birth i	s		
My address is				,		,	
		(street)		(city)	(state)	zip code)	(country)
Executed in	(•	, on the	,			• • •
				Signature of Cand	idate/Office	holder (Decla	rant)



SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$52,073.13
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 50,562.65
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

- In this roque		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Steve Penate	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Brent Petersen	7 Amount of contribution (\$)
4/22/2021	6 Contributor address; City; State; Zip Code	\$ 250.00
	Green Elm Rd Fort Worth TX 76008	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/21/2021	Leah Wingard Contributor address; City; State; Zip Code	\$ 100.00
	3550 Winston Fort Worth TX 76109	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/20/2021	Jed Barnett Contributor address; City; State; Zip Code	\$ 100,00
	Contributor address; City; State; Zip Code 1805 Crested Butte Fort Worth TX 76131	100,
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/20/2021	Nadeen Suarez Contributor address; City; State; Zip Code	\$ 100.00
	10870 Calderwood In Fort Worth tx 76052	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)

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

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 fa		1 Total pages Schedule A1:
ı ne	Instruction Guide explains how to complete this fo	orm.	9
FILER NAME	Steve Penata		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
	Dan Hartzell		€ 100 m
1/20/2021		State; Zip Code	\$ 100. ~
	3925 W. Clayton Rd Fort Worth	TX 76116	
Principal occu	pation / Job title (See Instructions)		ions)
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)
	Becky Hubbard		t
1/19/2021	Becky Hubbard Contributor address; City;	State; Zip Code	1,200.
	3840 Mattison Ave Fort Worth	女 76107	,
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)
	Christopher Wilcher		al .
1/18/2021	Contributor address; City; S	State; Zip Code	³ 500.00
	4109 Sweet Clover In Crowley -	TX 76036	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
	Adam Coleman		\$ 000,00
1/18/2021	Contributor address; City;	State; Zip Code	<i>200. 200.</i>
,	1009 Oak Forest Dr Fort Worth 1	tx 76114	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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

SCHEDULE A1

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

Steve Tenate 4 Date 5 Full name of contributor Deborah Brooks 6 Contributor address; Gry State; Zip Code 9813 Vors Ave Fort Worth TX 76244 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code 9 Employer (See Instructions) Amount of contribution (\$) \$ 6, 178. Amount of contribution (\$) \$ 6, 178. Amount of contribution (\$) \$ 6, 178. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Carad Reject 1/15/2021 Contributor address; City: State; Zip Code 3 312 Stanecrest Dr Grapevine TX 76051 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Carad Reject 1/15/2021 Contributor address; City: State; Zip Code 2713 Miro Ct Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$ 500. Arthur Jattar Amount of contribution (\$)	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
Deborah Brooks 6 Contributor address; City; State; Zip Code 9813 Notes Ave Fort Worth TX 76244 B Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
A/15/2021 6 Contributor address: City: State: Zip Code 1/000.00	4 Date	I	.C (ID#:)	7 Amount of contribution (\$)
A 19 2021 6 Contributor address; City; State; Zip Code QR 3 No 35 Ave Fort Worth TX 76244 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		Deborah Brooks		4 1000 00
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)	1/18/2021			, JOUU.00
Date Full name of contributor Roger SmcHzer 4/15/2021 Contributor address; City; State; Zip Code 3312 Stanecrest Dr. Grapevine TX 76051 Principal occupation / Job title (See Instructions) Date Full name of contributor Cerald Reject 4/15/2021 Contributor address; City; State; Zip Code 2713 Miro Ct. Fort Warth TX 7607 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ 500. Amount of contribution (\$) \$ 500. Employer (See Instructions) Amount of contribution (\$) \$ 500. Arthur Jettur Contributor address; City; State; Zip Code 2713 Miro Ct. Fort Warth TX 7607 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Arthur Jettur Contributor address; City; State; Zip Code 1/15/2021 Amount of contribution (\$) \$ 250.	,	19813 Voss Ave Fort Worth	TX 76244	
Roger Smettzer H/15/2021 Contributor address: City: State: Zip Code 3312 Stonecrest Dr. Grapevine TX 76051 Principal occupation / Job title (See Instructions) Date Full name of contributor Caerald Reject H/15/2021 Contributor address: City: State: Zip Code 2713 Mino Ct. Fort Worth TX 7607 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ 500. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Arthur Jetter H/15/2021 Contributor address: City: State: Zip Code Arthur Jetter Contributor address: City: State: Zip Code Rolling Hills Ct. Benbrook TX 76126	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Principal occupation / Job title (See Instructions) Date Full name of contributor Cerald Reject 1/15/2021 Contributor address; Date Full name of contributor Contributor address; City; Contributor (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:			C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Cerald Reject 1/15/2021 Contributor address; Date Full name of contributor Contributor address; City; Contributor (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:		Roger Smettzer		4
Principal occupation / Job title (See Instructions) Date Full name of contributor Cerald Reject 1/15/2021 Contributor address; Date Full name of contributor Contributor address; City; City; Contributor address; City; Contributor (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$ 500. Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Arthur Jetter Contributor address; City; State; Zip Code Amount of contribution (\$) Arthur Jetter Contributor address; City; State; Zip Code 10120 Rolling Hills Ct Benbrook Tx 76126	1/15/2021	Contributor address; City;	State; Zip Code	6,178.00
Principal occupation / Job title (See Instructions) Date Full name of contributor Cerald Reject Contributor address; City; Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code 2713 Miro Ct Fort Worth Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Arthur Jetter Contributor address; City; State; Zip Code Amount of contribution (\$) 4/15/2021 Contributor address; City; State; Zip Code 7/15/2021 Contributor address; City; State; Zip Code 7/16/26			TX 76051	•
Date Full name of contributor Cherald Reject 1/15/2021 Contributor address; City; State; Zip Code 2713 Miro Ct Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Principal occur		<u> </u>	ilons)
Date Full name of contributor Cherald Reject 1/15/2021 Contributor address; City; State; Zip Code 2713 Miro Ct Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Bu-	sings owner		
Cherald Reject 1/15/2021 Contributor address; City; State; Zip Code 2713 Miro Ct Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Arthur Jetter 1/15/2021 Contributor address; City; State; Zip Code 10120 Rolling Hills Ct Benbrook TX 76126			C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:				•
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	1/15/2021	Contributor address; City;	State; Zip Code	\$ 500.
Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Arthur Jetter Contributor address; City; State; Zip Code 10120 Rolling Hills Ct Benbrook Tx 76126	W. J			
Arthur Jetter 1/15/2021 Contributor address; City; State; Zip Code 10120 Rolling Hills Ct Benbrook Tx 76126	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
1/15/2021 Contributor address; City; State; Zip Code 250. 10120 Rolling Hills Ct Benbrook Tx 76126	Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
1/15/2021 Contributor address; City; State; Zip Code 250. 10120 Rolling Hills Ct Benbrook Tx 76126		Arthur Jetter		t
10120 Rolling Hills Ct Behorook	1/15/2021	Contributor address; City;	State; Zip Code	250.
		10120 Rolling Hills Ct Benbrook	Tx 76126	
	Principal occup		Employer (See Instruct	ions)
				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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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	s form.	1 Total pages Schedule A1:
2 FILER NAME	Steve Penate		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PACE Eric Beal		7 Amount of contribution (\$)
4/11/2021	6 Contributor address; City; 1595 N Pearson Ln Southlake	State; Zip Code	\$ 100. a
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	`	Amount of contribution (\$)
4/10/2021	Chris Stetson Contributor address; City; 17233 Ridgepointe Rol Fort Worth	State; Zip Code TX 76244	\$ 1,000. °°
	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	l .	(ID#:)	Amount of contribution (\$)
4/9/2021		State; Zip Code	\$ 1,000.°°
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/9/2021	Erica Armendariz Contributor address; City; 1309 S Bettline Rd Grand Prais	State; Zip Code	\$ 1,000.°°
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

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

The	e Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME	Steve Penate		3 Filer ID (Ethics Commission Filers)
4 Date	-	PAC (ID#:)	7 Amount of contribution (\$)
	Jan Peterson		\$ 250 30
4/7/2021	6 Contributor address; City;	State; Zip Code	\$ 250. 50
	2516 Lubbock Ave FortWort	H TX 76109	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Jeff Toon		
4/6/2021	Jeff Toon Contributor address; City;	State; Zip Code	\$ [000.00
	2400 Great SW PKWY Fort Wort	t 76106	`\
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Stephan and Kelly Garnill		*
4/3/2021	Contributor address; City;	State; Zip Code	\$ 1,000.0°
	3740 Westeliff Rd S. Fort Worth	1 TX 76109	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	l	PAC (ID#:)	Amount of contribution (\$)
4/3/2021	Ross Richardson Contributor address; City;	State; Zip Code	\$ 100.00
	200 Nursery Ln Fort Worth	tx 76114	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	lions)
			<u> </u>

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SCHEDULE A1

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

•	•		•
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Steve Penate		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
1/3/2021	6 Contributor address; City; 4400 Stonedale Rd Fort Worth	State; Zip Code	s 200. so
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
1/2/2021	Hilary Shellhorse Contributor address; City;	State; Zip Code	\$ 777.00
	3112 Wild Plum Dr Fort Worth	TX 76109	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
3/31/2021	Amanda Coleman Contributor address; City;	State; Zip Code	\$ 333, 13
	1009 Oak Forest Dr Fort Worth	TX 76114	·
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
3/30/2021	Ryan McDonald Contributor address; City;	State; Zip Code	\$ 225.00
·	411 Harrold St Fort Worth	tx 76107	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
		<u> </u>	
			•

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SCHEDULE A1

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

·			•
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Steve Penate		3 Filer ID (Ethics Commission Filers)
4 Date	Mules Noice	.C (ID#:)	7 Amount of contribution (\$)
3/30/2021	6 Contributor address; City;	State; Zlp Code	\$ 100.00
	2141 Mill Rd Navato	CA -1994 1	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	1	C (ID#:)	Amount of contribution (\$)
3/30/202/	Howard Sentell Contributor address; City;	State; Zip Code	\$ 100.00
	PO Box 24204 Knoxville		
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/29/2021	Roger Smeltzer Jr Contributor address; City;	State; Zip Code	\$ 4,410.00
	3312 Stonecrest Dr Grapwine	(X 1603)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
3/29/2021	Traci Jenkins Contributor address; City;	State; Zip Code	\$ 1,000.00
	3836 Nattison Ave Fort Worth	TX 76107	Í
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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

SCHEDULE A1

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

The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Steve Penate		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/202	5 Full name of contributor Liza Coughlin 6 Contributor address; 12533 Outlook Ave Fort Worth	State; Zip Code	7 Amount of contribution (\$)
		9 Employer (See Instruction	ions)
Date 3/28/2024	Full name of contributor out-of-state PAC (Thomas Armstrang Contributor address; City; 1000 Henderson St FartWorth	• -	Amount of contribution (\$)
	1000 Henderson St FartWorth pation / Job title (See Instructions)	Employer (See Instruction	ons)
	Full name of contributor Mary Katherine Nolan Contributor address; City; 6370 Montago Ct Fort Worth pation / Job title (See Instructions)	State; Zip Code TX 76116 Employer (See Instruction	Amount of contribution (\$) \$ 500.05
Date 3/25/2024	Full name of contributor Joseph Terndrup Contributor address; City; 4816 Rincon Way Fort Worth	State; Zip Code	Amount of contribution (\$)
Principal occupa	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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

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: 9
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/14/2021	5 Full name of contributor Jay and Toni Meadows 6 Contributor address; City; 228 Jakes Trail Aledo pation / Job title (See Instructions)	State; Zip Code	\$ 3,000
	225 Jakes Iran Aledo	14, 76008	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
14/09/2021	Full name of contributor Kenneth ad hoberta Eldred Contributor address; City; 1825 Hamilton Ave Sun Jose, pation / Job title (See Instructions)	State; Zip Code	\$ 20,000
	1825 Hamilton Ave Sun Jos.	CA, 95125	
	SEEBA and Assumates	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/22/2021	Contributor address; City; 137 Contributor address; City; 137 Contributor address; City; Contributor address;	State; Zip Code	\$ 100
Delete de la conse	HOOK AJ. HIROU,	1x, 16008	
Principal occup	ation / Job title (See instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
04/22/2021	William and Mary Fearer Contributor address; City;	State; Zip Code	\$ 5,000
	2849 Manorwood Trail Fort	Wortn, Tx, 76109	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	

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

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 Event Expense 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Steve Penata	3 Filer ID (Ethics Commission F	ilers)		
4 Date 3/28/2021	5 Payee name Print Place	,			
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
\$ 362.83	1110 Avenue H. Arlington,	x, 76011			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing	Push Cons			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name		*** ****		
3/25/2021	Mountain View CA				
Amount (\$)	Payee address;	City; State; Zip Code			
\$ 2,381.50					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advortising Expanse	Digital Marketing			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
3/24/2021	Print Place				
Amount (\$)	Payee address;	City; State; Zip Code			
\$ 147.24	1110 Avenue H. Arkington,	Tz , 76011			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing	Push Cords			
	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			
•	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED			

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to committee	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Steve Penate		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2021	5 Payee name Zue Trenda		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Work	Block- L	Nalking
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
04/20/2021	Alyssa Vasquez Payee address:		
Amount (\$)	Payee address;	City;	State; Zip Code
\$11700	2818 NW Larnine St. Fort	- Worth, 7	x, 76106
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Confirmed Wark	Description Block	- Walking
	Check if travel outside of Texas. Complete Schedule T.	Check If Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/23/2021	Fox Stations		
Amount (\$)	Payee address;	City;	State; Zip Code
16,200	Chicago, Illinois		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	TV a	omn evelal
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, -	
1 Total pages Schedule F1:	2 FILER NAME Steve Penate		3 Filer ID (Ethics	Commission Filers)
4 Date 4/12/2021	5 Payee name Mountain View CA			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 1,903.24				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Digital	Marketino	1
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/05/2021	J. Marte Gosa.com			
Amount (\$)	Payee address;	City;	State;	Zip Code
3,700.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Priviling Expense	Shir	45	
	Check if travel outside of Texas. Complete Schedule T.	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	•	Office held
Date	Payee name			
3/30/2021	PrintPlace			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 412.78	1110 Avenue H, Addington T	x. 76011		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Push o	curds	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living of	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 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 Steve Penate		3 Filer ID (Ethics Commission Filers)	
4 Date 4/20/2021	5 Payee name Print Place			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 388.251	1110 Avenue H Arlingto.	, Tx, 76	OII	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Push Ca	ard	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/19/2021	Tommy Tamale			
Amount (\$) \$ 567.65	Payee address; Northwest Hwy.	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Catering for	r Ewrit	
	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	
Date	Payee name			
4/19/2021	Mountain View CA			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$1,407.25	Adam			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advartising Expense	Digital	Marketing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED	

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal S	wards/Memorials Ex Services Instruction Guid		Wages/Contract Labor	Travel Out Of District Other (enter a categor	
8		Penate			3 Filer ID (Ethics	s Commission Filers)
4 Date 4/21/2021	5 Payee name	s.com				
6 Amount (\$) 4 346.35	7 Payee address;			City;	State;	Zip Code
8	(a) Category (See C	ategories listed at the	e top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing	Expens	e	Sign	15	
	(C) Check if t	travel outside of Texas.	Complete Schedule T.	Check If Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fficeholder name	,	Office sought		Office held
Date	Payee name					
4/21/2021	Mailchir	77				
Amount (\$)	Payee address;			City;	State;	Zip Code
\$ 277.17						
	Category (See Ca			Description		
PURPOSE OF EXPENDITURE	Polling/Ad) west sing	Expense	Email	Merketin	り
	Check if to	ravel outside of Texas. C	Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		ficeholder name		Office sought	•	Office held
Date UND YOU	Payee name	2000	Ago			
Amount (\$)	Payee address;			City;	State;	Zip Code
\$M. 30000						
	Category (See Cate	egorles listed at the to	op of this schedule)	Description		
PURPOSE OF EXPENDITURE	<u></u>					
	Check if tra	avel outside of Texas. C	omplete Schedule T.	Check if Austin,	, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	>	Office sought		Office held
· · · · · · · · · · · · · · · · · · ·	ATTACH A	DDITIONAL C	OPIES OF THIS S	SCHEDULE AS NEED	DED	

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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Steve Penate		3 Filer ID (Ethics Commission Filers)		
4 Date 4/18/2021	5 Payee name J. Marte GOSQ. com				
6 Amount (\$) \$ 1,110.00	7 Payee address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (in him Expenses	(b) Description T - Shirts			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 4/16/2021	Payee name Mountain View				
Amount (\$) \$ 617.56	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advardising Expense	Digital Marketing			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date U/15/2021	Payee name Campaign Sidekick				
Amount (\$) \$ 360. 20	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Soliaitation Expense	Door - t	10 - door software		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	DED		

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a categ	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Steve Penate		3 Filer ID (Ethic	s Commission Filers)	
4 Date 04/22/2021	5 Payee name **Cadence Rain			,	
6 Amount (\$) \$500	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Admin) 74)		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	<u> </u>	, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/21/2021	Premier Marketing				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$17,320				i	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing/Soliciting	Printed :	b Distribit	Bd Door	
	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	
Date	Payee name				
04/20/2021	Eleise Trenda				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 10600	1001 E. Fifth St. #522	-, fort Wort	u,Tx,	76102	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contract Labor	Block- h	Jalking .		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category	riot listed above)	
1 Total pages Schedule F1:	2 FILER NAME Steve Penate		3 Filer ID (Ethics	Commission Filers)	
4 Date 14/72/2021	5 Payee name Asher Chillespic				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$ 2500	1812 Daving In. Burkeson,	Tx, 76028			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Scilony	Compaign	Memager		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin	, TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	·	ffice held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
, ,					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living ex	ffice held	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		ince riela	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
				ĺ	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living ex		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	ffice held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					