

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14		
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / <u>MRS</u> / MR</div> <div>FIRST Cydnei MI S.</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Drake SUFFIX</div> </div>		OFFICE USE ONLY <div style="font-size: 1.2em; color: blue;">Received</div> <div style="font-size: 1.2em; color: blue;">APR 01 2021</div> <div style="font-size: 0.8em;">Carrollton-Farmers Branch ISD Superintendent's Office</div> <div style="color: blue; font-family: cursive;">KC</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <p style="font-size: 1.2em;">6443 Tranquilo #2034 Irving TX 75039</p>				
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <p style="font-size: 1.2em;">(972) 399-9660</p>				
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / <u>MRS</u> / MR</div> <div>FIRST Cydnei MI S.</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Drake SUFFIX</div> </div>				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <p style="font-size: 1.2em;">6443 Tranquilo #2034 Irving TX 75039</p>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <p style="font-size: 1.2em;">(972) 399-9660</p>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 02 / 10 / 2021 </div> <div>THROUGH</div> <div> Month Day Year 03 / 31 / 2021 </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 05 / 01 / 2021 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>				
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known) CFBISD Board of Trustees</div> </div>				
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

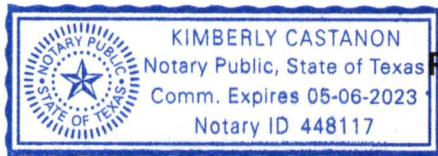
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Cydnei Drake</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>2,165⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,816⁷⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>450¹³</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,577⁹⁴</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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

CADrake, MSN

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cydnei Drake this the 1st day of April, 2021, to certify which, witness my hand and seal of office.

Kimberly Castanon Kimberly Castanon Notary
Signature of officer administering oath Printed name of officer administering oath 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**

CYDNEI Drake

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

- | | | |
|-----|---|-----------------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3816 ¹⁰ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 450 ¹³ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME CyDnei Drake		3 Filer ID. (Ethics Commission Filers)
4 Date 2-11 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meagan Biscamp <hr/> 6 Contributor address; City; State; Zip Code 5413 Menchaca Rd. #103 Austin TX 78745	7 Amount of contribution (\$) 100⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-12 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsten Rogers <hr/> Contributor address; City; State; Zip Code 6719 Seward Park Ave S Seattle WA 98118	Amount of contribution (\$) 76.⁷⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-13 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney Davis <hr/> Contributor address; City; State; Zip Code 2704 Springhill Dr. Grapevine TX 76051	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02-20 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Miller <hr/> Contributor address; City; State; Zip Code 839 S. Holt Ave #105 Los Angeles CA 90035	Amount of contribution (\$) 100⁰⁰
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 CyDnei Drake		3 Filer ID (Ethics Commission Filers)
4 Date 02-24 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Ortiz <hr/> 6 Contributor address; City; State; Zip Code 1304 W. Abram St. Arlington TX 76013	7 Amount of contribution (\$) 100⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02-26 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanta Franco-Clausen <hr/> Contributor address; City; State; Zip Code 1960 Harris Ave San Jose CA 95124 Unit 1	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02-28 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Drake <hr/> Contributor address; City; State; Zip Code 6443 Tranquillo #2034 Irving TX 75039	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03-02 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camila Bourdeau <hr/> Contributor address; City; State; Zip Code 4319 Cabell Dr. Dallas TX 75204	Amount of contribution (\$) 75⁰⁰
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 Cydney Drake		3 Filer ID (Ethics Commission Filers)
4 Date 03-02 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Cooksey	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 4243 Olive St. St Louis MO 63108		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03-03 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Sargent	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 705 Belclaire Terrace DeSoto TX 75115		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03-10 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tierra Stewart	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 4020 Minnesota Ave NE Washington DC 20019		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03-12 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberta Stavely	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 2707 Spyglass Dr. Carrollton TX 75007		
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 Cyonei Drake		3 Filer ID (Ethics Commission Filers)
4 Date 03-20 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxine Zubiaga <hr/> 6 Contributor address; City; State; Zip Code 5146 Vanderbilt Ave. Dallas TX 75206	7 Amount of contribution (\$) 100⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03-22 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nekosi Nelson <hr/> Contributor address; City; State; Zip Code 1420 Siena Sunset Rd. Leander TX 78641	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03-23 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Asbury <hr/> Contributor address; City; State; Zip Code 1726 Tealwood Ln. Corinth TX 76210	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03-31 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Fleming <hr/> Contributor address; City; State; Zip Code 4099 McEwen Rd #568 Farmers Branch TX 75244	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Cydnei Drake	3 Filer ID (Ethics Commission Filers)
4 Date 02.10.2021	5 Payee name Square Space	
6 Amount (\$) 32.48	7 Payee address; City; State; Zip Code 225 Varrick St. New York NY 10014 12th Floor	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description website builder
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02.10.2021	Payee name Square Space	
Amount (\$) 20.00	Payee address; City; State; Zip Code 225 Varrick St. New York NY 10014 12th Floor	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description domain renewal
	<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 02.10.2021	Payee name Raise The Money, Inc	
Amount (\$) 2.70	Payee address; City; State; Zip Code Po Box 26446 Little Rock AR 72221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description processing fee for donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CYDNEI Drake		3 Filer ID (Ethics Commission Filers)
4 Date 02-11-2021	5 Payee name USPS PO Boxes Online		
6 Amount (\$) 42.00	7 Payee address; City; State; Zip Code 13904 Josey Ln. Dallas TX 75234		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) rental expense		(b) Description PO Box for campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 02-11-2021	Payee name Raise The Money, Inc		
Amount (\$) 25.27	Payee address; City; State; Zip Code PO Box 26446 Little Rock AR 72221		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees		Description processing fee for donations
	<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 02-12-2021	Payee name Raise The Money, Inc		
Amount (\$) 8.38	Payee address; City; State; Zip Code PO Box 26446 Little Rock AR 72221		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees		Description processing fee for donations
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Cydnei Drake	3 Filer ID (Ethics Commission Filers)
4 Date 02.13.21	5 Payee name Raise The Money, Inc	
6 Amount (\$) 6.62	7 Payee address; City; State; Zip Code PO Box 26446 Little Rock AR 72221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description processing fee for donations
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 02.14.21	Payee name Raise The Money, Inc		
Amount (\$) 2.70	Payee address; City; State; Zip Code PO Box 26446 Little Rock AR 72221		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description processing fee for donation	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date 02.18.21	Payee name Raise The Money, Inc		
Amount (\$) 1.47	Payee address; City; State; Zip Code PO Box 26446 Little Rock AR 72221		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description processing fee for donation	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Cydnei Drake		3 Filer ID (Ethics Commission Filers)	
4 Date 02.19.21		5 Payee name Raise The Money, INC			
6 Amount (\$) \$1.97		7 Payee address;		City;	State; Zip Code
		PO Box 26446		Little Rock	AR 72221
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fee		(b) Description processing fee for donation		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 02.20.21		Payee name Raise The Money, Inc			
Amount (\$) \$5.15		Payee address;		City;	State; Zip Code
		PO Box 26446		Little Rock	AR 72221
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fee		Description processing fee for donation		
	<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					
Date 02.24.21		Payee name Raise The Money, Inc			
Amount (\$) \$5.15		Payee address;		City;	State; Zip Code
		PO Box 26446		Little Rock	AR 72221
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fee		Description processing fee for donation		
	<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					
Date 02.24.21		Payee name Raise The Money, Inc			
Amount (\$) \$5.15		Payee address;		City;	State; Zip Code
		PO Box 26446		Little Rock	AR 72221
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fee		Description processing fee for donation		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CYDNEI Drake	3 Filer ID (Ethics Commission Filers)
4 Date 02.25.21	5 Payee name Raise The Money, Inc	
6 Amount (\$) \$4.17	7 Payee address; City; State; Zip Code Po Box 26446 Little Rock AR 72221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description processing fees for donations
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 02.26.21	Payee name Raise The Money, Inc		
Amount (\$) \$10³⁰	Payee address; City; State; Zip Code PO Box 26446 Little Rock AR 72221		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description processing fees for donations	
	<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 02.28.21	Payee name Raise The Money, Inc		
Amount (\$) \$5.15	Payee address; City; State; Zip Code PO Box 26446 Little Rock AR 72221		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fee	Description processing fee for donation	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CYDNEI Drake		3 Filer ID (Ethics Commission Filers)
4 Date 03.10.21	5 Payee name Dallas County Elections		
6 Amount (\$) 21.50	7 Payee address; City; State; Zip Code 411 Elm Street 5th Floor Dallas TX 75202		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) polling expense		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 03.11.21	Payee name Square Space		
Amount (\$) 32.48	Payee address; City; State; Zip Code 225 Varick St. New York NY 10014 12th Fl		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 03-11-21	Payee name Texas Democratic Party		
Amount (\$) \$185⁰⁰	Payee address; City; State; Zip Code 1106 Lavaca, Suite 100 Austin TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) polling expense		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
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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 Cyndee Drake	3 Filer ID (Ethics Commission Filers)
4 Date 03.31.21	5 Payee name Square Space	
6 Amount (\$) 28.15	7 Payee address; 225 Varick St. 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 03.31.21	Payee name Canva	
Amount (\$) 12.99	Payee address; 110 Kippax St. NSW 2010	City; State; Zip Code Australia
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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