

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>12</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="checkbox"/> MRS MR	FIRST <b>S. HARRON S.</b>	MI
	NICKNAME	LAST <b>ROGERS</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>3214 WINTERGREEN TERRACE GRAPEVINE TX 76051</b>		
	Date Received <b>APR 23 2021 4:07am</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(817)</b>	PHONE NUMBER <b>488-6168</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>SELF</b>	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>SAME</b>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( )</b>	PHONE NUMBER <b>SAME</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <b>3 / 23 / 2021      THROUGH      4 / 21 / 2021</b>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year <b>5 / 1 / 2021</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>CITY COUNCIL, PL. 2</b>	13 OFFICE SOUGHT (if known) <b>CITY COUNCIL, PL. 2</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

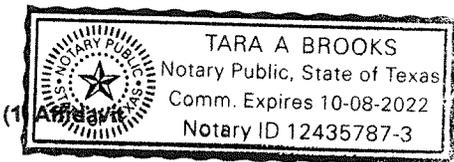
**15 C/OH NAME** SHARRON S. ROGERS **16 Filer ID (Ethics Commission Filers)**

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,242.39</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>47.30</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>15,314.08</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>11,023.47</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5,500.00</u>

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

Sharon Rogers  
Signature of Candidate or Officeholder

**Please complete either option below:**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sharon Rogers this the 23rd day of April,

20 21, to certify which, witness my hand and seal of office.

Chad Brooks Tara A Brooks Notary Public  
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

SHARRON J. ROGERS

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4600. <sup>00</sup>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 642. <sup>39</sup>
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ —
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3145. <sup>74</sup>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 12,168. <sup>34</sup>
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3145. <sup>74</sup>
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: <b>3</b>
2 FILER NAME <b>SHARRON S. ROGERS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-26-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TOM + SARAH KORMONDY</b>	7 Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>1915 BIG BEND DR. GRAPEVINE TX 76051</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-26-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIKE + CAROLYN LEASE</b>	Amount of contribution (\$) <b>\$ 300.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1425 E. SENECA CT. GRANBURY TX 76048</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-1-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HAROLD T. + PATSY HARDY</b>	Amount of contribution (\$) <b>\$ 200.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1126 SILVERLAKE DR. GRAPEVINE TX 76051</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-2-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANNY C. HOLFELD</b>	Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3419 WINTERGREEN TERRACE GRAPEVINE TX 76051</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <u>3</u>
2 FILER NAME <u>SHARRON S. ROGERS</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4-6-2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JERRY + TRACY HODGE</u> 6 Contributor address; City; State; Zip Code <u>1213 HURON DR. GRAPEVINE TX 76051</u>	7 Amount of contribution (\$) <u>\$ 300.<sup>00</sup></u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4-4-2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARY B. OXLEY</u> Contributor address; City; State; Zip Code <u>3210 WINTERGREEN TERRACE GRAPEVINE TX 76051</u>	Amount of contribution (\$) <u>\$ 500.<sup>00</sup></u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4-4-2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GIOVANNI CAPRIGNONE</u> Contributor address; City; State; Zip Code <u>1100 BEAR CREEK PKWY. KELLER TX 76248</u>	Amount of contribution (\$) <u>\$ 1,000.<sup>00</sup></u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4-15-2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>METRO TEX ASSN of REALTORS PAC</u> Contributor address; City; State; Zip Code <u>8201 N. STEMMONS FRWY. DALLAS TX 75247</u>	Amount of contribution (\$) <u>\$ 1,000.<sup>00</sup></u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>3</u>
2 FILER NAME <u>SHARRON S. ROGERS</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4-16-2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>GARY + CYNTHIA BRANKENSHIP</u>	7 Amount of contribution (\$) <u>\$ 500.<sup>00</sup></u>
6 Contributor address; City; State; Zip Code <u>108 W. NW HWY. GRAPEVINE TX 76051</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>4-16-2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>MARK + SONYA TERPENING</u>	Amount of contribution (\$) <u>\$ 100.<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>516 DAWN CT GRAPEVINE TX 76051</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>4-17-2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>LARRY + LINDA OLIVER</u>	Amount of contribution (\$) <u>\$ 200.<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>307 PEBBLEBROOK GRAPEVINE TX 76051</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>4-17-2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JOHN + TERRE DOHERTY</u>	Amount of contribution (\$) <u>\$ 300.<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>325 SPRINGBROOK CT GRAPEVINE TX 76051</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# 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: <u>1</u>	
2 FILER NAME <u>SHARRON S. ROGERS</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4-17-2021</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DEBI MEEK</u>	8 Amount of Contribution \$ <u>\$477.77</u>	9 In-kind contribution description <u>MEET + GREET</u>
7 Contributor address; City; State; Zip Code <u>404 S. MAIN GRAPEVINE TX 76051</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <u>4-17-2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DAN WEINBERGER</u>	Amount of Contribution \$ <u>\$164.62</u>	In-kind contribution description <u>FOOD FOR MEET + GREET</u>
Contributor address; City; State; Zip Code <u>601 S. MAIN #100 GRAPEVINE TX 76051</u>		<input type="checkbox"/> 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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# 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: 1	2 FILER NAME SHARRON S. ROGERS	3 Filer ID (Ethics Commission Filers)
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4 Date 4-21-2021	5 Payee name CAPITOL ONE
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6 Amount (\$) \$2495.74	7 Payee address; P.O. Box 60599	City; CITY OF INDUSTRY	State; CA	Zip Code 91716
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PMT.	(b) Description ADVERT. EXP.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-21-2021	Payee name CITICARDS
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Amount (\$) \$650.00	Payee address; P.O. Box 78045	City; PHOENIX	State; AZ	Zip Code 85062
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CREDIT CARD PMT.	Description ADVERT. EXP.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

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

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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 F2: <b>2</b>	2 FILER NAME <b>SHARRON S. ROGERS</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <b>26,641</b>

5 Date <b>4-1-2021</b>	6 Payee name <b>MAYES MEDIA GROUP</b>		
7 Amount (\$) <b>\$4712.29</b>	8 Payee address; <b>312 CREEKWOOD DR.</b>	City: <b>SUNNYVALE</b>	State; Zip Code <b>TX 75182</b>

9 TYPE OF EXPENDITURE  
 Political       Non-Political

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

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name <b>SHARRON S. ROGERS</b>	Office sought <b>CITY COUNCIL, Ph. 2</b>	Office held <b>ARME</b>
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Date <b>4-3-2021</b>	Payee name <b>MAYES MEDIA GROUP</b>		
Amount (\$) <b>\$5109.41</b>	Payee address; <b>312 CREEKWOOD DR.</b>	City: <b>SUNNYVALE</b>	State; Zip Code <b>TX 75182</b>

TYPE OF EXPENDITURE  
 Political       Non-Political

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXP</b>	Description <b>MAILERS, PHOTOS, DATABASE</b>
	(c) <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 <b>SHARRON S. ROGERS</b>	Office sought <b>CITY COUNCIL, Ph. 2</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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.

<b>1</b> Total pages Schedule F2: 2	<b>2</b> FILER NAME SHARRON S. ROGERS	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ - 0 -
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<b>5</b> Date 4-14-2021	<b>6</b> Payee name MAYES MEDIA GROUP
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<b>7</b> Amount (\$) \$2320.00	<b>8</b> Payee address; 312 CREEKWOOD DR	City; Sunnyvale	State; TX	Zip Code 75182
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXP.	(b) Description POLLING SVC.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name SHARRON S. ROGERS	Office sought City Council, Pl. 2	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	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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**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.

<b>1</b> Total pages Schedule F4: 2	<b>2</b> FILER NAME SHARRON S. ROGERS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0-
<b>5</b> Date 3-26-2021	<b>6</b> Payee name DESIGNER GRAPHICS	
<b>7</b> Amount (\$) \$ 1785.48	<b>8</b> Payee address; City; State; Zip Code 12404 Hwy. 155 So. TYLER TX 75703	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXP.	<b>(b)</b> Description SIGNS + FRAMES
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 3-29-2021	<b>Payee name</b> Community Impact Newspaper	
<b>Amount (\$)</b> \$ 395.00	<b>Payee address; City; State; Zip Code</b> 3600 E. PAUM BLVD, ROUND ROCK TX 78665 Box 3	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXP.	<b>Description</b> AD
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F4: 2	<b>2</b> FILER NAME SHARROW S. ROGERS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ — 0 —
<b>5</b> Date 4-5-2021	<b>6</b> Payee name HOUSEWRIGHT MARKETING	
<b>7</b> Amount (\$) \$ 650.00	<b>8</b> Payee address; 120 S. MAIN, #10	City; State; Zip Code GRAPEVINE TX 76051
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXP.	<b>(b)</b> Description MARKETING
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		