CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST David	MI	OFFICE USE ONLY	
IVAIVIE	NICKNAME	LAST Merritt	SUFFIX	Date RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		APT / SUITE #; on and Meadow Drive nch, Texas 75234	CITY; STATE; ZIP CODE	JUL 15 2021 TY SECRETARY'S OFFICE	
Change of Address				1	
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	PHONE NUMBER 649-3041	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Robert	MI	Receipt # Amount \$	
NAME	NICKNAME	Goodno	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3315 Gatwic	NO PO BOX PLEASE); APT / SI k Place nch, Texas 75234	UITE #; CITY;	STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 674-6919	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 4	Day Year / 23 / 21	THROUGH 7	Day Year / 14 / 21	
11 ELECTION	Month Day	Year Primary 21 General	ELECTION TYPI Runoff Other Description Special	2	
12 OFFICE	OFFICE HELD (if any) Farmers Branch City Cour	ncil District 5 as of May 17, 2021	13 OFFICE SOUGHT (if know Farmers Branc	h City Council District 5	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS	-		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME David Merritt		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)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$450=				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE:	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 4929.64				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder						
	Please complete either option below:					
(1) Affidavit	MILAGROS D. EGUSQUIZA My Notary ID # 126367108 Expires September 6, 2024					
NOTARY STAMP/SEAL						
Sworn to and subscribed be	efore me by David Scott HERRITT this the	14th day of JULY				
20 21 to certify w	nich, witness my hand and seal of office.	1				
Signature of officer administerin	HILAGROS D. EGUSQUIZA. Ig oath Printed name of officer administering oath	Title of officer administering oath				
	OR	This of officer administrating seatt				
(2) Unsworn Declaration						
	, and my date of birth is	<u></u>				
My address is	(street) (city) (s	tate) (zip code) (country)				
Executed in		. 20				
	Signature of Candid	ate/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	9 FILER NAME David Merritt 20 Filer ID (Ethics C		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$45000
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 CON	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	1	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 929.4
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI 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	1 Total pages Schedule A1: 1	
2 FILER NAME David Mer	ritt		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Andrew C. Olivo	7 Amount of contribution (\$)	
05/11/2021	6 Contributor address; City; 1622 E Beltline Road Suite 100, Carr	750	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Mr. & Mrs. K. D. Connally	(ID#;)	Amount of contribution (\$)
04/27/2021 Contributor address; City; State; Zip Code 3612 Courtdale Drive, Farmers Branch, TX 75234			7 200 =
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	iions)
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDI II E AS NEEDED			

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME David Merritt	3 Filer ID (Ethics Commission Filers)			
4 Date 04/24/2021	5 Payee name Facebook				
6 Amount (\$) 4 7509 Reimbursement from political contributions intended	7 Payee address;1 Hacker Way, Menlo Park, Californ	c _{ity;} nia 94025	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Online Campaign Advertising			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	office held	
Date 05/19/2021	Payee name Facebook				
Amount (\$) 4 91,48 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Description Online Campaign Advertising				
	Check If travel outside of Texas, Complete Schedule T.	T. Check if Auslin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		office held	
Date 06/14/2021	Payee name WIX				
Amount (\$) *# 38 - 96 Reimbursement from political contributions intended	Payee address; 235 W. 23rd Street, 8th Floor, New	York, New York	State; (10011	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Online Campaign Advertising			
	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	C	office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED		

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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 Glft/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District

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

Other (enter a category not listed above)

Credit Card Payment	ard Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME David Merritt		3 Filer ID (Ethics (Commission Filers)
4 Date 04/27/2021	5 Payee name Printing Etc.			
6 Amount (\$) \$\frac{\$349.20}{\$}\$ Relimbursement from political contributions intended	7 Payee address; 3141 Irving Blvd. Suite 215, Dallas,	City: Texas 75247-6	State; 5227	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Mat	erials	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date 06/01/2021	Payee name Sommerman, McCaffity, Quesada,	& Geisler		
Amount (\$) \$ 375 \$ Reimbursement from political contributions intended	Payee address; 3811 Turtle Creek Blvd., Suite 1400	City; , Dallas, Texas	State; 75219	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services	Description Legal Services	3	
	Check if travel outside of Texas. Complete Schedule T.	xas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held			Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED	