FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Huiping MS NAME Date Received NICKNAME LAST SUFFIX Heather Wang 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **OFFICEHOLDER** PO BOX 261661 Plano TX75026 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (972 6976894 PHONE Receipt # Amount \$ FIRST 6 CAMPAIGN MS / MRS / MR MI **TREASURER** Catherine MRS Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Gibb STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE CAMPAIGN TREASURER 75074 4305 Angelina Drive Plano TX **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER JL = 10:35AM PHONE 5780704 (972 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Year Month Day Year COVERED 30 21 1 21 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Month Day Year Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Plano ISD Board Trustee PL 4 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

0						
15 C/OH NAME Huiping "Heather" Wa	ang	16 Filer ID (E	Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$	125.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	1,526.70			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00			
Signature of Candidate or Officeholder Please complete either option below:						
GLORIANE FERNANDEZ Notary Public State of Texas ID # 12472560-9 Comm. Expires 12/20/2023 NOTARY STAMP/SEAL Swom to and subscribed before me by						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
	OR					
(2) Unsworn Declarati						
My name is	, and my date of birth is					
194- ————————————————————————————————————		state) (zip o	code) (country)			
Executed in	County, State of , on the day of (month	, 20 h)	(year)			
	Signature of Candi	date/Officehold	ler (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Huiping Heather Wang	20 Filer ID (Ethics Commission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	×
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			5.00
6.	S. 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 CONTRIBUTION TO FILER	ONS RETURNED	\$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District Travel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form,					
1 Total pages Schedule F1:	2 FILER NAME Huiping "Heather" Wang		3 Filer ID (Ethic	s Commission Filers)			
4 Date 01/27/2021	5 Payee name USPS						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
125.00	3400 Coit RD	Plano	TX	75075			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Rental Expense	mailbox rental					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ought Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description					
EXPENDITURE							
	Check if travel outside of Texas, Complete Schedule T.		lin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH							
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							