CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr First Delia	МІ	OFFICE USE ONLY
NAME	nickname last Parker-Mi	suffix ms	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1079 W. Roundgrove Rd. Suite 300, #214	CITY; STATE; ZIP CODE Lewisville TX 75067	APR 1 2021 LEVISVILLE OLTY SECRETARY'S
Change of Address			OF OFFICE STA
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (469) 464 - 9427	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	ms/mrs/mr First Derrik	мі Т.	Receipt # Amount \$ Date Processed
NAME	NICKNAME	OUETV	Date Flocessed
	NICKNAME LAST Gay	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / 2300 Westlake Court	SUITE #; CITY; Carrollton	TX 75010
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	(330) 219-6192	EXTENSION	
9 REPORT TYPE	January 15 30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	02/05/2021	THROUGH 03	/ 22 / 2021
11 ELECTION	Month Day Year Primar 05 01 2021 General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known Mayor of Lewisville	n)
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITUR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQ	RES MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TO	REASURER NAME	
	COMMITTEE CAMPAIGN T	REASURER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Delia Parker-Mims	16 Filer II	O (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ \$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ \$5,507.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ \$0
	4. TOTAL POLITICAL EXPENDITURES		\$ \$2,933.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ \$2,573.85
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$ \$0
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is tru	e and corre	ect and includes all information
ree	quired to be reported by me under Title 15, Election Code.		
	Q 1: 1/2 /	m.	J.
	Signature of Ca		
	Signature of Ca	indidate of	Officerolder
,	Please complete either option below	v :	
		Y P(4,)	ie Worster
(1) Affidavit		₩y 9 07/1	Commission Expires 24/2024 No. 10573694
NOTABY STAND (SEA	•		······································
NOTARY STAMP/SEA Sworn to and subscribed	Dalis Parks Mis	100	day of April
2	which, witness my hand and seal of office.		day of,
Vill	Dorster Julie Worster	/	Jotan Public
Signature of officer administe	oring ooth District Control of the state of		Title of officer administering oath
THE PARTY	ering oath Printed name of officer administering oath		
(2) Unsworn Declarati	OR		Table of the Second
(2) 0110110111 2001411411	OR OR	**************************************	CASE AND CO.
,	OR OR	Tage of the	The state of the s
My name is	on	Tage of the	The state of the s
My name is	on , and my date of birth is (street) (city)		zip code) (country)
My name is	on, and my date of birth is	state) (2	

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NA Delia	20 Filer ID (Ethics Con	mmission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	\checkmark	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,407.11		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		\$				
4.		\$ 100.00				
5.	\checkmark	\$ 2,428.26				
6.		\$				
7.		\$				
8.		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 505.00		
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 CONTRIBUT TO FILER	TONS RETURNED	\$		

SCHEDULE A1

Th	e Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1: 1 of 16
2 FILER NAMI	Ε				3 Filer ID (Ethics Commission Filers)
Delia Parker-	-Mims				
4 Date 2/9/2021	5 Full name of contributor Cathy Snyder	out-of-state PAC	(ID#:)	7 Amount of contribution (\$) \$75.00
					-
	6 Contributor address;	City;	State;	Zip Code	
1	2005 Pembrooke Place	Denton	TX	76205	
Principal occu	pation / Job title (See Instructions)		Employ	yer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
2/9/2021	Angela Brewer for Texas		\$250.00		
	Contributor address;	City;	State;	Zip Code	
	624 W University Dr #207	Denton	TX	76201	
Principal occupation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)	
Date 2/9/2021	Full name of contributor Amy Taylor	out-of-state PAC			Amount of contribution (\$) \$100.00
	Contributor address;	City;	State;	Zip Code	
_	2026 Sauls Ln	Denton	TX	76209	
Principal occ	cupation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
Date 2/9/2021	Full name of contributor Alison Maguire-Powell	out-of-state PAC	C (ID#:)	Amount of contribution (\$) \$50.00
	Contributor address;	City;	State;	Zip Code	
	2208 Miranda PI	Denton	TX	76210	
Principal occ	cupation / Job title (See Instructions)		Empl	loyer (See Instru	ctions)
	ATTACH ADDIT	IONAL COPIES	OF THIS	SCHEDULE AS	NEEDED

SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1: 2 of 16
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
					3 Filet ID (Ethics Commission Filets)
4 Date 2/9/2021	out-of-state PAC (ID#)		7 Amount of contribution (\$) \$100.00		
	6 Contributor address;	City;	State;	Zip Code	
	815 Crestoak Place	Denton	TX	76209	
Date 2/10/2021	Full name of contributor Raquel Gaines	out-of-state PAC	-		Amount of contribution (\$) \$25.00
	Contributor address;	City;	State;		
	1301 Scripture Street Apt N130 Denton TX 76201				
Principal occu	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
Date 2/10/2021	Full name of contributor Bethanie Weston	out-of-state PAC			Amount of contribution (\$) \$25.00
	Contributor address;	City;	State;	Zip Code	· ·
	934 Silverstone Drive	Lewisville	TX	75067	
Principal occu	pation / Job title (See Instructions)		Emp	loyer (See Instru	ctions)
Date 2/10/2021	Full name of contributor Emile Kue	out-of-state PAC	(ID#:)	Amount of contribution (\$) \$100.00
	Contributor address;	City;	State;	Zip Code	
	1601 Princess Ln	Frisco	TX	75036	
Principal occu	pation / Job title (See Instructions)		Emp	loyer (See Instru	ctions)
1					
	ATTACH ADDIT	TIONAL COPIES C			

SCHEDULE A1

					4 Tables and Oakadala A4
The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1: 3 of 16
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Delia Parker	-Mims				
4 Date 2/10/2021	5 Full name of contributor Michael Hunn			7 Amount of contribution (\$) \$25.00	
	6 Contributor address;	City;	State;	Zip Code	
	2216 Carriage Hill	Denton	TX	76207	
Date 2/10/2021)	Amount of contribution (\$) \$25.00	
	Contributor address;	City;	State;	Zip Code	
	5500 Del Rey Dr	Denton	TX	76208	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
Date 2/10/2021	Full name of contributor Pat Cheek	out-of-state PAC	C (ID#:)	Amount of contribution (\$) \$50.00
±	Contributor address;	City;	State;	Zip Code	
	1220 Tulane Dr	Denton	TX	76201	
Principal occu	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
Date 2/10/2021	Full name of contributor Deanna Burns	out-of-state PAC	C (ID#:)	Amount of contribution (\$) \$25.00
	Contributor address;	City;	State;	Zip Code	
	1402 Elkhart Ave	Lubbock	TX	79416	
Principal occu	upation / Job title (See Instructions)		Emp	loyer (See Instru	ctions)
	ATTACHADDIT	IONAL COPIES	OF THIS	SCHEDULE AS	NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 4 of 16		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Delia Park	er-Mims				
4 Date	5 Full name of contributor ut-of-state F	AC (ID#:)	7 Amount of contribution (\$)		
	Barbara Palcewski		\$100.00		
	6 Contributor address; City;	State; Zip Code			
2/11/2021	3605 Fritz Ln Corintl	n, TX 76208			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)		
Date		AC (ID#:)	Amount of contribution (\$)		
	Jim Williams				
	Contributor address; City;	State; Zip Code			
2/11/2021	5201 Tartan Cir Dento	n, TX 76208	\$25.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)		
Date	Full name of contributor out-of-state F	AC (ID#:)	Amount of contribution (\$)		
	Patrick McGehearty				
	Contributor address; City;	State; Zip Code			
2/11/2021	420 Red Castle Dr Lewis	ville, TX 75056	\$100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instru	ctions)		
Date	Full name of contributorout-of-state F	AC (ID#:)	Amount of contribution (\$)		
	Debbie Prescher				
	Contributor address; City;	State; Zip Code			
2/12/2021	916 Highland Village Rd, Highland	Village, TX 75077	\$100.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	ctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 5 of 16
			3 Filer ID (Ethics Commission Filers)
Delia Parke	er-Mims		
4 Date	5 Full name of contributor ut-of-state PAC (I	D#:)	7 Amount of contribution (\$)
	Michelle Beckley		
	6 Contributor address; City;	State; Zip Code	
2/42/2024	1845 E Frankford Road, Carrollto	on, TX 75007	\$350.00
			\$250.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Juanita Jones		
	Contributor address; City;	State; Zip Code	
	,		
2/18/2021	1525 Mission Ridge, Carrollton	, TX 75007	\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
	Prudence Sanchez		
	Contributor address; City;	State; Zip Code	
2/22/2021	744 Indiana Otrant Dantas	TV 70005	* 05.00
		TX 76205	\$25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Roberta Stavely		
	Contributor address; City;	State; Zip Code	
2/25/2021	2707 Spyglass Dr, Carrollton,	TX 75007	\$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS N	EEDED

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 6 of 16			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Delia Park	er-Mims					
4 Date	5 Full name of contributor ut-of-state P/	AC (ID#:)	7 Amount of contribution (\$)			
	Derrik Gay					
	6 Contributor address; City;	State; Zip Code				
0/00/0004	2/26/2021 2200 Westleke Court Correllton TV 75010 \$250.00					
2/20/2021 2300 Westiake Court, Carrollton, 1X /5010						
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)			
	Texas 1st PAC					
	Contributor address; City;	State; Zip Code				
	D.O. Boy 942 Dropper	TV 75070	\$1000.00			
2/5/2021	P.O Box 842 Prosper	TX 75078	\$1000.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)			
	Kathy Bratz Campaign					
	Contributor address; City;	State; Zip Code				
0/00/0004	F700 Bont Trop Ct College	illo TV 76024	\$200.00			
2/08/2021	5700 Bent Tree Ct. Colleyv					
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)			
	Mary Dabner					
	Contributor address; City;	State; Zip Code				
2/27/2021			\$50.00			
2/2//2021	625 E Vista Ridge Mall Dr. Apt 1412	Lewisville, 1A 75067				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE A1

A. A. C.				
The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 7 of 16	
2 FILER NAME	Delia Parker-Mims		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)	
	Sharon Gentry 6 Contributor address; City;	State; Zip Code		
2/27/2021 2750 Bob White Lane Flower Mound, TX 75022 \$100.00				
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
	Robyn Houston			
	Contributor address; City;	State; Zip Code	¢50.00	
2/27/2021	321 Pebble Knoll Highland Villag	e, TX 75077	\$50.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Cheri Kennedy			
	Contributor address; City;	State; Zip Code		
2/27/2021	10409 Murray S Johnson St De	enton, TX 76207	\$25.00	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Tia Duncan			
2/27/2021	Contributor address; City; 1228 Denise Court Lewisville	State; Zip Code TX 75067	\$20.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED	

SCHEDULE A1

The	Instruction Guide explains how	1 Total pages Schedule A1: 8 of 16			
2 FILER NAME	Delia Parker-Mims				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Sheila Taylor	out-of-state PAC			7 Amount of contribution (\$)
2/28/2021	6 Contributor address;	City;	State;	Zip Code	\$25.00
2/20/2021	913 Fenimore Drive	Lewisville	e TX	75077	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Helen Munro		<i></i>		
3/6/2021	Contributor address;	City;	State;	Zip Code	\$100.00
0/0/2021	1010 Olympic Ct	Lewisville	TX	75077	
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instruc			itions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Amy Taylor				
3/9/2021	Contributor address;	City;	State;	Zip Code	0.400.00
	2026 Sauls Ln	Denton	TX	76209	\$100.00
Principal occup	eation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor Bethanie Westor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
3/10/2021	Contributor address;	City;	State;	Zip Code	005.00
0, 10,202	934 Silverstone Drive	e Lewisville,	TX 75	5067	\$25.00
Principal occupation / Job title (See Instructions)			Empl	oyer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 9 of 16					
2 FILER NAME	Delia Parker-Mims	3	Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributorout-of-state PAC (ID#: Barbara Palcewski	,	Amount of contribution (\$)			
3/11/2021		Zip Code 76208	\$20.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employe	er (See Instruction	ns)			
Date	Full name of contributor		Amount of contribution (\$)			
3/11/2021		Zip Code	\$10.00			
	2034 Eagle Nest Pass Lewisville TX	75077				
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ns)			
Date	Full name of contributor		Amount of contribution (\$)			
3/11/2021		Zip Code	\$75.00			
Principal occup	Employ	er (See Instruction	ns)			
Date	Full name of contributor		Amount of contribution (\$)			
3/11/2021	Contributor address; City; State; Z	Zip Code	\$25.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ns)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10 of 16	
2 FILER NAME	Delia Parker-Mims	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC DANIEL HOFFMAN	7 Amount of contribution (\$)		
3/11/2021		State; Zip Code TX 75022	\$50.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
3/11/2021	Contributor address; City; 1012 Bull Run Denton	State; Zip Code	\$100.00	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
3/11/2021	Contributor address; City;	State; Zip Code	\$100.00	
	3600 Lofty Pines Ln Flower Mour	Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
3/11/2021	Contributor address; City; 50 Remington Terrace, Highland	State; Zip Code Village, TX 75077	\$25.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDIII E AS A	NEEDED	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 11 of 16
2 FILER NAME	Delia Parker-Mims		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	ID#:)	7 Amount of contribution (\$)
3/11/2021	6 Contributor address; City; 2006 Aspen Drive Lewisville	State; Zip Code	\$50.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Antoinette Adkins	(ID#:)	Amount of contribution (\$)
3/11/2021	Contributor address; City; 509 Valley View Drive Lewisville	State; Zip Code TX 75067	\$20.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/11/2021	Contributor address; City; 201 Lavaca St #204 Austin	State; Zip Code TX 78701	\$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/11/2021	Contributor address; City; 1109 Taylor Lane Lewisville	State; Zip Code TX 75077	\$20.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form) .	1 Total pages Schedule A1: 12 of 16		
2 FILER NAME	Delia Parker-Mims		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)		
3/11/2021	6 Contributor address; City; St. 18255 E Alabama PI Unit B Auro	ra CO 80017	\$20.00		
8 Principal occu		Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (ID#:_Charles Carlton		Amount of contribution (\$)		
3/12/2021	Contributor address; City; St 125 E Church St Lewisville TX	ate; Zip Code	\$20.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor		Amount of contribution (\$)		
3/12/2021	Contributor address; City; St	ate; Zip Code	\$50.00		
Principal occup		Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
Contributor address; City; State; Zip Code \$20.00 3/12/2021 401 N Old Orchard Ln Apt 327 Lewisville, TX 75067					
	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS N	EEDED		

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 13 of 16						
2 FILER NAME	Delia Parker-Mims		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor	7 Amount of contribution (\$)					
3/14/2021		ate; Zip Code	\$20.00				
	2101 Lucerne Cove Richardson	TX 75080					
8 Principal occi	upation / Job title (See Instructions) 9	Employer (See Instruct	ions)				
Date	Full name of contributor		Amount of contribution (\$)				
	Contributor address; City; Si	ate; Zip Code	\$20.00				
3/14/202	1101 Apache Lake DR. Carrollton	TX 75010					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor)	Amount of contribution (\$)				
3/15/2021		ate; Zip Code	\$25.00				
	2006 Postwood Court Corinth	TX 76210					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC (ID#;)	Amount of contribution (\$)				
	Olivia Aguirre Contributor address; City; S	tate; Zip Code	\$50.00				
3/15/2021	164 Lakeland Dr Highland Village	TX 75077					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)				
		INC CONEDIN E ACA	a the				

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 14 of 16		
2 FILER NAME	Delia Parker-Mims	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
3/15/2021	6 Contributor address; City; State; Zip Code	\$25.00		
	5570 FM 423 Suite 250-139 FriscoTX 75034			
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code	\$50.00		
3/16/2021	2301 Suntree Lane Flower Mound, TX 75022			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Lindsay Van meter			
	Contributor address; City; State; Zip Code			
3/18/2021		\$25.00		
	1947 Pin Oak Dr Flower Mound TX 75028	Ψ23.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Mary Ellen Leconte			
	Contributor address; City; State; Zip Code			
3/18/2021	212 Sugar Mill Rd Greer, SC 29650	\$100.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
		,		

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm	1 Total pages Schedule A1:
	mstruction during explains now to complete this lo		15 of 16
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Delia Pa 4 Date	arker-Mims 5 Full name of contributor □ out-of-state PAC (ID		7 Amount of contribution (\$)
4 Date		,	Amount of contribution (4)
	Deborah OReilly	1	\$25.00
3/19/202	6 Contributor address; City;		
0, 10,202	1963 Fox Glen Dr. Allen, T	(75013	
8 Principal occup	pation / Job title (See Instructions) 9	Employer (See Instruction	nns)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Courtney Hitt		
3/20/2021		State; Zip Code	\$50.00
0/20/2021	6840 Rochelle Drive, Plano, TX	< 75023	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Diana Rashed		
0.400.4000.4		State; Zip Code	\$100.00
3/20/2021	250 Carrington Lane, Lewis	/ille, TX 75067	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Ken Tysell		
		State; Zip Code	\$100.00
3/21/2021	1213 Gladewater Trail, Frisco	o, TX 75033	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 16 of 16
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Delia Pa	arker-Mims		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Jim Owen		
	6 Contributor address; City;		
3/21/2021	0007 Taradaud and 400	TV 70005	\$50.00
	2007 Teasley Lane apt 109 De		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
	Kasey Francis-Eusea		Amount of contribution (\$)
		State: Zin Code	
3/22/2021	Contributor address; City;	State; Zip Code	\$17.11
	1601 Meadow Oak Denton	TX 76209	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Prudence Sanchez		Amount of contribution (4)
3/22/2021	Contributor address; City;	State; Zip Code	\$25.00
	711 Jackson Street Denton	TX 76205	Ψ23.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
a li	-		
Date	Full name of contributor		A
Date		C (ID#:)	Amount of contribution (\$)
	0001910		
0/00/0004	Contributor address; City;	State; Zip Code	\$20.00
3/22/2021	713 Duke Sq Fort Collins C	O 80525-1524	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED

LOANS

SCHEDULE E

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

ii the requested	illioittiation is not applicable, E		tillo pa	ge in the rep	, or c
The	Instruction Guide explains how to	complete this f	orm.		1 Total pages Schedule E:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Delia Park	er-Mime				
Della Pair	CEI-IVIII 113				
4 TOTAL OF UN	IITEMIZED LOANS				\$
5 Date of loan	oan 7 Name of lender out-of-state PAC (ID#:)				9 Loan Amount (\$)
2/5/2021	Delia Parker-Mims				100.00
6 Is lender					10 Interest rate
a financial Institution?	8 Lender address; Cit	y;	State;	Zip Code	0
N	1079 W. Roundgrove Rd. Suite	300, #214, Lew	isville, TX	75067	11 Maturity date
12 Discipal	Lab title (Cas Instructions)	13 Emp	over (See	Instructions)	N/A
	on / Job title (See Instructions)	l l	Self	mstructions)	
Attorney					
14 Description of Coll	ateral	15			ds were deposited into political
X none			accour	nt (See Instructi	ions)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	49 0			Zin Codo	
	18 Guarantor address; Ci	ty;	State;	Zip Code	
not applicable					
20 Principal Occupat	tion (See Instructions)	21 Emp	loyer (See	Instructions)	
	T				
Date of loan	Name of lender	t-of-state PAC (ID#:)	Loan Amount (\$)
Is lender	Lender address; C	ty;	State;	Zip Code	Interest rate
a financial Institution?					Moturity data
Y N				,	Maturity date
Principal occupation	on / Job title (See Instructions)	Emp	loyer (See	Instructions)	
Description of Coll	ateral		Check	if personal fund	ds were deposited into political
none				nt (See Instruct	
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantes address:		Ctata	Zin Cod-	
	Guarantor address; C	ity;	State;	Zip Code	
not applicable					
Principal Occupati	ion (See Instructions)	Emp	loyer (See	Instructions)	
	ATTACH ADDITION	AL CODIES OF T	HIS SCHE	DILLEAGNE	EDED

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
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (onter a extense und listed above)

Candidate/Officeholder/Politica	d Committee	Legal Services	Salaries/W	ages/Contract Labor	Other (enter a catego	ory not listed above)
Credit Card Payment		The Instruction Guide e	xplains how to c	omplete this form.	ŧ	
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics	s Commission Filers)
1 of 2	Delia	Parker-Mims				
4 Date	5 Payee na	ame				
2/5/2021	Point	Bank				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
\$25.75	915 W	Main St, Lewisville,	TX 75067			
8	(a) Categor	y (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Acc	counting/Banking		Ordered ca	ampaign che	cks
EXPENDITORE	(c)	Check if travel outside of Texas. Cor	nnlete Schedule T	Chack if Austi	in, TX, officeholder living	a evnense
			The content of the co	house of	m, rx, omeender nym	
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
3/17/2021	Pro	digi				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$1,948.69	700	Parker Square	Ste 195,	Flower Mou	nd, TX 750	28
	Categor	/ (See Categories listed at the top	of this schedule)	Description	oor hongoro	chirto hugino
PURPOSE					oor nangers,	shirts, busine
OF EXPENDITURE	Adv	ertising Expens	se	cards		
		Check if travel outside of Texas. Cor	nplete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
2/22/2021	Squ	arespace				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
	0.0	Nada a Ot Nam	/ NIX 40/	24.4		
\$233.82	-	Clarkson St, New Y	******			
	Category	/ (See Categories listed at the top	of this schedule)	Description		
PURPOSE OF EXPENDITURE	Ad	vertising Expense		Annual Pay	yment	
		Check if travel outside of Texas. Cor	nplete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held

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

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

Credit Card Payment Certain Guide explains how to complete this form. Credit Card Payment Certain Committee Cegai Services Salanes/wages/Contract Labor Other (enter a category not listed above)							
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)			
2 of 2	Delia Parker-Mims						
4 Date	is Payee name						
2/25/2021	YouTube Ad Service / Political YT Ad Services						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
\$200.00	2340 E. Trinity Mills Rd. Suite 300	, Carrollton,	TX	75006			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Advertising Expense	Campaign	YouTube	Commerical			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
3/11/2021	Squarespace						
Amount (\$)	Payee address;	City;	State;	Zip Code			
\$20.00	8 Clarkson St, New York, NY	10014					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Advertising Expense	Domain N	Name				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense			
Complete ONLY 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					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
	A WORREST AND R D A D A D A D A D A D A D A D A D A		PD 600. 000 000.				

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

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	complete this form.				
1 Total pages Schedule G:	2 FILER NAME Delia Parker-Mims	3 Filer ID (Ethics Commission File	ers)			
4 Date	5 Payee name	*				
2/5/2021	Voter Access Network					
6 Amount (\$)	7 Payee address;	City; State; Zip Code				
505.00 Reimbursement from political contributions intended	655 15th St. NW, Suite 650, Washington, DC 20005					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Consulting Expense	Access to the Voter Access Netv	vork			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OH	Delia Parker-Mims	Lewisville Mayor				
Date	Payee name					
Amount (\$)	Payee address;	City; State; Zip Code				
Reimbursement from political contributions intended			ſ			
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/	Candidate / Officeholder name	Office sought 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 expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				