# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See CTA Instruction Guids for detailed instructions.  1 Dial pages filed:    MSTANS INR			
ACANDIDATE NAME  3 CANDIDATE NICOSAIR LAST  3 CANDIDATE MAILING ADDRESS PROBOX APTIBUTER CITY. STATE EPCODE CLY COLORS TX ATSAULATE CITY STATE. EPCODE CLY COLORS TX ATSAULATE CITY STATE. EPCODE CLY COLORS TX ATSAULATE CITY SOFTICE USE ONLY STATE. EPCODE CLY COLORS TX ATSAULATE CITY SOFTICE CLY COLORS TX ATSAULATE CITY SOFTICE USE ONLY STATE. EPCODE CLY COLORS TX ATSAULATE CITY SOFTICE CLY COLORS TX ATSAULATE CITY SUPPLY COLORS TY ATSAULATE CITY COLORS TY ATSAULATE CITY. SUPPLY COLORS TY COLO	Se	ee CTA Instruction Guide for detailed instructions.	1 Total pages filed:
3 CANDIDATE ADDRESS POBDX, APTIBUTE & CITY, STATE, ZIP CODE MALLING ADDRESS POBDX, APTIBUTE & CITY, STATE, ZIP CODE MALLING ADDRESS POBDX, APTIBUTE & CITY, STATE, ZIP CODE  4 CANDIDATE PHONE  4 CANDIDATE PHONE  5 OFFICE HELD (18 arg)  6 OFFICE SOUGHT (18 org)  7 CAMPAIGN TREASURER NAME  8 CAMPAIGN TREASURER STREET ANDRESS; APTIBUTE & CITY; STATE, ZIP CODE TREASURER STREET ADDRESS; APTIBUTE & CITY; STATE, ZIP CODE TREASURER STREET ADDRESS; APTIBUTE & CITY; STATE, ZIP CODE TREASURER STREET ADDRESS; APTIBUTE & CITY; STATE, ZIP CODE TREASURER STREET ADDRESS; APTIBUTE & CITY; STATE, ZIP CODE TREASURER PHONE  9 CAMPAIGN TREASURER PHONE  10 CANDIDATE SIGNATURE  10 CANDIDATE SIGNATURE  11 am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  1 am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate  Date Signad  Date Signad		Mr.   James E.	FilerID #
AREA CODE PHONE NUMBER EXTENSION Record Amount 3  AREA CODE PHONE NUMBER EXTENSION Record Amount 3  Date Processed  Date Imaged  TX 4784//  City Secretary  AREA CODE PHONE NUMBER EXTENSION Record Amount 3  Date Imaged  THELD (If any)  City Council, At Large  TREASURER NAME  Mr. David Bright  STREET ADDRESS  (Insidence or business)  STREET ADDRESS  (Insidence or business)  AREA CODE PHONE NUMBER EXTENSION  THEASURER SIGNATURE  I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  I am aware of my responsibility to file timely reports as required by title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate  Date Signat		Jim Klein	Date Filed
SOFFICE HELD (If any)  CITY Council, At Large  CITY SUFFIX  Bright  STREET ADDRESS; (realdence or business)  STREET ADDRESS; (realdence or business)  CAMPAIGN TREASURER PHONE  COUNCIL STREET ADDRESS;  CHIST  TX 784//  CHIST  TX 784//  CANDIDATE SIGNATURE  I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.  I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate  Date Signed	MAILING		Date Harro-denvered by Postmarkee
6 OFFICE SOUGHT (If thous)  7 CAMPAIGN TREASURER NAME  8 CAMPAIGN TREASURER STREET MI NICHAME LAST SUFFIX  8 CAMPAIGN TREASURER STREET ADDRESS; APTISUTE II: CITY: STATE: ZIP CODE  7 CAMPAIGN TREASURER STREET ADDRESS; APTISUTE II: CITY: STATE: ZIP CODE  8 CAMPAIGN TREASURER STREET ADDRESS; APTISUTE II: CITY: STATE: ZIP CODE  9 CAMPAIGN TREASURER PHONE  10 CANDIDATE SIGNATURE  1 am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  1 am aware of my responsibility to file timely reports as required by title 15 of the Election Code.  1 am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate Date Signed	일 이 사람이 그 맛있다면 하다 하면 하면 하면 하다. 그리고 하는 사람이 되었다면 하다 하다 하다 하다 하다.		
SOUGHT (if known)  City Council, At Large  7 CAMPAIGN TREASURER NAME  Mr. David  8 CAMPAIGN TREASURER STREET ADDRESS (radiance or business)  9 CAMPAIGN TREASURER PHONE  1 am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  I am aware of my responsibility to file timely reports as required by title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate  Date Signed	HELD	City Council, At Large	Date Imaged
TREASURER NAME  Mr. David  Bright  8 CAMPAIGN TREASURER STREET ADDRESS: APT/SUITE#: CITY: STATE: ZIP CODE  TREASURER ADDRESS (residence or business)  9 CAMPAIGN TREASURER PHONE  10 CANDIDATE SIGNATURE  1 am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate  Date Signad	SOUGHT	City Council, At Large	
TREASURER STREET ADDRESS (residence or business)  3 / 8 Barracuda Pl. Corpus Christi  7 / 784//  2 CAMPAIGN TREASURER PHONE  3 / 8 Barracuda Pl. Corpus Christi  7 / 784//  2 CAMPAIGN TREASURER PHONE  3 / 8 Barracuda Pl. Corpus Christi  7 / 784//  2 CAMPAIGN TREASURER PHONE  3 / 8 Barracuda Pl. Corpus Christi  7 / 784//  2 CAMPAIGN TREASURER PHONE  3 / 8 Barracuda Pl. Corpus Christi  7 / 784//  2 CAMPAIGN TREASURER PHONE  3 / 8 Barracuda Pl. Corpus Christi  7 / 784//  2 CAMPAIGN TREASURER PHONE  3 / 8 Barracuda Pl. Corpus Christi  7 / 784//  2 CAMPAIGN TREASURER PHONE  3 / 8 Barracuda Pl. Corpus Christi  7 / 784//  2 Carpus Christi  7 / 784//  2 Campus Christi  7 / 784//  2 Carpus Christi  7 / 784//  2 C	TREASURER		
TREASURER PHONE  (361) 960 - 3283  10 CANDIDATE SIGNATURE  I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.  I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Date Signature	TREASURER STREET ADDRESS	318 Barracuda Pl. Corpus	
I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.  I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate  Date Signed	TREASURER		
Signature of Candidate Date Signed		I am aware of my responsibility to file timely reports as the Election Code.  I am aware of the restrictions in title 15 of the Election C	required by title 15 of
GO TO PAGE 2		Signature of Candidate	Date Signed

#### CANDIDATE / OFFICEHOLDER 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 3 CANDIDATE/ 3.34 OFFICE USE ONLY OFFICEHOLDER NAME Data Received SUFFIX Jim ADDRESS / PO BOX; 4 CANDIDATE/ ZIP CODE OFFICEHOLDER 3501 Monterry St. MAILING **ADDRESS** Corpus Christi, TX 78411 Change of Address AREA CODE 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (361) 334 3908 PHONE Amount \$ Receipt # 6 CAMPAIGN TREASURER Date Processed NAME Bright STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: Date Imaged 7 CAMPAIGN STATE: ZIP CODE 318 Barracuda Pl. TREASURER ADDRESS Corpus Christi, TX 78411 (Residence or Business) EXTENSION CAMPAIGN TREASURER PHONE (361)960 3283 9 REPORT TYPE Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day defore election Final Report (Attach C/OH - FR); Reporting Limit 10 PERIOD Cay COVERED 01/01/2024 07/15/2024 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Other 0ay 11 /05/2024 OFFICEHELD (Fary) CC City Council. 13 OFFICE SOUGHT (f known) 12 OFFICE 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE | COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		s
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	UBUTIONS ANS, OR GUARANTEES OF LOANS;	3,315.64
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEN	DITURES	\$ 414.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU- OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAST	\$3,886.02
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT ( LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE \$ 0
	wear, or affirm, under penalty of perjury, uired to be reported by me under Title 15,		and correct and includes all information
		Jama File	'sr.
		Signature of Can	didate or Officeholder
	Diagos some	lete either option below:	
	Please comp	nete ettrer option below.	•
annun.	PATRICIA GALVAN		
	A 6 ID# 13434633-1		
(1) Affidavit	Notary Public STATE OF TEXAS		
(I) Anidavit	OF TEXT My Comm. Exp. 05-08-2027		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
NOTARY STAMP/SEAL	pefore me boamls & R	lein L	oth July
Sworn to and subscribed to	pefore me boul 105 C	this the	day of OV V
20 OF AMOUNT	which, witness my hand and sea of effice.	in Continue	noture mella
- VIVIV	1 Jane	MOGIVAN	INMVI JONNEL
Signature of officer administer	ng bath Printed name of off	icer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaratio	n		
My name is		, and my date of birth is _	
My address is			
	(street)		te) (zip code) (country)
Executed in	County, State of	on the day of(month)	20 (year)
		Signature of Candidat	e/Officeholder (Declarant)

#### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19		mmission Filers)	
	James E. Klein		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		3,315.64
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		S
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		S
4	SCHEDULE E: LOANS		s .
5.	SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 140.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	S
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		S
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FI	UNDS	\$274.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	S
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	S

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1:
2 FILER NAME	mes E.Klein		3 Filer ID (Ethics Commission Filers)
4 Date 573~8-24	5 Full name of contributor		7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor   out-of-state PA	C (10#)	Amount of contribution (\$)
5-2-24	Contributor address; City;	State; Zip Code TX 78418	#250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	dans)
Date	5 14 50	C (10#)	Amount of contribution (\$)
5-2-24	Carrie Robertson Meyer Contributor address; City:	State; Zip Code	\$50.00
	4401 Gulfbreeze Blvd. cc	TX 78402	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor Sout-of-state PAC	(10#26-4203364)	Amount of contribution (\$)
5-25-24	Democracy Engine LLC  Contributor address; City: 416 Florida Ave NW Washington # 26418	State; Zip Code	\$7.97
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ans)
		•	
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see Instru		

#### SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME	E.Klein		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor 🛮 out-of-state PAC	(ID# <u>26-4203364</u> )	7 Amount of contribution (\$)			
5-25-24	Democracy Engine, LLC 6 Contributor address; City; 416 Floods Ave NW Washington #26418	State; Zip Code	#52.73			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
Date		(ID# <u>26-4203364</u> )	Amount of contribution (\$)			
5-25-24	Democracy Engine, LLC  Contributor address; City; 416 Florida Ave NW Washingto \$#26418	State; Zip Code	\$9.56			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor	(ID#)	Amount of contribution (\$)			
5-25-24	Sandra Boa Sterba - Boatn Contributor address; City;	State; Zip Code	\$500.00			
	*		-			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date		(10#26-4203364	Amount of contribution (\$)			
7-9-24	Democracy Engine, LLC  Contributor address; City; 416 Florida Ave, NW washington #26418	State; Zip Code, DC. 2000/	\$42.35			
	pation / Job title (See Instructions)	Employer (See Instruct	ions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### 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			3 Filer ID (Ethics Commission Filers)
	E. Klein		
4 Date		(ID#:26-4203364)	7 Amount of contribution (\$)
7-9-24	OCMOCTACY Engine, LLC 6 Contributor address; City; 416 Florida Ave NW Washington	State; Zip Code, 0 C 2,000/	# 48.00
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
7-9-24	Becky K. Moeller  Contributor address; City; 7217 Spackle Sea Corpus Unit EE Christi	State; Zip Code TX 78412	\$75.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		00 4000004	
Date	Full name of contributor	(ID# <u>26-4203364</u> )	Amount of contribution (\$)
7-9-24	Democracy Engine, LLC  Contributor address; City; 416 Florida Ave NW Washington # 26418	State: Zip Code	\$64.79
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	-	(10± <u>26-4203364</u> )	Amount of contribution (\$)
7-9-24	Democracy Engine, LLC Contributor address; City: 416 Florida Are NW washington #26418	State; Zip Code 0C 20011	\$15.24
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			ÿ.*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### 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	es E.Rlein		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
7-11-24	David T. Bright  6 Contributor address; City;  318 Barracuda Pl. Corpus Christi	State; Zip Code	\$2,000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state_PAC	(IO#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
	Containation additional, Conty,	ciato, zip coco	
	=		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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 Instruct	tions)
Date	Full name of contributor out-of-state PAC	(10#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL CODIES O	ETUIC COLEDIN E ACAI	EEDED
	ATTACH ADDITIONAL COPIES O		

# 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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expensa Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expens 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 3 Filer ID (Ethics Commission Filers) James 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; State: Zip Code Corpus 78415 TX Christi (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH y Council Atlarge Date Payee name City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officsholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (S) Payee address; City; State: Zip Code Category (Sea Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Completa Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule G:		mes E. Klein			3 Filer ID (Ethics	Commission Filers)
4 Date 6-20-24	5 Payee nar	F. Hae Nov	V, II	nč.		12
6 Amount (\$) #274,00 Reimbursement from political contributions intended	7 Payee add 83 H #20	amilton Drive		City; Novata	State;	Zip Code 94945
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description  purchase	of campaig	n shirts
	(c) (c)	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	TX, afficehalder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
Date	Payee nan	ne				
Amount (S)	Payee add	lress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Calegories listed at the top of this so	chedule)	Description		
		theck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Payee nam	е				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	See Calegories listed at the top of this sol	hedule)	Description		
	c	hack if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name	*	Office sought		Office held
	ATTAC	CH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEEDE	:D	