CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 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/ OFFICE USE ONLY OFFICEHOLDER NAME NICKNAME Date Filed <u>10/31/202</u>2 4 CANDIDATE! ADDRESS / PO BOX: **OFFICEHOLDER** ancock Ave# 203 MAILING ADDRESS Change of Address Rebecca Huerta PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Gity Secretary arked OFFICEHOLDER PHONE Amount \$ Receipt # CAMPAIGN TREASURER Date Processed NAME NICKNAME LAST Date Imaged STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) EXTENSION CAMPAIGN TREASURER PHONE 9 REPORT TYPE 30th day before election 15th day after campaign Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Medified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Oay Month Oav COVERED 2022 10 2022 THROUGH FLECTION TYPE 11 ELECTION ELECTION DATE Primary Runoff Description **General** Special 12 OFFICE OFFICE HELD (if any) 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 CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

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 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)	\$ 4480.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 4030.97		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2627.50		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$		
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. Signature of Candidate or Officeholder				
	Please complete either option below:			
~				
NORMA DURAN ID# 13191600-6 Notary Public STATE OF TEXAS My Comm. Exp. 02-26-2023				
NOTARY STAMP/ SEAL				
Sworn to and subscribed	before me by Kechel Caballero this the 31	day of October,		
20 22, to certify which, witness my hand and seal of office. NOSma Duran Worma Duran Motany Public				
Signature of officer administer		Title of efficer administering oath		
OR				
(2) Unsworn Declaration				
My name is	, and my date of birth is			
My address is	(street) (cty) (state)	(zip code) (country)		
Executed in	(street) (cty) (state) County, State of, on theday of			
	Signature of Candidate/Offic	eholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co		nimission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	77 300 300	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s4480
2.	SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	:ONTRIBUTIONS	\$4030.91
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$
8.	SCHEDULE F4; EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$
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	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTOR FLER	UTIONS RETURNED	\$

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 Tetal pages Schedule A1.
2 FILER NAME	Rachel Caballers	3 Filer ID (Ethics Commission Filers)
10/11/00	122 St Anthony Dr; Sinton TX 78387	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructional) 9 Employer (See Instructional)	tions)
Date 0 13 22	Full name of contributor out-of-state PAC (10#) RICHARD GOMET Contributor address; City; State; Zip Code UNITED TO TO THE PAC (10#)	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date 10/14/22	Full name of contributor out-of-state PAC (ID#) USA JUYMIN Contributor address; City; State; Zip Code 15406 BUSSWND DV CC XX440	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date 10/20/2	Enka Post Contributor address, City; State; Zip Code 8 224 Britany Dr. & C tx 1841 Pation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Principal occur	vation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ii the reques	sted information is not applicable, DO NOT in	clude this page in the	report.	
The Instruction Guide explains how to complete this form.			1 Tetal pages Schodule A1.	
2 FILER NAME	Racher Caballer		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Gut-of-state PAC 1 CSSE SWAYER 6 Contributor address: City;	State; Zip Code	7 Amount of contribution (\$)	
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
0/31/W	Full name of contributor address; City; S22 Havcock Are	State: Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation : Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor eut-of-scate_PAC	(IC#	Amount of contribution (\$)	
	Contributor address; City:	State; Zip Code		
Principal occur	eation / Job title (See Instructions)	Employer (See Instruc	tions)	
			AAA	

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

SCHEDULE F1

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

	EXPENDITURE CATE	GORIES FOR BOX8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Bonatons Made By Candidate/Officeholder/Politicel Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office @vernear/Rental Expense Polling Expense Printing Expense Salanes/Mages/Contract Laber	Solicitetto://Fundrasing Expense Transpolation Equipment & Related Expense Travel in District Travel Out Of District Other (entera category not listed above)
4.7	The Instruction Guide explain		3 Filer ID (Ethics Commission Filers)
1 Total pages Sche	2 FILER NAME RACKUL (aballen	3 Fire 10 (Ethics Commission Filess)
4 Date 0 1 12	5 Payee name BHT'S Piz	ro	
6 Amount (\$) 1 850	7 Payee address: (26255tag	ples St CC	State: Zip Code 7X 78413
8	(a) Category (See Categories listed at the tip of this	· •	
PURPOSE OF EXPENDITURE	Event Expense	Event	food
	(c) Check if travel outside of Texas Complete S	check if Austr	in, TX, officeholder living expense
Gomplete QNLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date Date	Payee name SE 18569	DIN	CATE ON 10 11 Beach
Amount (\$)	Payee address;	City;	State; Zip Code
*48.51		CC	X
PURPOSE OF EXPENDITURE	Category (See Day a glisted at the top of this s	Ful	
Complete ONLY if direct expenditure to benefit C/OH	Check/firavefoulside of Texas Camplete S Candidate / Officeholder name	Office sought	n. TX, officeholder living expense Office held
Date 11 12	Southern Saint	s Graphic D	esign
4 (50 go	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categorius listed at the top of this is Advertising Ex		s for marketing
	Check (travel outside of Texas Complete S	cresule (Check if Aust	n TV of comoder uses excases
Complete <u>ONLY</u> If direct expenditure to learnest C/OI	Candidate / Officeholder name	Office sought	Office held
The second secon	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED

SCHEDULE F1

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

	EXPENDITURE CATEGORIES	FOR BOX8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Bonations Made 8 Canddate/Officeholder/Pskiller Cradit Card Paymed	Fees Office & Office & FeedBeverage Expense Poling E Y Giff/Awards/Memonals Expense Printingly	Expense Avvagas/Contract Labor	Solicitation/Fundrasing Expense Transpotation Equipment & Related Expense Travel in Distinst Travel Out Of Distinct Other (enters category not listed above)
1 Total pages Thedule Fill	2 50 50 4045 6	ellen	3 Filer ID (Ethics Commission Filers)
4 Date 0 4 22	5 Payee name Tannin's		
*124.14	3855 S. Alameda	St. CC	State. Zip Code 78411
8 PURPOSE OF EXPENDITURE	(a) Category (See Categores listed at the top of this schedule) EVENT EXPENSE (c) Check if travel outside of Texas Complete Schedule 7.		FOOD
Complete QNLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 10 14 22	Payee name Affordable T-Shi	rts + Grap	hics
440.59	Payee address, 1170 S Port Ave	CC.	State; Zip Code 7X 78405
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedula)	Description Campa	ign shirts
Complete ONLY if direct	Check if travelouside of Texas Camplete Schadule 7 Candidate / Officeholder name	Check if Auslin	TK, officeholder living expense Office held
expenditure to benefit C/CH		O.NOC 3409111	Of ide field
Date 10 11 22	Rays AM KKBA-FM		
4 600 c	2117 Legrand St	City:	State; Zip Code 7X 78408
PURPOSE OF EXPENDITURE	Category (Sea Categories Island at the root of this surredule) AVEVTISING	Description	Commercials
Complete <u>CALY</u> if direct extenditions to recent C/CH	Chew Physicus con Texas Complets Secretals Figure Candidate / Officeholder name	Office sought	TV. If canodic lump superior Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX8(a) Advertising Expense Event Expense Loan Repayment/Reimburgament Solicifation/Pundrasing Expense Accounting/Banking Fees Foad/Neverage Expense Office @verhead/Rental Expense Transpollation Equipment & Related Expense Consulting Expense Contributions/Bonstions Made By Poling Expense Travel in District Gift/Awards/Memorals Expense Printing Excense Travel Out Of District Candidate/Officenoider/Palitical Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not list ad above) Cradit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Smedule F 2 FILER NAME 3 Filler ID (Ethics Commission Filers) 5 Payeename 6 Amount 7 Payee address: Zip Code 8 (a) Category (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 9 Complete QN: Y if direct Office sought Office held expenditure to benefit C/OH City; State: Zip Code **PURPOSE** EXPENDITURE Check if travelouiside of Texas Camplete Schadule T Check if Auslin, T.K. officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amicrost Payee address; State; Zip Code Category: (Sea Calegories listed at the top of this samedule) PURPOSE EXPENDITURE Cheux (travel cuts dain) Tewa Inesh Falson TV stranger may elsene Candinate / Officeholder name Complete CALY it direct Office sought Office held expecifium to border SVCH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursament Office @verhead/Rental Expense Solicitetion/Fundraeina Expense Foed/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Contributions Bonstions Made By Poling Expense Travel in District GifVAwards/Memonals Expense Printing Expense Salanes/Wages/Contract Labor Travel Out Of District Candidate/Officenciae/Pstitled Committee Legal Services Other (enters category not listed above) Credit Card Paymed The Instruction Guide explains how to complete this form. 1 Total pages 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Payee name 6 Amount 7 Payee address: State: Zip Code 8 (a) Category (See Categores listed at the tep of this schedule) (b) Description PURPOSE radio commercials OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete QNLY if direct Office sought Office held expenditure to benefit C/OH State: Zip Code listed at the top of this schedula) PURPOSE FB Social Media Ads OF EXPENDITURE Check firavelouiside of Texas Cemplete Schadule T Check if Auslin, TK, officeholder tiving expense Candidate / Officeholder name Complete ONLY if direct Office sought Of'ice held expenditure to penefit C/OH Dale Pavee name Zip Code PURPOSE OF EXPENDITURE Chest Playerous dans? Complete <u>CNLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to Venett S/CH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

	EXPENDITURE CATEGOR	RIES FOR BOX8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Bonations Made E Candidate/Officeholder/Psitte	Fees Of Food/Beverage Expense Po By Grif/Awards/Memonals Expense Po	flor @verhead/Rental Expense Transling Expense T	allation/Fundrasing Expense ispoliaben Equipment & Related Expense et in District et Out Of District of (enters callagery not listed above)
Credit Card Payment	The Instruction Guide explains ho		(- 1. 21. 2 counties have seen and an expense.)
1 Total pages Schedule F:	2 FILER NAME Rachel Cal	nallero 3 F	iler ID (Ethics Commission Filers)
4 Date 10/24/22	5 Payee name Affordable	T-8hirts 4 Gr	aphics
6 Amount (S)	7 Payee address:	City;	State; Zip Code
*184.02	1170 S Port f	tve CC -	DX 78405
8	(a) Category (See Categories listed of the tep of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising	car Magn	ets
	(c) Check if travel outside of Texas Complete Schedu	le 7. Check if Austin, TX,	officeholder living expense
9 Complete QN,Y if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/22	Cats Market U	NA	
451.50	Payee address; Heritage Par	Chy:	State; Zip Code
	Category (See Categories listed at the top if this schedu		<u> </u>
PURPOSE OF EXPENDITURE	Event Expense	Henitage	Park Nov 5th
	Checkiffrevelouiside of Texas Camplele Schedul	e T Check if Auslin, T.K. o	ficeholder living expense
Complete ONLY if direct expenditure to benefit G/OH	Candidate / Officeholder name	Office sought	Of ice held
Date _	Payeename		the state of the s
10/24/22	Facebook		
2509	Payee address;	City;	State; Zip Code
	Category (See Categories) is ted at the root of two samedu	e) Description	
PURPOSE OF EXPENDITURE	Advertising	FB Ads	Isolial media
Table 1	Chean Frave, pulp de de Fevra Chordos Seix sus	Check Alasma, Y/ of	CBROOK WOULDERS
Complete <u>CNLY</u> if direct extranditure to hareful G/CH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS COUCDING AS AUTOM	
	ALLAGE MUDICIPORAL COMES OF	THO SUMEDULE AS NEEDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicite(icn/Fundrasing Expense Accounting/Banking Fees Office @verhead/Rental Expense Transpollation Equipment & Related Expense Consulting Expense Contributions/Bonstions Made 6v Foed/Beverage Expense Poling Expense Travel in District Gift/Awards/Memonals Expense Printing Excense Travel Out Of District Candidate/Officenoicer/Palitical Committee Legal Services SalanesANages/Contract Labor Other (enter a category not listed above) Credit Card Favrous The Instruction Guide explains how to complete this form. 1 Total pages 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payeename 6 Amoun 7 Payee address: City: State: Zip Code 8 (b) Description INK for marketing material PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete QNLY if direct Office sought Office held expenditure to benefit C/OH City; Zip Code PURPOSE EXPENDITURE Check firsvetouside of Texas Camplete Schedule 7 Check it Auslin, T.K. officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit G/CH Payee name E40852 Payee address; City; State: Zip Code Category (See Categories Island at the (cold) the sunsidue) PURPOSE EXPENDITURE Check Theyeloutedyoff exco Ch Inesk / Austin, TV of centrals, unity systems Candidate / Officeholder name Complete CNLY if direct Office sought Office held expanditure to banate SICH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursament Spindletic.r/Fundralang Expense Office @verhead/Rental Expense Poling Expense Fees Transportation Equipment & Related Expense Foed/Neverage Expense Consulting Expense Travel in Oistrot Contributions/Bonations Made By Gif/Awards/Memorals Expense Printing Expense Travel Out Of District Candidate/Officenalder/Pelitical Committee Legal Services Salaries/Magas/Contract Labor Other (enters category not let aid above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 5 Payeename 6 Amount (\$) 7 Payee address; City; State Zip Code (a) Category (See Categories listed of the tep of this schedule) 8 (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder fiving expense 9 Complete QNLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Amount (\$ City; Zip Code State: Category (See Categories listed at the top of this schedula) PURPOSE EXPENDITURE Check firavelouiside of Texas Camplete Schedule 7 Check it Auslin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Skirts & Graphics Zip Code PURPOSE EXPENDITURE Check / Adeth, TY of central way expense Office sought Candidate / Officeholder name Complete ONLY If direct Office held expenditure to barety C/CH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitetic rVF undrasing Expense Accounting/Banking Fees Office @vemead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Foad/Neverage Expense Poling Expense Travel in District Contributions/Bonstons Made By Gift/Awards/Memorials Expense Printing Excense Travel Out Of District Candidate/Officen picer/Palitical Committee Legal Services Salaries/Wages/Contract Labor Other (enters category not let ad above) Credit Card Favmest The Instruction Guide explains how to complete this form. 1 Total pages Phedule F 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amoun 7 Payee address: City; State. Zip Code 8 (a) Category (See Categories listed of the tap of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete QNiX if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH creen Mintinu State Zip Code Category (See Categories listed at the top of this adiadula) Description **PURPOSE** EXPENDITURE Check if travelouiside of Texas Camplete Schedule 1 Check it Auslin, TX, officeholder fiving expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category thes categories lated at the top of the simedule) Description PURPOSE EXPENDITURE Chesk Thavalicus dam Tawa Chin; late Sent outs Doesk / Austra, TV of certain many expense

Complete ONLY it direct

expenditure to benefit CICH

Office scught

Candidate / Officeholder name

Office hald