

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	(MS / MRS / MR) Sylvia FIRST A. MI NICKNAME LAST SUFFIX Tryon Diven	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2814 Rogers St C C TX 78405	Date Received Date Filed 10/28/24	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 877-3634	Date Handwritten or Marked Rebecca Huerta City Secretary	
6 CAMPAIGN TREASURER NAME	(MS / MRS / MR) Eddie Jackson Mathis FIRST MI NICKNAME LAST SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4721 Angela Dr C C TX 78416	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 726-7580	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 09/27/2024 THROUGH 10/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Council At Large	
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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

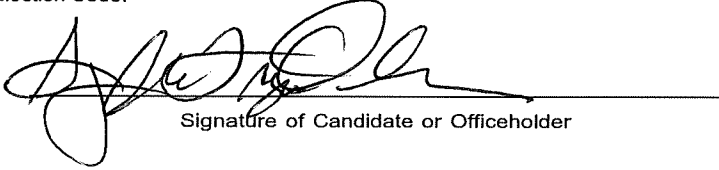
GO TO PAGE 2

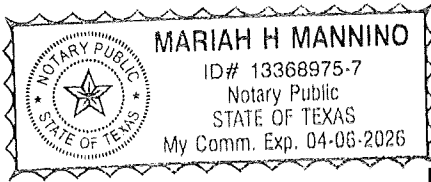
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>6</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1960⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5253.76</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3340.76</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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

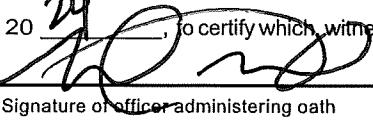


Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Sylvia Tryon-Oliver this the 28 day of October, 2024, to certify which, witness my hand and seal of office.

 Mariah Mannino Notary public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME SYLVIA A. TRYON-OLIVER	20 Filer ID (Ethics Commission Filers)
--	---

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1960 ⁰⁰
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5130. ⁰⁰
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 25.15
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 98.61
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 Total pages Schedule A1: 2
2 FILER NAME <i>Sylvia A. Traxos Owen</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

OCT 2024 MONTHLY BILLS CAMPAIGN

BEGINNING BAL 10/1 \$ 7,193.02

MONETARY POLITICAL CONTRIBUTIONS

SEP 27-OCT 26

PAGE A1

CASHAPP		
LERROY BUNCH	\$ 40.00	20-Oct
██████████ CC TX		
KAREN SMITH	\$ 100.00	6-Oct
HOUSTON, TX		
WANDA PERRY	\$ 20.00	14-Oct
██████████ CC TX		
FELICIA JOHNSON	\$ 50.00	14-Oct
N/A		
THEA CAIN	\$ 20.00	16-Oct
██████████ CC TX		
DEBORAH VARNER	\$ 20.00	19-Oct
██████████ CC TX		
REGINA RICHARDSON	\$ 40.00	20-Oct
N/A		
LISA BONNER	\$ 45.00	24-Oct
██████████ CC TX		

TOTAL \$ 335.00

CASH DONATIONS	AMT	DATE
HUEY DORN	\$ 50.00	12-Oct
██████████ CC TX		
MELLA PERKINS	\$ 100.00	12-Oct
██████████ CC TX		
ISLAND DEMS	\$ 100.00	22-Oct
██████████		
LAVERN GOODE	\$ 100.00	3-Oct
██████████ CC TX		
ERIC TASBY	\$ 100.00	21-Oct
██████████ CC TX		

TOTAL \$ 450.00

CHECKS	AMT	DATE
ELIZABETH RIGGLE	\$ 50.00	3-Oct
██████████ CC TX		
MARGIE MOORE	\$ 50.00	10-Oct
██████████ CC TX		
HOUSE OF ELEGANCE	\$ 100.00	14-Oct
██████████ CC TX		
DENNIS JONES	\$ 50.00	14-Oct
██████████ CC TX		
CARL GREENWOOD	\$ 200.00	21-Oct
██████████ CC TX		
ERNEST GARZA	\$ 250.00	25-Sep
██████████ CC TX		
SALLY FARRIS	\$ 100.00	6-Sep
██████████ CCTX		
LARRY YOUNG	\$ 50.00	3-Sep
HARRISON CC TX		
GERALD BELL	\$ 100.00	27-Sep
██████████ CC TX		
JACK WHITE	\$ 25.00	27-Sep
██████████ CC TX		
JAMES WHITWORTH	\$ 50.00	12-Sep
██████████ CC TX		
CAROLYN KOIVULA	\$ 50.00	13-Sep
██████████ CC TX		
MARY WIECHMAN	\$ 50.00	13-Sep
██████████ CC TX		
CLAUDE AXEL	\$ 50.00	12-Oct
██████████ CC TX		

TOTAL \$ 1,175.00

TOTAL INCOME

\$ 335.00 CASHAPP
 \$ 1,175.00 CHECKS
 \$ 450.00 CASH
\$ 1,960.00

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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: <u>2</u>	2 FILER NAME SYLVIA A. TRYON-OLIVER	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date	5 Payee name <i>Sylvia A. Tryon Oliver</i>
---------------	--

6 Amount (\$)	7 Payee address; City; State; Zip Code <i>2814 Rogers St. Crk Chr Tx 78405</i>
----------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name SYLVIA A TRYON-OLIVER	Office sought COUNCIL AT LARGE	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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name SYLVIA A TRYON-OLIVER	Office sought COUNCIL AT LARGE	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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAGE	TOTAL EXPENDITURES	
F1	\$ 5,130.06	CAMPAIGN FUNDS
F4	\$ 25.15	CREDIT CARD
G	\$ 98.61	PERSONAL FUNDS
	<u>\$ 5,253.82</u>	TOTAL EXPENDITURES

SEP 27--OCT 26

F1 EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
MONTH	EXPENSES	DESCRIPTION	CATEGORY	CHK
3-Oct	\$ 595.38	FOIL CREATIONS/ POST CARDS PRINTING SVCS	PRINTING EXPENSE	1021
		INVOICE #5819,5831--4531 AYERS		
8-Oct	\$ 587.26	CAMPAIGN ATTIRE;TSHIRTS FOR TEAM/INV#4071	SOLICITATION/FUNDRAISING E	1023
		T SHIRT GALLERY 5815 WEBER RD		
9-Oct	\$ 944.48	ARROW SIGNS CO/CAMPAIGN SIGNS/INV#8517	SOLICITATION/FUNDRAISING E	1022
		1343 S STAPLES		
14-Oct	\$ 300.00	FOOD/BEVERAGE/CAMPAIGN EXPN--PKK RESTAURANT	FOOD/BEVERAGE EXPENSE	1024
		CAMPAIGN PRESS CONFERENCE--N CHAPARRAL		
18-Oct	\$ 317.18	FOIL CREATIONS/ POST CARDS PRINTING SVCS	PRINTING EXPENSE	1026
		INVOICE #5841--4531 AYERS		
18-Oct	\$ 338.30	CAMPAIGN RADIO SPOTS	SOLICITATION/FUNDRAISING E	1025
		IHEART RADIO--TUPPER LANE		
7-Oct	\$ 1,000.00	credit card payment	CREDIT CARD PAYMENT	
21-Oct	\$ 327.46	ARROW SIGNS CO/CAMPAIGN SIGNS/INV#8592	SOLICITATION/FUNDRAISING E	1027
		1343 S STAPLES		
25-Oct	\$ 370.00	THEA CAIN	SOLICITATION/FUNDRAISING E	1028
		BALLOONS, FOOD FOR DANCE FUNDRAISER 10/25		
25-Oct	\$ 250.00	THAINA CAIN	FOOD/BEVERAGE EXPENSE	1029
		FOOD CATERING FOR DANCE FUNDRAISER 10/25		
25-Oct	\$ 100.00	K D LOGAN	SOLICITATION/FUNDRAISING E	1030
		DJ FOR DANCE FUNDRAISER 10/25		
	\$ 5,130.06			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME SYLVIA A TRYON OLIVER	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 25.15
5 CREDIT CARD ISSUER	Name of financial institution Discover Card	
6 PAYMENT	(a) Amount Charged \$ 25.15	(b) Date Expenditure Charged 10/10/24
		(c) Date(s) Credit Card Issuer Paid 10/20/24
7 PAYEE	(a) Payee name Sylvia Tryon Oliver	(b) Payee address; City, State, Zip Code 2814 Rogers St 78405
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Campaign Expense	(b) Description Gasoline/Travel to Events
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Tryon Oliver	
	Office Sought Council At Large	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

F4 EXPENDITURES MADE BY CREDIT CARD

MONTH	EXPENSES	DESCRIPTION	CATEGORY	CR CRD
10-Oct	\$ 25.15	GASOLINE/TRAVEL TO COMMUNITY EVENTS/ISLAND	CAMPAIGN EXPENSE	CREDIT CARD....9445
	\$ 25.15			

PERSONAL CREDIT CARDS USED

9445-DISCOVER CARD- POBX30943 SALT LAKE CITY, UT

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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 G: <i>2</i>	2 FILER NAME <i>Sylvia A. Tryon Olvera</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>Sylvia Tryon Olvera</i>	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2814 Rogers St. Cap Charities, TX 78405</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>see attached</i>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

G EXPENDITURES MADE BY PERSONAL FUNDS

27-Sep	\$	8.00	FOOD/BEVERAGE/CAMPAIGN EXPN--MCDONALDS	FOOD/BEVERAGE EXPENSE	7075
			2021 MORGAN		
27-Sep	\$	4.06	CAMPAIGN EXPENSES/DECORATIONS FOR BBQ FUNDR	SOLICITATION/FUNDRAISING E	7075
			DOLLAR TREE 4104 S STAPLES		
9-Oct	\$	19.38	MONTHLY DEMS TEAM MTG	FOOD/BEVERAGE EXPENSE	7075
			MILLERS BBQ-6601 WEBER RD/WOW		
10-Oct	\$	2.14	FOOD/BEVERAGE/CAMPAIGN EXPN--BURGERKING	FOOD/BEVERAGE EXPENSE	7075
			3941 CROSSTOWN EXPRWY		
11-Oct	\$	8.97	FOOD/BEVERAGE/CAMPAIGN EXPN--BURGERKING	FOOD/BEVERAGE EXPENSE	7075
			5009 GREENWOOD		
18-Oct	\$	20.00	GASOLINE/TRAVEL TO COMMUNITY EVENTS/ISLAND	CAMPAIGN EXPENSE	7075
21-Oct	\$	10.81	FOOD/BEVERAGE/CAMPAIGN EXPN--DAIRY QUEEN	FOOD/BEVERAGE EXPENSE	7075
			5002 GREENWOOD		
21-Oct	\$	5.25	FOOD/BEVERAGE/CAMPAIGN EXPN--MCDONALDS	FOOD/BEVERAGE EXPENSE	7075
			2021 MORGAN		
22-Oct	\$	20.00	GASOLINE/TRAVEL TO POLLING SITES	CAMPAIGN EXPENSE	7075
			DJ FOR DANCE FUNDRAISER 10/25		
	\$	98.61			

PERSONAL CREDIT CARDS USED

7075-TX BRIDGE CU S. STAPLES CC TX