

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/>	FIRST <u>Martin</u>	MI <u>L.</u>	OFFICE USE ONLY Date Received Date Filed <u>10/28/24</u> <u>R Huerta</u> Rebecca Huerta City Secretary
	NICKNAME <u>Mark</u>	LAST <u>Scott</u>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	
	<u>338 Bermuda Cc TX 78411</u>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(361)</u>	PHONE NUMBER <u>877-7797</u>	EXTENSION	
	6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <u>Carol</u>	MI <u>A</u>
	NICKNAME <u>Scott</u>	LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE	
	<u>338 Bermuda Cc</u>		<u>TX 78411</u>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(361)</u>	PHONE NUMBER <u>814-9220</u>	EXTENSION	
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 <u>9 / 30 / 24</u>		THROUGH Month Day Year <u>10 / 26 / 24</u>	
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 5 / 24</u>		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) <u>City Council At-large</u>		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.			
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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)
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17 CONTRIBUTION TOTALS	1. 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)	\$ 46,850
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 50,671.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 56,539.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Martin L. Scott
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Martin L. Scott this the 28 day of Oct, 2024, to certify which, witness my hand and seal of office.

Melanie D. Smith Signature of officer administering oath
Melanie D. Smith Printed name of officer administering oath
Notary Public 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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 46,850
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 50,671.33
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 FILER NAME <i>Mark Scott</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 <i>See Attached</i>	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.

Date	Last Name	First Name	Address	City	State	Zip	Contribution
2024-10-01	Cruz	Rosendo		Spring	TX	77382	\$ 250.00
2024-10-01	Pleasants	Jennifer		Corpus Christi	TX	78414	\$ 100.00
2024-10-01	Schroeder	Darcy		Corpus Christi	TX	78411	\$ 100.00
2024-10-01	Susser	Sam L.		Dallas	TX	75201	\$ 1,000.00
2024-10-01	Woodring	Jacque		Boerne	TX	78015	\$ 25.00
2024-10-02	Adkins	Alissa		Corpus Christi	TX	78411	\$ 500.00
2024-10-02	Allen	Kelley		Corpus Christi	TX	78408	\$ 250.00
2024-10-02	Braselton	Barton		Corpus Christi	TX	78413	\$ 750.00
2024-10-02	Braselton	Fred		Corpus Christi	TX	78413	\$ 500.00
2024-10-02	Brooks	David		Corpus Christi	TX	78413	\$ 300.00
2024-10-02	Fritsch	Paul D.		Houston	TX	77059	\$ 250.00
2024-10-02	Gignac	Raymond		Corpus Christi	TX	78401	\$ 1,000.00
2024-10-02	Griffin	Ken		Robstown	TX	78403	\$ 100.00
2024-10-02	Harris	Alex		Corpus Christi	TX	78415	\$ 250.00
2024-10-02	McCampbell	Trey		Corpus Christi	TX	78404	\$ 200.00
2024-10-02	Munoz	Mike		Corpus Christi	TX	78405	\$ 100.00
2024-10-02	Nadkarni	Govind		Corpus Christi	TX	78427	\$ 500.00
2024-10-02	Schwirtlich MD	Lonnie		Corpus Christi	TX	78418	\$ 200.00
2024-10-02	Summers, III	Leon P		Corpus Christi	TX	78411	\$ 500.00
2024-10-02	Zargourni	Kamran		Corpus Christi	TX	78413	\$ 500.00
2024-10-02			KOCHPAC-KOCH Inc.	Wichita	KS	67220	\$ 1,000.00
2024-10-02			Highway Properties LLC	Corpus Christi	TX	78411	\$ 250.00
2024-10-09	Cronnon	Thomas		Corpus Christi	TX	78418	\$ 100.00
2024-10-09	Ocker	David		Corpus Christi	TX	78413	\$ 100.00
2024-10-09	Reny	Avery		Corpus Christi	TX	78404	\$ 500.00
2024-10-11	Bottom	Brent		Corpus Christi	TX	78401	\$ 2,500.00
2024-10-11	Lucas	Raymond		San Antonio	TX	8216-1627	\$ 1,000.00
2024-10-11	Mintz	Michael		Corpus Christi	TX	78411	\$ 1,000.00
2024-10-11	Moore	Margo		Corpus Christi	TX	78418	\$ 500.00
2024-10-11	Skrobarczyk	Hannah		Corpus Christi	TX	78418	\$ 500.00
2024-10-11			Cypress Point Capital LLC	Corpus Christi	TX	78414	\$ 500.00
2024-10-11			JVM Hotel	Portland	TX	78374	\$ 1,500.00
2024-10-14	Webster	Allison		Corpus Christi	TX	78411	\$ 500.00
2024-10-16	Bhakta	Deven		Corpus Christi	TX	78414	\$ 500.00
2024-10-16	Mostighasi	Mossa		Corpus Christi	TX	78463	\$ 1,000.00
2024-10-16	Murr	Amanda		New Braunfels	TX	8132-3850	\$ 250.00
2024-10-16	Rhodes	Nicholas		McAllen	TX	8501-4857	\$ 1,000.00

2024-10-16	Skrobarczyk	Phillip		Corpus Christi TX	8404-1781	\$	2,000.00
2024-10-16	Zahn, Jr.	Charles W.		Port Aransas TX	8373-0941	\$	250.00
2024-10-17	Guernsey	Gene		Corpus Christi TX	78411	\$	500.00
2024-10-17	Kitchens	Ron		Birmingham AL	35238	\$	250.00
2024-10-17	Pedrotti	Michael		Corpus Christi TX	78401	\$	500.00
2024-10-18	Adler	Chris		Corpus Christi TX	78411	\$	600.00
2024-10-18	Corliss	Scott		Corpus Christi TX	78418	\$	1,000.00
2024-10-18	Gates	Dos		Corpus Christi TX	78411	\$	1,000.00
2024-10-18	Guerra	Gabe		Corpus Christi TX	78414	\$	500.00
2024-10-18	Gulley	Dr. R. Bryan		Corpus Christi TX		\$	400.00
2024-10-18	Haas	Arthur		Corpus Christi TX	78411	\$	250.00
2024-10-18	Pietsch	Todd		Corpus Christi TX	78411	\$	500.00
2024-10-18	Urban	Karen O'Connor		Corpus Christi TX	78411	\$	1,000.00
2024-10-18	Watts	Seth	International LTG	Corpus Christi TX	78408	\$	1,500.00
2024-10-18			TREPAC/Texas Assoc of Realtors PAC	Austin TX	8768-2246	\$	3,500.00
2024-10-19	Longoria	Sam		Corpus Christi TX	78414	\$	100.00
2024-10-19	Taft	Donald		Corpus Christi TX	78412	\$	500.00
2024-10-20	Patterson	James R.		Corpus Christi TX	78411	\$	25.00
2024-10-23	Allen	Anthony		Corpus Christi TX	78418	\$	1,000.00
2024-10-23	Brown	Reagan		Corpus Christi TX	78468	\$	500.00
2024-10-23	Carlisle	Tom		Corpus Christi TX	78401	\$	500.00
2024-10-23	Gill	Sally		Corpus Christi TX	78411	\$	500.00
2024-10-23	Hilliard	Catherine		Corpus Christi TX	78411	\$	1,500.00
2024-10-23	Jones	D. Scott		Portland TX	78374	\$	1,000.00
2024-10-23	LaMantia	Anthony		Corpus Christi TX	78411	\$	1,000.00
2024-10-23	Reddish	Harold		Sugarlan TX	77749	\$	750.00
2024-10-23	Thompson	James		Houston TX	77056	\$	750.00
2024-10-23			Coastal Area Builders PAC	Corpus Christi TX	78414	\$	750.00
2024-10-23			Hanson Texas PAC	Springfield IL	62703	\$	250.00
2024-10-25	Clark	Janice		Corpus Christi TX	78411	\$	500.00
2024-10-25	Hooper	Kyle		Corpus Christi TX	78410	\$	500.00
2024-10-25	Mitchell	R	Linebarger Goggan Blair & Sampson LL	Austin TX	78760	\$	1,000.00
2024-10-25	Sedwick	Arthur		Corpus Christi TX	78401	\$	200.00
2024-10-25	Shea	Teresa		Corpus Christi TX	78414	\$	200.00
2024-10-25	Smith	Gregory		Corpus Christi TX	78418	\$	1,000.00
2024-10-25	Valls	John		Corpus Christi TX	78414	\$	500.00

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:	2 FILER NAME <i>Mark Scott</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/6</i>	5 Payee name <i>Mark Scott</i>	
6 Amount (\$) <i>12,383</i>	7 Payee address; City; State; Zip Code <i>338 Bermuda CC TX 78411</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Reimbursement</i>	(b) Description <i>KS Strategies Media Buy to</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/10</i>	Payee name <i>Cabildo Strategy Services</i>	
Amount (\$) <i>1218.⁷⁹/_{xx}</i>	Payee address; City; State; Zip Code <i>4204 Pine Park Baton Rouge LA 70809</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Exp</i>	Description <i>Text campaign</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/15</i>	Payee name <i>Mark Scott</i>	
Amount (\$) <i>27,702.^{xx}/_{xx}</i>	Payee address; City; State; Zip Code <i>338 Bermuda CC TX 78411</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Reimbursement</i>	Description <i>KS Strategies Media Buy to</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME Mark Scott	3 Filer ID (Ethics Commission Filers)
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4 Date 10/15	5 Payee name Quick Print
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6 Amount (\$) \$461.04	7 Payee address; City; State; Zip Code 605 Leopard Suite 109 CC TX 78401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Exp	(b) Description Push Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/18	Payee name Quick Print
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Amount (\$) \$570.80	Payee address; City; State; Zip Code 615 Leopard suite 109 CC TX 78401
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exp	Description Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20	Payee name Cabildo Strategy Services
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Amount (\$) \$4935.50	Payee address; City; State; Zip Code 4204 Pine Park Baton Rouge LA 70809
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Text Messaging
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | 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 |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Mark Scott</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/26</i>	5 Payee name <i>Anedot</i>	
6 Amount (\$) <i>\$300.30</i>	7 Payee address; City; State; Zip Code <i>1340 Poydras New Orleans LA 70112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Banking</i>	(b) Description <i>Online Payment Fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/8</i>	Payee name <i>Threshold Group</i>	
Amount (\$) <i>\$3000.00</i>	Payee address; City; State; Zip Code <i>11E 44th Rm 300 NY NY 10017</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <i>Social Media</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/11</i>	Payee name <i>YellowFin Digital</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>13933 Primavera CC TX 78418</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <i>Web Hosting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED