# 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: 26
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI A-	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Sthan		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1908 W. MILARY L		OCT 0 5 2020
Change of Address	SAN MALLO	stx 78666	NH
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (SIZ) 644	EXTENSION OB(B	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	ER G	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
	SHELL	-	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / 1908 W. MCCA;		STATE; ZIP CODE
(Residence or Business)	SAN MA	Kcos R 78664	
8 CAMPAIGN TREASURER PHONE	area code phone number (ダルレ) ア・ピ・フ	EXTENSION 4090	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before e	Section Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 20	THROUGH	Day Year 24/20
11 ELECTION	ELECTION DATE		
	Month Day Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
	HAYS LOUNTY COMMI PGT 3	SSIONER TAYS COUNTY	Convissioner RT3
	GO TO	PAGE 2	

Forms provided by Texas Ethics Commission

SUBTOTALS - C/OH		FORM C/OH SHEET PG 3
19 FILER NAME LON A. SHELL	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 35535.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ <i>0</i>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1 28 15:05
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	s ()
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 86.51
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ ()
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ ()
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 6
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$ ()

		EHOLDER E REPORT	FORM C/OH COVER SHEET PG 2
14 C/OH NAME	LON A	· Sthere	<b>15</b> Filer ID (Ethics Commission Filers) $\mathcal{N}/\mathcal{A}$
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENI NIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE I WSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT T URES.	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME HAYS COUNTY DEFUBLICAN COMMITTEE ADDRESS 6000 W FM 150	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME MMMY PAT PATT COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	310 Spinil wood RD DM UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35535, °°
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 7
	4. TOTAL	POLITICAL EXPENDITURES	\$   290   .56
CONTRIBUTION BALANCE	•	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	st DAY \$ 24570,04
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 16000, 20
	JANICE L. JONE otary Public, State of omm. Expires 01-13 Notary ID 1284904	true and correct and includes all in under Tite 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me ndidate or Officeholder
AFFIX NOTARY STAM		1 . ( A 5/1	St
Sworn to and subsci day of <u>Otors</u> <u>Aania</u> Signature of officer a	, 20 20, Lone	to certify which, witness my hand and seal of office Tanice L. Jous Printed name of officer administering oath	, this the <u>5</u> the

Revised 1/1/2020

The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1:
FILER NAME	LON A-SHar		3 Filer ID (Ethics Commission Filers)
Date 0/6/20 Principal occu	113 CAMARO WAY SANMA	te; Zip Code	7 Amount of contribution (\$) 2_00,00
Date	Full name of contributor 🔲 out-of-state PAC (ID#: WILL CONLEY	)	Amount of contribution (\$)
7/30/20	Contributor address; City; Sta	te: Zip Code BERLEY TX 70676	500,00
Principal occup	ation / Job title (See Instructions) E	mployer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#: PETCL HAM		Amount of contribution (\$)
8/7/20	Contributor address; City; Sta 90 ST BLIAN FILEST M. 1t	te; Zip Code 34 STON TX 7 7024	300,00
Principal occup	ation / Job title (See Instructions) E	mployer (See Instructi	ons)
Date	Full name of contributor $\Box$ out-of-state PAC (ID#: A MANDA $EAWIN$		Amount of contribution (\$)
9/9/22	Contributor address; City; Sta 1) SHARDY GROVE EN WIMI	te; Zip Code BERLEY TY 78676	150,00
Principal occup	ation / Job title (See Instructions) E	mployer (See Instructi	ons)

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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Con A SHELL	3 Filer ID (Ethics Commission Filers)
	5       Full name of contributor       □ out-of-state PAC (ID#:)         C       IAMA       DAUCBSEAC         6       Contributor address;       City;       State; Zip Code         9251       CUTTONTAL IN       BAUNHAM TX         apation / Job title (See Instructions)       9       Employer (See Instructions)	
Date	Full name of contributor Dut-of-state PAC (ID#:) MEREDITH & DAVE CRIFFIS Contributor address; City; State; Zip Code HOUSTON TH 102 WYNDEN TRACE EN 7.4056	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instruc	
	Full name of contributor $\Box$ out-of-state PAC (ID#:) $\mathcal{L} \cup \mathcal{L} = \mathcal{L} + \mathcal{L} + \mathcal{L}$ Contributor address;City;State;Zip Code $\mathcal{P} \cup \mathcal{B} : \mathcal{X}$ $\mathcal{Z} - \mathcal{T} - \mathcal{T} - \mathcal{S} \cup \mathcal{L} + \mathcal{L} + \mathcal{L} - \mathcal{L} -$	Amount of contribution (\$) 500, 00
Date		, ,
8/12/2	Contributor address; City; State; Zip Code 37623 STACION RUN MGNULA, TX 77355	Amount of contribution (\$) 102.03
Principal occuț	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Low A sthen	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor $\Box$ out-of-state PAC (ID#:) BRCNBA JENKINS 6 Contributor address; City; State; Zip Code 2901 S4MMIT RIBLE DA, S4N MARPS $R R G G G G G G G G G G G G G G G G G G$	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 0/14/20	Full name of contributor Dout-of-state PAC (ID#:) SAGNNA & GANY FUCKEN	Amount of contribution $($
(	Contributor address; City; State; Zip Code P: B: X 1600 W. MBEALEY TX 79676	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 8/16/20	Full name of contributor Dout-of-state PAC (ID#:) CASSIE DYSON & BOB PARKS Contributor address; City; State; Zip Code Og 90 MOSS ROSE CN, DUFTWOD TX J 4619	Amount of contribution (\$) $ 000, 000 $
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 0//6/20	Full name of contributor       □ out-of-state PAC (ID#:)         「ひへ じのんしどく         Contributor address;       City;         State;       Zip Code	Amount of contribution (\$) $100, 00$
	914 TIME TRAIL, SAN ANTOS TX 79666	
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Low A SILAC	3 Filer ID (Ethics Commission Filers) $\mathcal{N}/\mathcal{A}$
4 Date5 Full name of contributor $\bigcirc$ out-of-state PAC (ID#:) $\mathcal{B}/\mathcal{W}/\mathcal{V}$ $\mathcal{M}\mathcal{M}\mathcal{F}\mathcal{A}\mathcal{A}\mathcal{V}\mathcal{L}$ $\mathcal{D}\mathcal{L}\mathcal{U}\mathcal{A}\mathcal{V}$ 6 Contributor address;City;State; Zip Code135D / $\mathcal{M}$ 12 # 103 $\mathcal{W}\mathcal{M}\mathcal{B}\mathcal{E}\mathcal{R}\mathcal{U}\mathcal{A}\mathcal{V}$ 8 Principal occupation / Job title (See Instructions)9 Employer (See Instructions)	7 Amount of contribution (\$)
DateFull name of contributor $\Box$ out-of-state PAC (ID#:) $g/22/20$ $T_{mm} + T_{DN} C_{MM} C_{Y}$ Contributor address;City;State;Zip Code $406$ $D_{envolop}$ $M_{envolop}$ $T_{envolop}$ Principal occupation / Job title (See Instructions)Employer (See Instruct	Amount of contribution (\$) 200.00
DateFull name of contributor $\Box$ out-of-state PAC (ID#:) $\mathcal{B}/\mathcal{L}/\mathcal{W}$ $\mathcal{D}\mathcal{A}\mathcal{N}$ $\mathcal{O}\mathcal{L}\mathcal{S}\mathcal{N}$ $\mathcal{B}/\mathcal{L}/\mathcal{W}$ Contributor address;City;State;Contributor address;City;State;Zip Code $\mathcal{L}/\mathcal{U}$ $\mathcal{S}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{N}\mathcal{T}\mathcal{O}\mathcal{N}_{i}\mathcal{O}\mathcal{S}\mathcal{T}$ $\mathcal{F}\mathcal{S}\mathcal{S}\mathcal{N}\mathcal{M}\mathcal{M}\mathcal{O}\mathcal{S}$ Principal occupation / Job title (See Instructions)Employer (See Instructions)	Amount of contribution (\$)
DateFull name of contributor $\Box$ out-of-state PAC (ID#:) $g/25/20$ $A m Y$ $57 n J$ $Fr G20$ Contributor address;City;State; Zip Code $2 26 B$ $9 mm r T$ $PriDCE$ $DM$ Sh $MM r S$ $Fr F064$ Principal occupation / Job title (See Instructions)Employer (See Instructions)	Amount of contribution $(\$)$ 250,00 ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME LUN A Stru	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor $\Box$ out-of-state PAC (ID#:) $T \in FF M = N \supset Y$	7 Amount of contribution (\$)
2/25/20 JEFF MUNDY 6 Contributor address; City; State; Zip Code 3903 PEBBLE DATH AUSTIN DR 79731	250.00
Principal occupation / Job title (See Instructions) 9 Employer (See Instru-	tctions)
Date Full name of contributor out-of-state PAC (ID#:) GRA WEBB	Amount of contribution (\$)
3/27/20 Contributor address; City; State; Zip Code 132 River Word CIACLE DY 7067	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor $\Box$ out-of-state PAC (ID#:)	Amount of contribution (\$)
8/20/20 DAID ED WAND'S Contributor address; And 9+ 4 CAMER And 9+ Augan IZ 7-8737	150,00
Principal occupation / Job title (See Instructions) Employer (See Instruc-	ctions)
Date Full name of contributor out-of-state PAC (ID#:) B/27/2 Contributor address; City; State; Zip Code 509 CAMNO BARANA REWARD MULLING A	Amount of contribution (\$) $ \int OO_{t} O^{O} $
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. LŨ 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Low A Star Date 5 Full name of contributor Dout-of-state PAC (ID#:\_\_\_\_\_) B(3)/21 6 Contributor address; City; State; Zip Code 513 FROMNIC ONKS ST 54M MARINS TO 7 B UGG 0 Employer (See Instruction) 4 Date 7 Amount of contribution (\$) 100-00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor GNEC NEM Contributor address; City; State; Zip Code HDGNOCD GMLE WIMBERLEY TO FULLE TO FULLE Employer (See Instruout-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) 8/3/10 500,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor $\Box$  out-of-state PAC (ID#:LI - DA + BIHPKNI - SG TOPContributor address;City; State; Zip CodePS - DSXZIS9SANMANCOSD - DSXZIS9A - TOLOSA - TOLOSDate Amount of contribution (\$) 9/3/2 100,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) 
 Full name of contributor
 Image: Out-of-state PAC (ID#:\_\_\_\_\_\_)

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 Contributor address;
 City; State; Zip Code

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 Contributor address;
 City; State:
 Date Amount of contribution (\$) 100.00 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.

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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 'フジ
2 FILER NAME Lo A. S/forc	3 Filer ID (Ethigs Commission Filers)
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) ADD/1 ADD CUENTEND 6 Contributor address; City; State; Zip Code 9//E. //h GT. NP+H 343 AusTN 7x78722	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) HALFD Associands Styne PAC Contributor address; City; State; Zip Code INI, N BINGER FOR RICHARDSON TO 7509	Amount of contribution (\$) $1000, 0^{\circ}$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:) TONCS & CAMER PAC GINTS Contributor address; City; State; Zip Code 6330 W LOOP S #150 PACKINE TORE 7400	Amount of contribution (\$) $1^{\circ}000^{\circ}0^{\circ}$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor Scopent-of-state PAC (ID#:) ALICHARD Scopent-of-state PAC (ID#:) Contributor address; City: State; Zip Code 1/033 MT SHARPED WIMBERUM TA 78676	Amount of contribution (\$) $5000$ , $00$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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MONE	TARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Tota	al pages Schedule A1:
2 FILER NAME	lon A Strac	3 File	r ID (Ethics Commission Filers)
<ul> <li>4 Date</li> <li>9/13/70</li> <li>8 Principal occu</li> </ul>	5       Full name of contributor       I out-of-state PAC (ID#:         P.ALA       POND         6       Contributor address;       City; State; Zip Code         121       Lowcorré Loop       5 m Mrui         7       Tpation / Job title (See Instructions)       9 Employer		ount of contribution (\$)
Date 9//0/20 Principal occu	Full name of contributor       □ out-of-state PAC (ID#:		iount of contribution (\$) UCD -
Date 9/11/20 Principal occu	Full name of contributor       I out-of-state PAC (ID#:	Y R I	nount of contribution (\$) $O\hat{O}$ ,
Date 9//0/20	Full name of contributor KANCN FN 165E Contributor address; City; State; Zip Code 6603 CAT CANK NP ASP 28		tount of contribution (\$) 500
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEI		g requirements.

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Filer ID (Ethics Commission Filers) N[A Amount of contribution (\$) 2.50 - 00 Amount of contribution (\$) 12.50 - 00 IS) Amount of contribution (\$) 2.50 - 00
2.50.00 Amount of contribution (\$) $12.50.00$ ans) Amount of contribution (\$)
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	1 Total pages Schedule A1:
FILER NAME LON A SHELL	3 Filer ID (Ethics Commission Filers)
Date5Full name of contributor $\Box$ out-of-state PAC (ID#:9/1/20 $MAM FME + PETEM WAY$ 6Contributor address;City;8Contributor address;City;9 $B \otimes_X 36539$ Principal occupation / Job title (See Instructions)99Employer (See Instructions)	7 Amount of contribution (\$) 3 0 0 0, 00
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8/19/20 Contributor address; City; State; Zip Code 1717 W. 6th St. # 375 78703	2500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/23/20 Contributor address; City; State; Zip Code 2232 CARDON COMT SAN MARCOS DA 2232 CARDON COMT SAN JELEE	50,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#: 5 ° HN 13 ILODEAN Contributor address; City; State; Zip Code 8 GNOON POINTE, SAN MANOS D SCIENCE SAN MANOS D SCIENCE SAN MANOS	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)

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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Low A Star	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:	7 Amount of contribution (\$)	
1/5/20	6 Contributor address; City; State; Zip Code 107 a MIMUSA CORCLE SAN MARIOSA 786666	25,00	
	pation / Job title (See Instructions)  9 Employer (See Instru		
Date 9/31/2~	Full name of contributor [] out-of-state PAC (ID#:	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code 13704 MCBA VERDE DR. ANSTR. TY 78737	500.00	
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor [] out-of-state PAC (ID#:	Amount of contribution (\$)	
9/11/20	Contributor address; City; State; Zip Code 150 WHITRUATCH WINBERCON TO 78676	250.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)	
Date	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)	
9/11/20	Contributor address; City; State; Zip Code 309 Durman Wimben Ley Tr	50,00	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages-Schedule A1:
2 FILER NAME LON A SHOR	3 Filer ID (Ethics Commission Filers) パル
4 Date5 Full name of contributor $\Box$ out-of-state PAC (ID#:) $\widehat{C}/(1)/v$ $\widehat{A}$ AMH2NING MARS $\widehat{C}/(1)/v$ $\widehat{C}$ Contributor address;City; $\widehat{C}/(1)/v$ $\widehat{C}$ Contributor address; $\widehat{C}$ $\widehat{C}/(1)/v$ $\widehat{C}/$	
Date Full name of contributor $\Box$ out-of-state PAC (ID#:) 9/13/23 Contributor address; City; State; Zip Code Om Gax 666 5AN MARCOS TX 93663	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor Dout-of-state PAC (ID# Coossig 609) 9/3/20 CANON PAU Contributor address; City; State; Zip Code P3 63× 1094 N. LIFTHE NOTH 12/15 AB	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor Dut-of-state PAC (ID#:) 9/14/21 Contributor address; City; State; Zip Code 402 OAR RIDGE DA. SAN MANCUS R 7/26/66	Amount of contribution (\$) $\mathcal{WO}$ , $\mathcal{CO}$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	_

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Lon A. Sthar	3 Filer ID (Ethics Commission Filers) $\mathcal{N}/\mathcal{A}$
Date	<ul> <li>5 Full name of contributor □ out-of-state PAC (ID#:) <i>RENTAN LEHNAN</i></li> <li>6 Contributor address; City; State; Zip Code <i>Guillian Contributor address; City; State; Zip Code</i> <i>Stan Multis</i> <i>Guillian Contributor address; <i>City; State; Zip Code</i> <i>Stan Multis</i> <i>Guillian City; State; Zip Code</i> <i>Stan Multis</i> <i>Stan Multis</i> <i>Guillian City; State; Zip Code</i> <i>Stan Multis</i> <i>Stan Multis</i> <i>S</i></i></li></ul>	7 Amount of contribution (\$) 250.00
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/16/20	Contributor address; City; State; Zip Code 2275 Summit Ridce Ridce	100.00
Principal occur	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1/17/20	LUNEWE & GENHANDT SCHMLLE Contributor address; City; State; Zip Code 132 PINTO LIN SAN MINLOS N TB666	500.00
Principal occup	Deation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor Out-of-state PAC (ID#:) IT TTHY F RAPDALL MORRIS	Amount of contribution (\$)
9/14/20	IT TTHY & RAY DALL MORRIS Contributor address; City; State; Zip Code 333 C/L TTHAM SI. gm MULLOS A TELLO	500,00
	bation / Job title (See Instructions) Employer (See Instruct	ions)

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Lor 1. sthere	3 Filer ID (Ethics Commission Filers) $\mathcal{N}/\mathcal{I}$
	<ul> <li>5 Full name of contributor □ out-of-state PAC (ID#:)</li> <li>β 1 / / L EBKUECTEL</li> <li>6 Contributor address; City; State; Zip Code</li> <li>1 9 3 THLE/ CF WIMB=May RF</li> <li>1 9 Employer (See Instructions)</li> <li>9 Employer (See Instructions)</li> </ul>	7 Amount of contribution (\$) 250.00
/	Full name of contributor $\Box$ out-of-state PAC (ID#:) $MMPA \neq$ $PmL$ Contributor address;       City;       State;       Zip Code $313$ $SMINCMOOD$ $PPINC$ $PMINOS$ $T \neq 9620$ Dation / Job title (See Instructions)       Employer (See Instructions)	Amount of contribution (\$) 50-00
Date	Full name of contributor       Image: out-of-state PAC (ID#:)         GO:UGE       GOTER         Contributor address;       City;         State;       Zip Code         J:GO:UGE       City;         State;       Zip Code         D:GO:UGE       City;         D:GO:UGE       City	Amount of contribution (\$)
Date	Full name of contributor       out-of-state PAC (ID#:)         C11MSMMD4.0T         Contributor address;       City;         State;       Zip Code         1114       W         HARNS       S1.         TB44         TB44         Dation / Job title (See Instructions)         Employer (See Instructions)	Arnount of contribution (\$)

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	LON A SHAL	3 Filer ID (Ethics Commission Filers)
<ul> <li>4 Date</li> <li><i>H</i>27</li> <li>8 Principal occu</li> </ul>	5       Full name of contributor       □ out-of-state PAC (ID#:)         LINEBAMER COULAN BUT SAMPSIN         6       Contributor address;       City;         State;       Zip Code         P: B:x17428       Min R         pation / Job title (See Instructions)       9         Employer (See Instructions)	7 Amount of contribution (\$) 500 - 00 ctions)
Date 9//6/2v Principal occup	Full name of contributor <pre>             Out-of-state PAC (ID#:)             DEAN \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$</pre>	Amount of contribution (\$) 35. 30
Date 9/23/W	Full name of contributor Dout-of-state PAC (ID#:) SWTTWKY Contributor address; City; State; Zip Code 4509 AVENUE Chuston TA 79751	Amount of contribution (\$) $500 \cdot 500$
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	exions)
Date 9/24/120	Full name of contributor [] out-of-state PAC (ID#:) MATTINE TEPPEN Contributor address; City; State; Zip Code 5303 UNA WE AUSTIV 77 78752	Amount of contribution (\$) $5_{00}$ , $\overline{c}_{00}$
Principal occup	Employer (See Instructions)	
<u>.</u>	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total page Schedule A1:
2 FILER NAME LON A SHac	3 Filer ID (Ethics Commission Filers)
4 Date5 Full name of contributor $\Box$ out-of-state PAC (ID#:) $2/24/2v$ 6 Contributor address;City;State;Zip Code $1343$ $Aven Freest$ $M$ $X$ 746458 Principal occupation / Job title (See Instructions)9 Employer (See Instructions)	7 Amount of contribution (\$)
Date       Full name of contributor       Out-of-state PAC (ID#:)         Image: State of the	Amount of contribution (\$) 350,00
Date       Full name of contributor       Image: Out-of-state PAC (ID#:)         9/4/20       BAENDA + HC HC E         Contributor address;       City;         State;       Zip Code         JII W SAJ ANDON ID ST       State;         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Amount of contribution (\$)
Date     Full name of contributor     □ out-of-state PAC (ID#:)       M/kc     Do NES       G/M/ko     Contributor address;     City;       State;     Zip Code       915     THOUSTNO       Principal occupation / Job title (See Instructions)     Employer (See Instructions)	Amount of contribution (\$) $/00.00$ tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME W.N A SHAR	3 Filer ID (Ethics Commission Filers) $\mathcal{N}/\mathcal{N}$
4 Date5 Full name of contributor $\Box$ out-of-state PAC (ID#:)9/14/1200006 Contributor address;City;State; Zip Code90008Principal occupation / Job title (See Instructions)99Employer (See Instructions)	7 Amount of contribution (\$)
Date       Full name of contributor       □ out-of-state PAC (ID#)         9/1/20       Moury + Bruce       WeNDi         Contributor address;       City;       State;       Zip Code         103       L4 SCADE       True       Smarce       Felded         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Amount of contribution (\$)
DateFull name of contributor $\Box$ out-of-state PAC (ID#:) $MXXSSM$ $MALDMON$ $9121/W$ Contributor address;City;Contributor address;City;State; $PJ$ $BJX$ $1996$ $WIM3ENLCY$ $PT$ Principal occupation / Job title (See Instructions)Employer (See Instructions)	Amount of contribution (\$) 50-00 tions)
Date     Full name of contributor     Out-of-state PAC (ID#:)       9/29/20     Contributor address;     City;     State; Zip Code       609     53.61 M MArchi     RD     WIMBERCUX       77     7.96.76       Principal occupation / Job title (See Instructions)     Employer (See Instructions)	
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FILER NAME       A       S/fml         Date       5       Full name of contributor $\Box$ out-of-state PAC (ID#: $Y L C TOM 1 \neq TM15$ $Lox$ $Q/M/N$ 6       Contributor address;       City;       State;       Zip Code $g/M/N$ 6       Contributor address;       City;       State;       Zip Code $g/M/N$ 6       Contributor address;       City;       State;       Zip Code $g/M/N$ $Full$ name of contributor $out-of-state$ PAC (ID#: $MMS=MMN$ Date       Full name of contributor $out-of-state$ PAC (ID#: $MMS=MMN$ $M/M$ $MMS=MMN$ $MMS=MMN$ $MMS=MMN$ $M/M$ $MMS=MMN$ $MMS=MMN$ $MMS=MMN$ Date       Full name of contributor $out-of-state$ PAC (ID#: $MMS=MMN$ $M/M$ $MMS=MMN$ $MMS=MMNN$ $MMS=MMNN$ Date       Full name of contributor $out-of-state$ PAC (ID#: $MMS=MMNNN$ $M/M$ $MMNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN$	Amount of contribution (\$)
$V1C+DMA \neq TAIS$ $UX$ $GMM/20$ 6 Contributor address;City;State;Zip Code $B940$ $Fm$ $I53$ $Dmmu1b$ $TEGGA$ Principal occupation / Job title (See Instructions)9 Employer (See Instructions)DateFull name of contributor $out-of-state$ $PAC$ (ID#: $M/4/20$ Contributor address;City;State;Zip Code $165$ $V14$ $DE$ $MMA = AM$ $SLOAM$ Principal occupation / Job title (See Instructions)Employer (See Instructions)Employer (See Instructions)DateFull name of contributor $Out-of-state$ $DE MMA = AM$ $Principal occupation / Job title (See Instructions)Employer (See Instructions)DateFull name of contributorOut-of-statePAC (ID#:A/2M/20TAMA = C (SOA)Contributor address;City;State;DateFull name of contributorOut-of-statePAC (ID#:A/2M/20Contributor address;City;State;Zip Code$	$3 3 3 0 \cdot 0 0$ ructions) $Amount of contribution ($) 1 0 0 0 0 ructions) Amount of contribution ($)$
DateFull name of contributor $\Box$ out-of-state PAC (ID#:9/14/20 $LISA$ $HAMAA$ $SLOAN$ 0Contributor address;City;State;165 $VIA$ $NEMASTING$ Principal occupation / Job title (See Instructions)Employer (See Instructions)DateFull name of contributor $\Box$ out-of-state PAC (ID#: $MMA$ $MAA$ $Contributor$ address;City;State; $Zip Code$	Amount of contribution (\$)
DateFull name of contributor $\Box$ out-of-state PAC (ID#:9/14/20 $LISA$ $HAMAA$ $SLOAN$ 0Contributor address;City;State;165 $VIA$ $NEMASTING$ Principal occupation / Job title (See Instructions)Employer (See Instructions)DateFull name of contributor $\Box$ out-of-state PAC (ID#: $MMA$ $MAA$ $Contributor$ address;City;State; $Zip Code$	Amount of contribution (\$)
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Principal occupation / Job title (See Instructions)       Image: Construction for the principal occupation / See Instructions)         Date       Full name of contributor       Image: Out-of-state PAC (ID#:	Armount of contribution (\$)
Principal occupation / Job title (See Instructions)       Image: Construction for the principal occupation / Job title (See Instructions)         Date       Full name of contributor       Image: Out-of-state PAC (ID#:	Armount of contribution (\$)
Date Full name of contributor $\Box$ out-of-state PAC (ID#: $7/27/20$ $\overline{732112000}$ Contributor address; City; State; Zip Code	_) Amount of contribution (\$)
A/27/20 BUILD 26.502 Contributor address; City; State; Zip Code	
A/27/20 BALANDESSON Contributor address; City; State; Zip Code 421 W SAN ANTING ST SA MARCOS	100.00
421 W SAN ANTINIO ST SA MARCOS	
F = F = F = F = F = F = F = F = F = F =	
Principal occupation / Job title (See Instructions) Employer (See Instr	
Date Full name of contributorout-of-state PAC (ID#:	_) Amount of contribution (\$)
Date Full name of contributor □ out-of-state PAC (1D#: 1/4/20 VICK + CHA'S MUCHD Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code WIMBERLEY X 79676	100.00
Contributor address; City; State; Zip Code O CARAGON CROCK DR. WIMBERLEY X 79676	6
Principal occupation / Job title (See Instructions) Employer (See Instru	

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The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
FILER NAME	Low A Sthere		3 Filer ID (Ethics Commission Filers) $\sim//\sim$
Date	5 Full name of contributor □ out-of-state PAC (ID#:)		7 Amount of contribution (\$)
100 100	6 Contributor address; City; State; Zip Code 2500 Mrsh D Wingerity FF 70676		500.00
		Employer (See Instruct	ions)
Date	Full name of contributor [] out-of-state PAC (ID#:		Amount of contribution (\$)
1 / rug ruo	Contributor address; City; S 1105 + ATETRAIL SL M	itate; Zip Code Acces PT	100.00
Principal occup		Francisco Employer (See Instruct	ions)
Date		)	Amount of contribution (\$)
9 hypo	CARTA & GOY LOCKE Contributor address; City; S 90 MDCome DCIR, WIA 4 pation ( lob title (See Instructions)	Benny De	50.00
Principal occur	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor [] out-of-state PAC (ID# CHUSTANED REWNIE ST	TRAND	Amount of contribution (\$)
1107/20	Full name of contributor Dout-of-state PAC (ID# CHUSTING REWNIE ST Contributor address; City; S PO Box 2532 WIMBERC	itate; Zip Code	50.00
	pation / Job title (See Instructions)	Employer (See Instruct	ions)

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Low A. SHare		3 Filer ID (Ethics Commission Filers)
4 Date 9 /18/W	<ul> <li>5 Full name of contributor □ out-of-state PAC</li> <li>M 1 4 E HEATH</li> <li>6 Contributor address; City;</li> <li>1 701 Stoventonen DA H</li> </ul>	(ID#:) State; Zip Code AU STN IV= TX 78959	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor I out-of-state PAC THOWAS BATER, TH Contributor address; City;	(ID#:)	Amount of contribution (\$)
1/2420	Contributor address; City; 1111 RCD CORRA RAVIAR	State; Zip Code Wim Benley D TX 70676	500,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 9/w/120	11, DAL ROY R. A	(ID#:) $C = \chi$ State; Zip Code B = A LOY P+ 7 = 0.676	Amount of contribution (\$) $25.000$
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice Credit Card Payment	Fees         Office Ove           Food/Beverage Expense         Polling Expense           y         Gift/Awards/Memorials Expense         Printing Expense	Ages/Contract Labor Travel Out Of District Other (enter a category not listed above)	
1 Tatal acces Schodula E1		3 Filer ID (Ethics Commission Filers)	
1 Total pages Schedule F1:	2 FILER NAME LON A. SHELL		
4 Date 7/13/20	5 Payee name <u>it MS (UMNM EtPUBLIC</u> 7 Payee address;	m party	
6 Amount (\$)			
200.00	PO BOX 1655 5A	~ M. M.W TA 78667	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Co.~ TN-113470 ~	CANTAIBU DON	
	(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/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
8/27/20	PATTERSON & COMPANY		
Amount (\$) 974,25	Payee address; I 66 HANGRAVES D. PATTERSJE EUR		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) $p_{\mathcal{A}1} + p_{\mathcal{A}2} + p_{\mathcal{A}2} + p_{\mathcal{A}3} + p_{$	ALSON TA 78737 Description PANTING OF SIGNS + CAMPATON MADMAN	
	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/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
9/21/20	PATTENSON & COMPANY		
Amount (\$)	Payee address; 166 HALGRAVES D. C-4	City; State; Zip Code	
4235,16	106 FIALGIONES 15. C 4		
	Category (See Categories listed at the top of this schedule)	Description PAINTIC AND DOOTHER FOR	
PURPOSE OF EXPENDITURE	PRINTING OFFENSE	PRINTIC AND DOSTAGE DUT MAIL PIEZE	
	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/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Forms provided by Texas Ethics Commission

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITURE CATEGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 9/2/20	5 Payee name PARSON & COMPARY		
6 Amount (\$) 5-695,35	7 Payee address; 166 HARGRADES M-C-40	City; 00, \$€ 423	State; Zip Code Au STAR A 70737
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Autoria Marcians AND a	+ MpL PIEZE Then MATCHINS
	(C) Check if travel outside of Texas. Complete Schedule T.		tin, 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		
9/20	516N ANTS		
Amount (\$) 1515,50	Payee address; 205 CHEATHAM St. #4 S.	City; AN MARCON	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description factors CAn I	COPYLY PATION 316NS
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/29/20	Payee name STRIPE		
Amount (\$) 194,79	Payee address; JU Toursont ST. SAN A	City; = 14-51560	State; Zip Code CA GY103
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		frontine transactions
	Check if travel outside of Texas. Complete Schedule T.		in, 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 NE	EDED

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EXPENDITU	IRES MADE BY CREDIT CARD SCHEDULE F4
EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	The second se
1 Total pages Schedule F4:	2 FILER NAME Shart 2 FILER NAME Shart Sh
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 9/3/20	6 Payee name Lowis
7 Amount (\$) 86,51	8 Payee address; City; State; Zip Code 2211 1 A 355. Shu MARWAS TA 78446
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ANCENTSING TOP. (b) Description MATTONIALS DONS DONS 1 GNS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
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
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