

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers) <i>N/A</i></p>		<p>2 Total pages filed: <i>9</i></p>										
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR <i>MR.</i> FIRST <i>LON</i> MI <i>A</i></p> <hr/> <p>NICKNAME LAST <i>Stell</i> SUFFIX</p>		<p>OFFICE USE ONLY</p> <p>Date Received</p> <p>Hays Co. Elections</p> <p>JUL 13 2023</p> <p>RECEIVED</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>											
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>1908 W. MCCARTY LN</i> <i>SAN MARCOS TX 78666</i></p> <p><input type="checkbox"/> Change of Address</p>													
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(512) 644 0848</i></p>													
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR <i>MRS.</i> FIRST <i>JENNIFER</i> MI <i>G</i></p> <hr/> <p>NICKNAME LAST <i>Stell</i> SUFFIX</p>													
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>1908 W. MCCARTY LN</i> <i>SAN MARCOS TX 78666</i></p>													
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(512) 787 4090</i></p>													
<p>9 REPORT TYPE</p> <p> <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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>														
<p>10 PERIOD COVERED</p> <p>Month Day Year Month Day Year</p> <p><i>1 / 1 / 23</i> THROUGH <i>6 / 30 / 23</i></p>														
<p>11 ELECTION</p> <p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>N/A</i></p> <p><i>/ /</i> <input type="checkbox"/> General <input type="checkbox"/> Special</p>														
<p>12 OFFICE</p> <p>OFFICE HELD (if any)</p> <p><i>Commissioner, Pct 3</i></p>			<p>13 OFFICE SOUGHT (if known)</p> <p><i>N/A</i></p>											
<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width:15%; vertical-align: top;"> <p><input type="checkbox"/> Additional Pages</p> </td> <td style="width:15%; vertical-align: top;"> <p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p> </td> <td style="width:70%; vertical-align: top;"> <p>COMMITTEE NAME</p> <hr/> <p>COMMITTEE ADDRESS</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p> <hr/> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						<p><input type="checkbox"/> Additional Pages</p>	<p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE NAME</p> <hr/> <p>COMMITTEE ADDRESS</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p> <hr/>						
<p><input type="checkbox"/> Additional Pages</p>	<p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE NAME</p> <hr/> <p>COMMITTEE ADDRESS</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p> <hr/>												

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)

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ —

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 5093.85

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 352.33

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 4000.00

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 _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is LOW A. STELL, and my date of birth is _____.

My address is 1908 W. MCCARTY LN, SAN MARCOS, TX, 78666, USA.
(street) (city) (state) (zip code) (country)

Executed in HAYS County, State of TX, on the 13 day of July, 20 23.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>LOW A. STELL</i>		20 Filer ID (Ethics Commission Filers) <i>N/A</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>4000.⁰⁰</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5093.⁰⁵</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>955.96</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>723.96</i>
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	\$

LOANS**SCHEDULE E**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 E: 1
2 FILER NAME LOW A. SHELL		3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED LOANS		\$ 4000.00
5 Date of loan 4/13/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNIFER & LON A. SHELL	9 Loan Amount (\$) 4000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 1908 W. McCARTY LN SAN MARCO TX 78666	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Lon Asstall</u>	3 Filer ID (Ethics Commission Filers) <u>N/A</u>
4 Date <u>4/13/23</u>	5 Payee name <u>HMS County Youth Livestock Show</u>	
6 Amount (\$) <u>5093.85</u>	7 Payee address; City; State; Zip Code <u>PO Box 1778 Kyle TX 78640</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>CONTRIBUTION/DINNER</u>	(b) Description <u>CONTRIBUTION TO KYLE ANGEON</u>
	(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 <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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME CON A. STELL	3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 955.96
5 Date 4/24/23	6 Payee name SOUTHWEST AIRLINES	
7 Amount (\$) 723.96	8 Payee address; City; State; Zip Code 2702 LOVE FIELD DALLAS TX 75235	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL	(b) Description FLIGHT TO/FROM WASHINGTON D.C. AUSTIN FOR CONFERENCE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held 		
Date 6/13/23	Payee name SOUTHWEST AIRLINES	
Amount (\$) 145.00	Payee address; City; State; Zip Code 2702 LOVE FIELD DALLAS TX 75235	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description FEE FOR FLIGHT CHANGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2 2 FILER NAME LON A. STEW 3 Filer ID (Ethics Commission Filers) N/A

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 955.96

5 Date 6/14/23 6 Payee name AUSTIN BENGLSTROM, ABIA PARKING
7 Amount (\$) 87.00 8 Payee address; City; State; Zip Code
3600 PRESIDENTIAL BLVD AUSTIN TX 78717

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) fee (b) Description PARKING FEE AT ABIA AIRPORT
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY 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 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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="text-align: center; font-size: 2em;">1</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Lan A. Shell</div>		3 Filer ID (Ethics Commission Filers) <div style="text-align: center; font-size: 1.2em;">N/A</div>
4 Date <div style="text-align: center; font-size: 1.2em;">6/15/23</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">AMERICAN EXPRESS</div>		
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">723.96</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">PO Box 650448 DALLAS TX 75265</div>		
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">CREDIT CARD PAYMENT</div>		(b) Description <div style="text-align: center; font-size: 1.2em;">CC PAYMENT FOR TRAVEL EXPENSE TO CONFERENCE</div>
	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Office sought		
<input type="checkbox"/> Reimbursement from political contributions intended	Office held		
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule)		Description
	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Office sought		
<input type="checkbox"/> Reimbursement from political contributions intended	Office held		
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule)		Description
	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Office sought		
<input type="checkbox"/> Reimbursement from political contributions intended	Office held		
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule)		Description
	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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 T: <div style="text-align: center; font-size: 1.5em;">1</div>	
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">LON A. SHELL</div>		3 Filer ID (Ethics Commission Filers) <div style="text-align: center; font-size: 1.2em;">NA</div>	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <div style="text-align: center; font-size: 1.2em;">NA</div>			
5 Contribution / Expenditure reported on:			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 50%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule D</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Schedule F4</div> <div style="width: 50%;"><input type="checkbox"/> Schedule G</div> <div style="width: 50%;"><input type="checkbox"/> Schedule H</div> <div style="width: 50%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B-SS</div> </div>			
6 Dates of travel <div style="text-align: center; font-size: 1.2em;">6/12 - 6/14/23</div>		7 Name of person(s) traveling <div style="text-align: center; font-size: 1.2em;">LON A. SHELL</div>	
		8 Departure city or name of departure location <div style="text-align: center; font-size: 1.2em;">AUSTIN</div>	
		9 Destination city or name of destination location <div style="text-align: center; font-size: 1.2em;">WASHINGTON D.C.</div>	
10 Means of transportation <div style="text-align: center; font-size: 1.2em;">SOUTHWEST AIRLINES</div>		11 Purpose of travel (including name of conference, seminar, or other event) <div style="text-align: center; font-size: 1.2em;">TO ATTEND THE ACEC CONFERENCE</div>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 50%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule D</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 50%;"><input type="checkbox"/> Schedule G</div> <div style="width: 50%;"><input type="checkbox"/> Schedule H</div> <div style="width: 50%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B-SS</div> </div>			
Dates of travel		Name of person(s) traveling	
		Departure city or name of departure location	
		Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 50%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule D</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 50%;"><input type="checkbox"/> Schedule G</div> <div style="width: 50%;"><input type="checkbox"/> Schedule H</div> <div style="width: 50%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B-SS</div> </div>			
Dates of travel		Name of person(s) traveling	
		Departure city or name of departure location	
		Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED