

RUNOFF

# 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: <b>12</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="checkbox"/> MRS / MR FIRST MI	OFFICE USE ONLY		
	NICKNAME LAST SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received
<input type="checkbox"/> Change of Address				Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST MI	Date Processed	Date Imaged	
	NICKNAME LAST SUFFIX			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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)			
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>4 / 23 / 2021</b> THROUGH <b>5 / 27 / 2021</b>			
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		<b>CUCISD BOARD OF TRUSTEE PL. 1</b>		
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	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

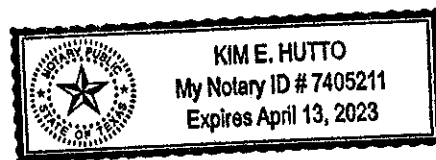
15 C/OH NAME <u>SHANNON BRAUN</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>8225</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>13,100.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>35.11</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,157.77</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>14,327.18</u>
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.

Shannon Braun  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Shannon Braun this the 28<sup>th</sup> day of May, 2021, to certify which, witness my hand and seal of office.

Kim E. Hutto      Kim E. Hutto      Board Clerk  
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 <i>SHANNON BROWN</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,100
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,157.77
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> 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:

8

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

SHANNON BRAUN

7 Amount of contribution (\$)

\$100

4 Date

5/13

5 Full name of contributor

Tiffany Avey

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

2104 Vegas Club Westlake TX 76262

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/13

Full name of contributor

Jane & William Blume

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

1305 Caldwell Creek Circle TX 76034

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/13

Full name of contributor

Wayne & Catherine R. Gray

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

2308 Hwy CT Circle TX 76034

Amount of contribution (\$)

\$1,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/13

Full name of contributor

Carmela & Santiago Dominguez

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

P.O Box 2517 Terrey TX 75126

Amount of contribution (\$)

\$1,000

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.

# 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

SHAWN BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

5/13

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CHRIS & Amy Peterson

7 Amount of contribution (\$)

\$ 500

6 Contributor address;

City;

State;

Zip Code

6230 Pool Rd Cville TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Greg Petrich

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

7405 Amelia Island Pk SL TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

# 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

SHANNON BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

5/4

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

TAMMY MUKAMURA

7 Amount of contribution (\$)

\$500

6 Contributor address;

City;

State;

Zip Code

1105 TIMBER CANYONS, TX 76039

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/4

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CRYSTAL MARSHALL

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

1503 Belt Ave Ln Colleyville TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Beverly & MARK BARFIELD

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

113 BARNDEN LN COLLEGEVILLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Pete & Linda Fredrick

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

1345 Woodbriar Southern TX 76092

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.

# 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

SHANNON BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

5/5

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

RANDY J. KELLY BLACK

7 Amount of contribution (\$)

\$ 500

6 Contributor address;

City;

State;

Zip Code

3004 CLW DRG Colleyville TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/5

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Nicole Carney

Amount of contribution (\$)

\$ 250

Contributor address;

City;

State;

Zip Code

6900 Rockingham CT Coppell TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Nicky Seitz

Amount of contribution (\$)

\$ 125

Contributor address;

City;

State;

Zip Code

6000 Vinters Ct Cuville TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Cheri Foster

Amount of contribution (\$)

\$ 500

Contributor address;

City;

State;

Zip Code

3200 Creek Rd Keller TX 76240

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.

# 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

SHARWAN BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

5/5

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

AUN & Eileen Drennan

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State;

Zip Code

2144 BRANCHWOOD CIRCLE TX

76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/6

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DAVE FOUT

Amount of contribution (\$)

\$1200

Contributor address;

City;

State;

Zip Code

1501 BRIMCREST CIRCLE TX

76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Patty McHenry

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

6104 BRAZOS ST CIRCLE TX

76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

KAY LYNN WISLER

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

41800 Bill Simms Circle TX

76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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

SHANNON BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

5/10

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

LAWRENCE MARSHALL

7 Amount of contribution (\$)

\$500

6 Contributor address;

City;

State;

Zip Code

13005 HICKORY OAKS SL TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/11

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

George Dodson

Amount of contribution (\$)

\$300

Contributor address;

City;

State;

Zip Code

7309 Balfour Dr Colleyville TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/12

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kessa Maykus

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

421 Smith Circle TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Bobby Rowles

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

845 Meadow Bend Circle TX 76051

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.

# 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

SHANNON BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

5/19

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jim & Kyle Phillips

7 Amount of contribution (\$)

\$250

6 Contributor address;

City;

State;

Zip Code

2907 Scarborough Ln Cville TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jim Dodd

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

4309 Green Cvllc TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Donna Cobb

Amount of contribution (\$)

\$1,000

Contributor address;

City;

State;

Zip Code

707 W. W Lockett Cville TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rhonda Wicker

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

3126 Woodlark Hts Cville TX 76034

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.

# 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

SHAWON BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

5/20

5 Full name of contributor

JAMES BRAUN

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 200

6 Contributor address;

City;

State;

Zip Code

3200 STARBUCK CIRCLE TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/21

Full name of contributor

JAMES MARCUS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250

Contributor address;

City;

State;

Zip Code

1312 SUMMER CIRCLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/21

Full name of contributor

Ashley Stiles

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250

Contributor address;

City;

State;

Zip Code

7001 ORCHARD HILL CIRCLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/21

Full name of contributor

Veronica Beughan

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500

Contributor address;

City;

State;

Zip Code

1209 Crestview Bedford TX 76021

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.

# 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: <u>1</u>		2 FILER NAME <u>SHANNON BRAUN</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5/10</u>		5 Payee name <u>SEED STUDIOS</u>			
6 Amount (\$) <u>597.66</u>		7 Payee address; City; State; Zip Code <u>244 Silver Lakes Dr Sunset TX 76270</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>HAWKERS</u>		
	<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 <u>5/25</u>		Payee name <u>Birdwell Communications</u>			
Amount (\$) <u>\$380</u>		Payee address; City; State; Zip Code <u>10105 Locksley Dr Bedford TX 76126</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Ads</u>		
	<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 <u>4/28</u>		Payee name <u>Chill</u>			
Amount (\$) <u>\$145</u>		Payee address; City; State; Zip Code <u>814 S MAIN ST GUNNE TX 76051</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food</u>		Description <u>Meet &amp; Greet</u>		
	<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