

RUNOFF CORRECTION

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>13</u>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX	<u>7/5/21 KET</u>		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Receipt #			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	Amount \$			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<u>4</u>	<u>23</u>	<u>21</u>	THROUGH	<u>5</u>	<u>27</u>

6 EXPLANATION OF CORRECTION
CORRECTED EXPENSES IN NAME ON DONOR

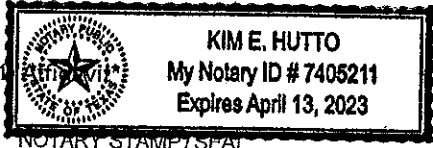
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Shannon Braum
Signature of Candidate/Officeholder



Please complete either option below:

Sworn to and subscribed before me by Shannon Braum this the 15th day of July, 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

(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____.

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:

12

3 CANDIDATE / OFFICEHOLDER NAME

MS (MR) / MR FIRST MI

SHANNON

NICKNAME LAST SUFFIX

BROWN

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

206 W. W. LOCKER RD COLLEGE ST TX 76034

Change of Address

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(217) 605 8015

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) FIRST MI

ROBERT

NICKNAME LAST SUFFIX

BROWN

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

206 W. W. LOCKER RD COLLEGE ST TX 76034

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(317) 605-8015

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

4 / 23 / 2021 THROUGH 5 / 27 / 2021

11 ELECTION

ELECTION DATE

Month Day Year
6 / 5 / 2021

ELECTION TYPE

Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GCISD BOARD OF TRUSTEES PL-1

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME SHANNON		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)	\$ 225
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,100
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 15.11
	4. TOTAL POLITICAL EXPENDITURES	\$ 1137.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,359.38
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.

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 _____, 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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13100
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,137.77
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:

8

2 FILER NAME

SHANNON BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

5/13

5 Full name of contributor

out-of-state PAC (ID#: _____)

Tiffany Aubrey

6 Contributor address;

City;

State; Zip Code

2104 Vagaro Club Westlake TX 76262

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/13

Full name of contributor

out-of-state PAC (ID#: _____)

James & Wilcox Blume

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

out-of-state PAC (ID#: _____)

LAURE RIGNEY

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

out-of-state PAC (ID#: _____)

Carmela & Santiago Dominguez

Contributor address;

City;

State; Zip Code

P.O Box 2517 Baytown TX 77526

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

SHAWNUN BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

5/13

5 Full name of contributor

out-of-state PAC (ID#: _____)

CHRIS + Amy Palmer

7 Amount of contribution (\$)

\$ 520

6 Contributor address;

City;

State;

Zip Code

6230 Post 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 Petchich

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

7405 Amelia Island Pkwy SL TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

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.

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 MARAMBA

7 Amount of contribution (\$)

\$500

6 Contributor address;

City;

State;

Zip Code

1105 TENGER COLLEGE BLVD, TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/4

Full name of contributor

out-of-state PAC (ID#: _____)

CRYSTAL MAREMBA

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

1503 BELLEFAYE 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#: _____)

Beverly & MARK BARBER

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

113 BARBER 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 WOODBRIDGE SOUTHVIEW 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 & KELLY BLACK

7 Amount of contribution (\$)

\$ 500

6 Contributor address;

City;

State;

Zip Code

3004 GLW DRG Colleyville TX

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 CIRCLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5

Full name of contributor

out-of-state PAC (ID#: _____)

Nick S. Smith

Amount of contribution (\$)

\$ 125

Contributor address;

City;

State;

Zip Code

6000 Veterans CT Circle TX 76074

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 76248

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#: _____)

A. W. & Eileen Drennon

7 Amount of contribution (\$)

\$ 200

6 Contributor address;

City;

State; Zip Code

76051

2144 BRANCHWOOD GUNN TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/6

Full name of contributor

out-of-state PAC (ID#: _____)

DALE FOUT

Amount of contribution (\$)

\$ 1200

Contributor address;

City;

State; Zip Code

1501 BRIMCREST GUNN TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5

Full name of contributor

out-of-state PAC (ID#: _____)

Patty McCurry

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State; Zip Code

6104 BRADDOCK CT CVILLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5

Full name of contributor

out-of-state PAC (ID#: _____)

KAYLYNN WOLFE

Amount of contribution (\$)

\$ 500

Contributor address;

City;

State; Zip Code

41800 Bill Sumner 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

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

1300 SHADY 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#: _____)

Kuffa Maykus

Amount of contribution (\$)

\$ 500

Contributor address;

City;

State;

Zip Code

421 Smith Cove 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 Cove 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.

2 FILER NAME SHANNON BROWN		1 Total pages Schedule A1:
4 Date 5/19		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Jim & Kyle Phillips <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) \$250
6 Contributor address; 2907 Scarborough Ln Cuville TX 76034 City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/19		Amount of contribution (\$) \$200
Full name of contributor Jim Dodd <input type="checkbox"/> out-of-state PAC (ID#: _____)		
Contributor address; 4301 Easton Cuville TX 76034 City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19		Amount of contribution (\$) \$1,000
Full name of contributor Donna Cobb <input type="checkbox"/> out-of-state PAC (ID#: _____)		
Contributor address; 207 W. W Lockett Cuville TX 76034 City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19		Amount of contribution (\$) \$200
Full name of contributor Rhonda Wicker <input type="checkbox"/> out-of-state PAC (ID#: _____)		
Contributor address; 3126 Woodlark Htr Cuville TX 76034 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.

2 FILER NAME SHAWWON BRAUN		1 Total pages Schedule A1:
4 Date 5/20	5 Full name of contributor JAMES BRUNSON <input type="checkbox"/> out-of-state PAC (ID#: _____)	3 Filer ID (Ethics Commission Filers)
	6 Contributor address; City; State; Zip Code 3200 EATON CIR CVILLE TX 76034	7 Amount of contribution (\$) \$ 200
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/21	Full name of contributor JAMES MARKS <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1312 SUMMERSET CIRCLE CVILLE TX 76034	\$ 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/21	Full name of contributor Ashley Stiles <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 7001 ORCHARD HILL CVILLE TX 76034	\$ 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/21	Full name of contributor Veronica Beughen <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1209 CROFTVIEW BEDFORD TX 76021	\$ 500
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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>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; <u>244 Silver Lakes Dr</u> City: <u>Sunset</u> State: <u>TX</u> Zip Code: <u>76270</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>HANDCARS</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>5/25</u>		Payee name <u>Bidwell Communications</u>			
Amount (\$) <u>\$380</u>		Payee address; <u>10105 Locksley Dr</u> City: <u>Bonham</u> State: <u>TX</u> Zip Code: <u>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	
Date <u>4/28</u>		Payee name <u>CH.II</u>			
Amount (\$) <u>\$45</u>		Payee address; <u>814 S MAIN ST</u> City: <u>Grove</u> State: <u>TX</u> Zip Code: <u>76051</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food</u>		Description <u>Meet & 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED