

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:

10

| | | | | | |
|---|--|---|--|--|-------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <i>Mrs</i> NICKNAME | FIRST <i>Mindy</i> LAST <i>McClure</i> | MI <i>M</i> SUFFIX | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>800 Beverly Dr. Colleyville TX 76034</i> | | | Date Received <i>4/23/2021 KEH</i> | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE <i>(817)</i> | PHONE NUMBER <i>312 9863</i> | EXTENSION | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <i>Mrs</i> NICKNAME | FIRST <i>Cindy</i> LAST <i>Stovall</i> | MI SUFFIX | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4713 Lakewood Dr Colleyville TX 76034</i> | | | Date Processed | Date Imaged |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <i>(817)</i> | PHONE NUMBER <i>683 1528</i> | EXTENSION | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month Day Year <i>4 / 2 / 2021</i> | | THROUGH | Month Day Year <i>4 / 23 / 2021</i> | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>5 / 1 / 2021</i> | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) <i>GCISD Trustee Place 1</i> | | 13 OFFICE SOUGHT (if known) <i>GCISD Trustee Place 1</i> | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME <i>n/a</i> | | | |
| | | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|-------------------------|---|--|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 99.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1589.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3410.39 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 338.79 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 500.00 |

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.

Mindy McClure

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mindy McClure this the 23rd day of April, 2021, to certify which, witness my hand and seal of office.

Kim E. Hutto Kim E. Hutto Bond 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>Mindy McClure</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>1490.00</i> |
| 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 | \$ <i>3410.39</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 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: 5 |
| 2 FILER NAME Mindy McClure | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/4/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy Spivey | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code 3907 Martin Pkwy Colleyville Tx 76034 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/6/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunni Roppolo | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 4001 Windermere Dr. Colleyville Tx 76034 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/10/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Stewart | Amount of contribution (\$) 25.00 |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/10/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Tucker | Amount of contribution (\$) 25.00 |
| Contributor address; City; State; Zip Code 6611 Carriage Dr. Colleyville 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 <i>Mindy McClure</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/12/2021</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michelle Hudak</i> | 7 Amount of contribution (\$) <i>100.00</i> |
| 6 Contributor address; City; State; Zip Code | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>4/13/2021</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brenda Kozakis</i> | Amount of contribution (\$) <i>50.00</i> |
| Contributor address; City; State; Zip Code <i>3004 Sherwood Ln Colleyville TX 76034</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4/13/2021</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jenny Haas</i> | Amount of contribution (\$) <i>150.00</i> |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4/13/2021</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kristine Leathers</i> | Amount of contribution (\$) <i>100.00</i> |
| Contributor address; City; State; Zip Code <i>6300 Emerald Dr Colleyville TX 76034</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Mindy McClure</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/13/2021</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Coley Carter</i> | 7 Amount of contribution (\$) <i>50.00</i> |
| 6 Contributor address; City; State; Zip Code | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>4/13/2021</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynne Daly</i> | Amount of contribution (\$) <i>25.00</i> |
| Contributor address; City; State; Zip Code <i>6808 Peter's Path Colleyville TX 76034</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4/13/2021</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kim Gensheimer</i> | Amount of contribution (\$) <i>50.00</i> |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4/13/2021</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrini Hendartono</i> | Amount of contribution (\$) <i>15.00</i> |
| Contributor address; City; State; Zip Code <i>6001 Volkra Ct. Colleyville TX 76034</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Mindy McClure</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/14/2021</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kim Dobecka</i> | 7 Amount of contribution (\$) <i>50.00</i> |
| 6 Contributor address; City; State; Zip Code | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>4/14/2021</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathleen Bundy</i> | Amount of contribution (\$) <i>50.00</i> |
| Contributor address; City; State; Zip Code <i>4604 Mill Wood Dr Colleyville, TX 76034</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4/15/2021</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Giovanni Capriglione</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4/21/2021</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wynette Griffin</i> | Amount of contribution (\$) <i>50.00</i> |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Mindy McClure</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/18/2021</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen Deakin</i> | 7 Amount of contribution (\$) <i>100.00</i> |
| 6 Contributor address; City; State; Zip Code <i>4828 Lakeside Dr. Colleyville TX 76034</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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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: <i>2</i> | 2 FILER NAME <i>Mindy McClure</i> | 3 Filer ID (Ethics Commission Filers) |
|--|--------------------------------------|---------------------------------------|

| | |
|----------------------------|----------------------------------|
| 4 Date <i>4/15/2021</i> | 5 Payee name <i>91 Design</i> |
|----------------------------|----------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) <i>1,299.00</i> | 7 Payee address; City; State; Zip Code <i>4115 Steeplechase Dr. Colleyville TX 76034</i> |
|----------------------------------|---|

| | | |
|------------------------------------|---|---------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>signs</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------------|----------------------------|
| Date <i>4/19/2021</i> | Payee name <i>US PO</i> |
|--------------------------|----------------------------|

| | |
|------------------------------|---|
| Amount (\$) <i>110.00</i> | Payee address; City; State; Zip Code <i>1501 Hall Johnson Colleyville TX 76034</i> |
|------------------------------|---|

| | | |
|------------------------|---|-------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>postage</i> | Description <i>postage</i> |
| | (c) <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 <i>4/18/2021</i> | Payee name <i>Frio's Gourmet Pops</i> |
|--------------------------|--|

| | |
|------------------------------|--|
| Amount (\$) <i>248.00</i> | Payee address; City; State; Zip Code <i>242 Rufe Snow Drive Keller TX 76248</i> |
|------------------------------|--|

| | | |
|------------------------|---|---------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food/beverage expense</i> | Description <i>popsicles</i> |
| | (c) <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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|----------------------|---|-----------------|
| 1 Total pages Schedule F1: | | 2 FILER NAME <i>Mindy McClure</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>4/22/2021</i> | | 5 Payee name <i>Little Giant Printers</i> | | | |
| 6 Amount (\$) <i>426.26</i> | | 7 Payee address; | | City; | State; Zip Code |
| | | <i>7905 Boulevard 26 North Richland Hills TX</i> | | <i>TX</i> | <i>76180</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | |
| | <i>Advertising Expense</i> | | <i>post cards</i> | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>4/22/2021</i> | Payee name <i>USPO</i> | | | | |
| Amount (\$) <i>630.00</i> | Payee address; | | City; | State; | Zip Code |
| | <i>1501 Hall Johnson Colleyville TX</i> | | <i>TX</i> | | <i>76034</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <i>postage</i> | | <i>postage</i> | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>4/16/2021</i> | Payee name <i>The T shirt Guys</i> | | | | |
| Amount (\$) <i>697.13</i> | Payee address; | | City; | State; | Zip Code |
| | <i>213 E Northwest Hwy</i> | | <i>Grapevine TX</i> | | <i>76034</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <i>Advertising Expense</i> | | <i>Shirts + Hats</i> | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED