# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

- CONT	SOUTH DESCRIPTION OF SECURITY
The C/OH Instruction C	Suide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI OFFICE USE ONLY  NICKNAME SOUCH Z  NICKNAME SOUCH Z  NICKNAME SOUCH Z
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  4:29 PM  193 Real Road Vidor Tx 711669  AREA CODE PHONE NUMBER EXTENSION  Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(409) 549-1805  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	NICKNAME  SUFFIX  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
(Residence or Business)	1755 Hickory Hill Vidor TX 77662
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (409) (451-3871
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 16 / 23 THROUGH 1 / 15 / 2024
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  Orange County Sheriff
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.
001111111111111111111111111111111111111	COMMITTEE TYPE COMMITTEE NAME
Additional Pages	GENERAL COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME
	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		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1950.60
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 9468.72
	4. TOTAL POLITICAL EXPENDITURES	\$ 9448.72
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 4,000.00
rec	guired to be reported by me under Title 15, Election Code.  Signature of Ca	andidate or Officeholder
(1) Affidavit	Please complete either option below MICHELLE NEILL Notary ID #125816919 My Commission Expires August 25, 2026	:
NOTARY STAMP/SEAL	1110 1 506000	15 day of January
ni	which, witness my hand and seal of office.  MICHELLE MEIL	Notary
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer admin stering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on theday of(month	, 20 (year)
	Signature of Candid	ate/Officeholder (Declarant)

#### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER NAME Sanchez 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1950.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ D
4. SCHEDULE E: LOANS	\$ 4000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <b>D</b>
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ B
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 10
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ P
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$9668.72
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ D

#### **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	Miguel Sanchez	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Deanna Boudreaux	7 Amount of contribution (\$)				
8-3-23	6 Contributor address; City; State; Zip Code	\$ 200.00				
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru					
Date	Full name of contributor	Amount of contribution (\$)				
11-22-23	Contributor address; City; State; Zip Code					
		\$500.00				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date	Full name of contributor	Amount of contribution (\$)				
12-9-23	Stophanie Smith  Contributor address; City; State; Zip Code	\$ 30.00				
Principal occup	eation / Job title (See Instructions)  Employer (See Instru	4 40				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
12-18-23	Contributor address; City; State; Zip Code	\$ 500.00				
Principal occup	ation / Job title (See Instructions)  Employer (See Inst					
	(*)					

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	Miguel Sanchez		3 Filer ID (Ethics Commission Filers)			
4 Date		(ID#:)	7 Amount of contribution (\$)			
7-28-23	6 Contributor address; City;	State; Zip Code	\$ 100.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date	A	(ID#:)	Amount of contribution (\$)			
7-29-23	Contributor address; Contributor address; Contributor address;	State; Zip Code	\$ 100.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	\	(ID#:)	Amount of contribution (\$)			
8-15-23	James Porter Contributor address; City;	State; Zip Code	\$ 20.00			
Principal occup	ation / Job title (See Mstructions)	Employer (See Instruc				
Date	_	(ID#:)	Amount of contribution (\$)			
11-21-23	Park Avenue Cleaners  Contributor address; City;	State; Zip Code	A= (D)			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	\$500.00 tions)			
	ATTACH ADDITIONAL COPIES O					

#### LOANS

#### SCHEDULE E

ii tile requested	Illionnation is not applicable	ie, DO NO	i ilicidde tilis page ili tile re	port.
The	Instruction Guide explains ho	w to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME	Miguel Sa	Z	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender C	9 Loan Amount (\$) 4000.00		
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
12 Principal occupation	on / Job title (See Instruction)		13 Employer (See Instructions)	
14 Description of Colla	ateral		Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)		21 Employer (See Instructions)	
3350 6 2350 a - 270 a				
Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State; Zip Code	Interest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colla	ateral		Check if personal func	ds were deposited into political
none			account (See Instructi	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
_	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupation	on (See Instructions)		Employer (See Instructions)	18.50
If le			ES OF THIS SCHEDULE AS NEE truction guide for additional re	

SCHEDULE H

		EXPEN	DITURE CATE	GORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Madi Candidate/Officeholder/Poli Credit Card Payment	Event Expense Fees Con Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Legal Services  Loan Repayment/Reimbursement Office Overhead/Rental Expense Folling Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			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 H:	2 FILER N	Mic Mic	jue 1 3	anch	re 2	3 Filer ID (Eth	ics Commission Filers)
4 Date 7-18-23	5 Business	name T+k	. Desia				
6 Amount (\$)	7 Business	address;	Ü	TV.	City;	State;	Zip Code
276.60	185	FM II	31		Vidor	Tx	77642
PURPOSE OF EXPENDITURE	Adver	tising	Expension of Texas, Complete Sci	se	(b) Description	Koozie	
9 Complete ONLY if direct		ite / Officehold		nedule 1.	Office sought	TX, officeholder living	Office held
expenditure to benefit C/O	Н				and dought		Office neid
Date	Business	name					
7-28-23		THK	Desian	13			
Amount (\$)	Business	address;	J		City;	State;	Zip Code
1343.82	185	FM 1	131		Vidor	TX	77/11/2
PURPOSE OF EXPENDITURE	Advert	ising F	ed at the top of this sc	,	Description  Campaign  Check if Austin.	KOOZIC	2.5 Ixpense
Complete ONLY if direct expenditure to benefit C/O		te / Officehold	er name		Office sought		Office held
Date	Business	name					
9-2.23	Wal	mart					
Amount (\$)	Business	address;			City;	State;	Zip Code
71.78	1360	N. M	ain		Vidor	Τx	77662
	Category (	See Categories list	ed at the top of this sci	hedule)	Description		7.040
PURPOSE OF EXPENDITURE	Adver!	0	Expension of Texas. Complete Sche	edule T.	Drinks fo	r Meet	+Greet
Complete ONLY if direct expenditure to benefit C/OH		e / Officehold	er name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services	se pense g	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Travel In Distric Travel Out Of D	quipment & Related Expense
		The Instruction G	uide explains	how to com	plete this form.		
1 Total pages Schedule H:	2 FILER N	Miau	el Sa	nche	7	3 Filer ID (E	thics Commission Filers)
4 Date 9-6-23	5 Business	u Of	rame	•			
6 Amount (\$)	7 Business	address;	9	9	City;	Stat	e; Zip Code
20.00	812	V. 16th 8	St.		Drange	Tx	77630
8 PURPOSE OF	(a) Category	(See Categories listed at t	he top of this sched	dule) (b)	Description		
EXPENDITURE	Adver:	tising Expect of Texa	pense	_ B	ooth at	·COCIVE	al
		neck if travel out <del>side</del> of fexa	s. Complete Schedu	ile I.	Check if Austin	, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/C		te / Officeholder na	ame	Offic	ce sought		Office held
Date	Business	name					
9-6-23	Roto	ry Clu	b 0f	Dro	ange.		
Amount (\$)	Business	add <b>res</b> s;			dity;	State	; Zip Code
50.00	1950	Martin L	uther '	King	Dr. Ora	unce Tx	77630
*	Category (	See Categories listed at th	e top of this sched	ule)	Description	0	
PURPOSE OF EXPENDITURE	Advert	ising Exp	oense.	B	ooth at	Festiva	.1
		eck if travel outside of Texas	. Complete Schedule	е Т.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O		e / Officeholder na	me	Offic	e sought		Office held
Date	Business	name					
9-11-23	Green	Thumb	Unli	mite	d		
Amount (\$)	Business	address;			City;	State	Zip Code
54.13	200 N	Main		,	Vidor	$\exists x$	77662
	Category (	See Categories listed at th	e top of this schedu	ıle)	Description		
PURPOSE OF EXPENDITURE	Advert	ising Ex	ense	Ca	ar Deco	ul	
	Ch	eck if travel obtaine of Texas	. Complete Schedule	е Τ.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O		e / Officeholder na	me	Office	e sought		Office held
	ATTA	CH ADDITIONAL	COPIES OF T	THIS SCHE	EDULE AS NEED	DED	

SCHEDULE H

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	Fees         Offic           Food/Beverage Expense         Polling           de By         Gift/Awards/Memorials Expense         Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
and the second of the second o	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule H:	2 FILER NAME Miguel Sanc	chez	3 Filer ID (Ethics Commission Filers)
9-11-23	5 Business name USPS		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
11.05	285 S. Archie St	Vidor	TX. 77662
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Advertising Expense  (c) Check if travelod tside of Texas. Complete Schedule T.		impaign Shirt
			TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
9-14-23	T+k Designs		
Amount (\$)	Business address;	City;	State; Zip Code
348.23	185 FM 1131	Vidor	TX 77660
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	21	<b>1</b>	
EXPENDITURE	Holyertising Expense	Campaia	n Shirts
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
D-1-			
Date	Business name		*
4-14-23	1+ R Designs		
Amount (\$)	Business address;	City;	State; Zip Code
271e.69	185 FM 1131	Vidor	TX 77660
	Category (See Categories listed at the top of this schedule)	Description	•
PURPOSE OF	N	Δ.	
EXPENDITURE	Advertising Expense	lampaign	Kouzies
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	н		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED!	ED

SCHEDULE H

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Polling Gift/Awards/Memorials Expense Printin Legal Services Salarie		c Overhead/Rental Expense Trang Expense Trang Expense Trang		Trans Trave Trave	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Fravel Out Of District Other (enter a category not listed above)		
	T .		truction Guid	e explains how	to complete	this form.			
1 Total pages Schedule H:	2 FILER N	AME M	iauel	Sano	nez		3 File	r ID (Ethio	s Commission Filers)
4 Date 9-4-23	5 Business	name	Cluk	)					
6 Amount (\$)	7 Business	address;				City;		State;	Zip Code
42.49	Ilel	5 II	3 OI F	)	Be	aumo	nt	$\sqrt{\chi}$	771662
PURPOSE OF	(a) Category	(See Categori	ies listed at the to	op of this schedule)	(b) Desc	cription			
EXPENDITURE	Advert (c)	-	1	ense emplete Schedule T.		Suppl Check if Austin.			cet + Greet
							. 171, 011101	sholder living e	rxperise
9 Complete ONLY if direct expenditure to benefit C/C		te / Office	holder name	•	Office sou	ught			Office held
Date	Business	name							
9-15-23	Arr	1020r	)						
Amount (\$)	Business	address;				City;		State;	Zip Code
9.38	410		Ave	N	S	eattle		WA	98109
	Category (	See Categor <b>i</b> e	listed at the to	o of this schedule)	Desci	ription			
PURPOSE OF	Turan	t					١.	. 1	
EXPENDITURE	Event	EXC	ense		Name	taa.	to li	rac t	o events
	Ch	eck if travel out	side of Texas. Con	mplete Schedule T.		Check if Austin,	TX, office		
Complete ONLY if direct expenditure to benefit C/O		e / Officeh	nolder name		Office sou	ght		- (	Office held
Date	Business r	name							
9-18-23		ISPS	5						
Amount (\$)	Business	address;				City;		State;	Zip Code
11.90	285 5	· Arc	nie S	t.	V	idor		Tx	77062
	Category (	See Categorie	s listed at the top	of this schedule)	Descr				
PURPOSE OF EXPENDITURE		eck if travel out	SEX#	DENSE nplete Schedule T.	Ship	ped Co	TX, officer	ugh (	Shirt
Complete ONLY if direct expenditure to benefit C/OH		e / Officeh	older name		Office sou	ght		0	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

SCHEDULE H

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	Office Polling Expense Printir Salari	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Travel In District Travel Out Of Dis	quipment & Related Expense	
		The Instruction Gu	ide explains how	to complete this form.			
1 Total pages Schedule H:	2 FILER N	Miaur	1e7	3 Filer ID (Et	thics Commission Filers)		
4 Date 9-18-23	5 Business	name Citu	by Dro	inal			
6 Amount (\$)	7 Business	address;		City;	State	Zip Code	
40.00	2100	Western F	tven ue	West Ora	nge Tx	. 77630	
8 PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description	0		
OF EXPENDITURE	Paver	tising Exp	ense	Booth for	festive	al	
	(c) c	heck if travel outside of Texas.	Complete Schedule T.	Check if Austin	. TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/O		ite / Officeholder nan	ne	Office sought		Office held	
Date	Business	name					
9-20-23	Orang	e Countes	Conni	osioner's C	aurt		
Amount (\$)	Business	address;	)	City;	State	Zip Code	
20.00	123 50	uth Leth St	t	Orange	$T_X$	77630	
	Category	See Categories listed at the	top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Pollin	a Expens	e	2020 Primary	-list of 1	<i>loters</i>	
	ci	neek if travel outside of Texas. (	Complete Schedule T.	Check if Austin.	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder nam	ne	Office sought		Office held	
9-20-23	Drana	Λ	Specie	al Angels	Rodeo		
Amount (\$)	Busines	address;		City;	State;	Zip Code	
100.00		Division		Orange	· Tx -	17630	
17 p. c. c. 27 p. c.	Category (	See Categories listed at the	top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event	Expense	)	V	undrais		
	L Ch	eck if travel outside of Texas. C	Complete Schedule T.	Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O		e / Officeholder nam	е	Office sought		Office held	
	ATTA	CH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NEED	DED		

SCHEDULE H

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mar Candidate/Officeholder/Po Credit Card Payment	Fees         Of           Food/Beverage Expense         Po           de By         Gift/Awards/Memorials Expense         Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/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 he	ow to complete this form.				
1 Total pages Schedule H:	11.	chez	3 Filer ID (Ethics Commission Filers)			
4 Date 9-29-23	5 Business name Walmart					
6 Amount (\$)	7 Business address;	City;	State; Zip Code			
46.14	1360 U. Main	Vidor	TX 771062			
8	(a) Category (See Categories listed at the top of this schedul	(b) Description				
PURPOSE OF	21 - 1:5: - 5:20	o n				
EXPENDITURE	Advertising Expense	4-5	Meet + Greet			
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held			
Date	Business name					
9-29-23	Zummon Meat Co.	Inc.				
Amount (\$)	Business address;	City;	State; Zip Code			
240.00	PO BOX 1688	Beaumor	nt Tx 77704			
£	Category (See Categories listed at the top of this schedule	Description				
PURPOSE OF	Advertising Expense	Food for me	at tacet			
EXPENDITURE	Check if travel ourside of Texas. Complete Schedule 1		9.44			
			TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
Date	Business name					
9-29-23	Sam's Club					
Amount (\$)	Business address;	City;	State; Zip Code			
280.25	1615 Interstate 10 S.	Beaumo	nt Tx 77701			
	Category (See Categories listed at the top of this schedule		Tu VC			
PURPOSE OF						
EXPENDITURE	Advertising Expense	Food for M	cet + Greet			
	Check if travel outside of Texas. Complete Schedule T		TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEED	ED			

SCHEDULE H

		EXPENDIT	URE CATEG	ORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	/Banking Expense ns/Donations Made By e/Officeholder/Political Committee		Fees Off Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir		payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Transportation E Travel In Distric Travel Out Of D		
1 Total pages Schedule H:	2 50 50 10		Guide explains	s now to	complete this form.			
	2 FILER N	Miau	el Sar	nch	12	3 Filer ID (E	thics Commission Filers)	
10-8-23	5 Business		Desio					
6 Amount (\$)	7 Business		000.0	),,,	City;	Stat	e; Zip Code	
1005 74	190	S EM III	2.1	12		Tv		
043.11	10,	D FM II	21		Vidor	IX	11000	
8 PURPOSE OF	(a) Category	(See Categories listed a	t the lop of this sch	edule)	(b) Description			
EXPENDITURE	Advert	isina Ex	pense		Cammia	n Shic	15	
	(c) _ c	heck if traveloutside of Te	xas. Complete Scher	dule T.	Check if Austin,	TX, officeholder livi	ng expense	
9 Complete ONLY if direct	Candida	ite / Officeholder r	name		Office sought		Office held	
expenditure to benefit C/O	н				4		Office field	
Date	Business	name						
10-17-23	T	K Des	ians					
Amount (\$)	Business	address;	3.10		City;	State	e; Zip Code	
210.91	185	FM 113	ι		Vidor	TX	771042	
	Category (	See Categories listed at	the top of this sche	edule)	Description			
PURPOSE	$\sim$ 1				^			
EXPENDITURE	Follert	ising tx	Dense		Campaia	n Shir	15	
7	C	neck if traveloutside of Tex	as. Complete Sched	lule T.	Check if Austin.	TX, officeholder livin	g expense	
Complete ONLY if direct	Candida	te / Officeholder n	ame		Office sought		Office held	
expenditure to benefit C/O	+				•		Cinice field	
Date	Business	nama						
10 20 02	0 1	^	. 1					
Amount (\$)		ar Gene	xa'					
Amount (\$)	Business	address;			City;	State	Zip Code	
QU 18	00	1	01		Ω	. ~		
01-1.	2102	Dowler			Deaumor	nt Tx	77701	
300000000000000000000000000000000000000	Category (	See Categories listed at	the top of this sche	dule)	Description			
PURPOSE OF	۸		_		Λ Λ	0		
EXPENDITURE	Howertie		nse		Candy tor	Parad	e	
	Ch	eck if travel outside of Texa	as. Complete Sched	ule T.	Check if Austin,	TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder n	ame		Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE H

		EXPENDI	TURE CATE	ORIES	FOR BOX 8(	a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad- Candidate/Officeholder/Poli Credit Card Payment		Fees Ol Food/Beverage Expense Prod/Beverage		Office Ov Polling E Printing E Salaries/	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense Iaries/Wages/Contract Labor		Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category		oment & Related Expense
1 7-1-1	1.		n Guide explains	s now to	complete this fo	orm.			
1 Total pages Schedule H:	2 FILER N	Mia	uel Sar	che	1		3 Filer	ID (Ethic	s Commission Filers)
4 Date	5 Business	name A	Ö.	_					
11-9-23		CUE	Yrint	ina					
6 Amount (\$)	7 Business	address;		3	Cit	y:		State;	Zip Code
3301.63		PO BO	x 490		Bride	re C	itu	$\chi \gamma$	77611
8 PURPOSE	(a) Category	(See Categories listed	at the top of this sch	edule)	(b) Description	on .	)		
OF EXPENDITURE	Adver	tiains F	V COM	,	Cc			1 5:	
			APONIA		Campa	-	Lyan	a 210	3n5
		Check if travel outside of		dule T.	Check	if Adstin.	TX, officeh	older living e	xpense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder	name		Office sought				Office held
Date	Business	name							
11-7-23	Gree	n Thur	nb Un	lim	ited				
Amount (\$)	Business			,,,,,	City	/:		State;	Zip Code
291.30	200 N	1. Main	1		Vido	)(	T	X	771662
	Category	See Categories listed	at the top of this sche	edule)	Description	n			
PURPOSE	<b>.</b> .				0		0 0		
OF EXPENDITURE	Advert	isina E	XDense	2	'bann	es.	tor (	ama	ain
	c	neck if travel outside of Te	exas. Complete Sched	lule T.	Check	if Austin,	TX, officeho	older living ex	pense
Complete ONLY if direct	Candida	te / Officeholder	name		Office sought				) # ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
expenditure to benefit C/O					omice sought				Office held .
Date	Business	name							
11-14-23	T+	Y Desig	ins						
Amount (\$)	Business	address;	31.0		City	;		State;	Zip Code
560.58	185	FMI	131		Vido	(	-	ĺχ	77462
	Category (	See Categories listed a	at the top of this sche	dule)	Description				
PURPOSE			_						
OF EXPENDITURE	Pdver!	tising t	Xpens	0	Campa	igr	Ke.	ozic	5 Shirts
		neck if travel outside of Te	xas. Complete Sched	uie T.	Check	if Auerin, T	X, officeho	lder living exp	pense
Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder	name	(	Office sought			C	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

SCHEDULE H

		EXPEND	ITURE CATE	GORIE	SFORE	3OX 8(a)				
	Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print		Repayment/Reimbursement e Overhead/Rental Expense ng Expense ng Expense ries/Wages/Contract Labor		Trans Trave Trave	Solicitation/Fundraising Expense Transportation Equipment & Rela Travel In District Travel Out Of District Other (enter a category not listed		
			on Guide explain	is how to	complet	e this form.				
1 Total pages Schedule H:	2 FILER NA	$M^{\text{ME}}M_{i\alpha}$	nel Sa	nch	102		3 File	er ID (Et	nics Commission	on Filers)
4 Date	5 Business	name U	M+D	A	, 1	Vidor	-			
6 Amount (\$)	7 Business	address;			<u> </u>	City;		State	Zip C	ode
25.95	1230	North	Main		,	Vidor	1	TX	776	202
8 PURPOSE	(a) Category (	See Categories list	ed at the top of this so	hedule)	(b) De	scription				
OF EXPENDITURE		tising	Expens	e	Hard	lware s	Suppl	ic for	Sign	5
	(c) Ch	eck if travel outside o	f Texas. Complete Sch	edule T.		Check if Aust	tin, TX, offic	eholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/O		e / Officeholde	er name		Office s	ought			Office held	1
Date	Business n	ame								
11-21-23	M+I	Ace	Vidor	^						
Amount (\$)	Business a	iddress;				City;		State;	Zip Co	ode
95.13	1230 N	lorth N	<i>Nain</i>		\	idor	9	TX	7766	22
	Category (S	ee Categories liste	d at the top of this sch	edule)	Des	scription				
PURPOSE			_			_		_		
OF EXPENDITURE	Advert	Sina	Expense	,	Hardy	ware Su	polies	5 tor	Sians	
	Che	ck if travel outside of	Texas. Complete Sche	dule T.		Check if Austi	in, TX, office	holder living		
Complete ONLY if direct	Candidate	/ Officeholde	r name		Office se	nuaht	-		Office held	7.1
expenditure to benefit C/O			. mamo		Office 3	ougni			Office held	4.
Date	Business n	ame		-						
11-22-23	MID	Ace V	idor							
Amount (\$)	Business a		ICAUT			City;		State	7:- 0-	
						City,		State;	Zip Co	de
74 38	1020 1	1 11.	_		1/	: at a		TV	77	. 0
- ('	1230 N	d. IA IM	at the top of this sch	- 4:4->	V	idor		/X	7761	Q d
PURPOSE	Category (S	ee Categories lister	at the top of this sch	edule)	Des	scription				
05	Advert	isino	France	9	11.	1	9	١٠ (	. 6.	_
EXPENDITURE			Texas. Complete Sche		HOME	lware		lies 1	br Dig	ns
		CK II traver outside or	rexas. Complete Schel	dule 1.		Check if Austin	n, TX, office	holder living	expense	
Complete ONLY if direct expenditure to benefit C/OF		/ Officeholde	r name		Office so	ought			Office held	
	ATTAC	H ADDITION	AL COPIES O	F THIS S	SCHEDU	ILE AS NEE	DED			

SCHEDULE H

		EXPEND	ITURE CATE	GORIE	S FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po Credit Card Payment		Event Expense Fees Food/Beverage E: Gift/Awards/Mem Legal Services		Office C Polling Printing	epayment/Reimbursement overhead/Rental Expense Expense Expense s/Wages/Contract Labor	Transp Travel Travel	In District Out Of District	oment & Related Expense
			n Guide explair	s how to	complete this form.			
1 Total pages Schedule H:	2 FILER N	AME MION	uel Sar	nche	12	3 Filer	ID (Ethic	s Commission Filers)
4 Date	5 Business	name 🔪 🗸			_	`		
11-27-8823		nae Cou	ntu Sox	cial	s Angels K	odeo	)	
6 Amount (\$)	7 Business	address;	5		Ocity;		State;	Zip Code
30.00	7021	O. Divis	sion St		Orana	e	Tx	77630
8	(a) Category	(See Categories liste	d at the top of this so	hedule)	(b) Description	)		
PURPOSE OF	-	-					_	
EXPENDITURE	tvent	c Exper	nse		Christmas	Gala	lick	ots
	(c)	Check if travel outside of		edule T.	Check if Aust		holder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/6		ate / Officeholde	r name		Office sought		1	Office held
Date	Business	name						
11-29-23	Hark	oor Fi	ceiant					
Amount (\$)	Business	address;	9		City;		State;	Zip Code
14.58	10041	Easte	x Free Li	)ûu	Braune	ont	Tx	77708
	Category	See Categories listed	at the top of this sch	nedule)	Description			
PURPOSE			-		1.1	•		
EXPENDITURE	Advert	ising	expense	P	Hard ware	for (	amOa.	ian Sians
	c	neck if travel outside of	exas. Complete Sche	edule T.	Check if Austi	n, TX, officeh	older living ex	pense
Complete ONLY if direct	Candida	te / Officeholder	name	-	Office sought			Office held
expenditure to benefit C/C	ЭН							,
Date	Business	name						
11.20.02	14)01	1000 - I						
Amount (\$)	Pusiness	irrart						
Amount (4)	Business	address;			City;		State;	Zip Code
43.50	3115	Fdoor B	raun T	Dr.	West Dra	o√w	TX	77630
	Category	See Categories listed		edule)	Description	5		
PURPOSE		1700				0	_	
OF EXPENDITURE	Advertis	sina Exe	prise		Mardi Gri	as to	code !	Float
		neck if travel outside of	exas. Complete Sche	dule T.	Check if Austin	n, TX, officeh	older living ex	pense
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder	name		Office sought			Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE H

	EXPEN	DITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	tical Committee Legal Services	Expense Office Polli morials Expense Prin Sala	n Repayment/Reimbursement the Overhead/Rental Expense ing Expense ting Expense ries/Wages/Contract Labor of to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schodule III		non Guide explains nov	to complete this form.		1
1 Total pages Schedule H:	2 FILER NAME MIO	wel San	chez	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name	)			
12-9-23	Green 1	humb ly	limited		
6 Amount (\$)	7 Business address;		City;	State;	Zip Code
25.00	200 N. Ma		Vidor	Tx	77662
8 PURPOSE	(a) Category (See Categories lis	ted at the top of this schedule	(b) Description		
OF EXPENDITURE	Odunal in to	T.,	1	i i	
EXPENDITURE	Advertisina	expense	Car Dec	cal	
	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officehold	er name	Office sought		Office held
Date	Business name				
12.9-23	Green Th	umb Un	imited		
Amount (\$)	Business address;		City;	State;	Zip Code
25.88	200 N. Main	<u> </u>	Vidor	TX	
	Category (See Categories list	ed at the top of this schedule)	Description		
PURPOSE		_			
OF EXPENDITURE	Pavertisina	Expense	Car Decal-		
		of Texas. Complete Schedule T.		TX, officeholder living exp	
0 14 0 14 14 14 14	Candidate / Office to the			TX, officerolder living exp	ense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehold	er name	Office sought	· C	Office held
Date	Business name				
10.0-03	MID DOG	1/: 400			
Amount (\$)	Business address:	Vidor			
ranount (¢)	business address,		City;	State;	Zip Code
369.38	1230 North	Main	Vidor	Tx	77662
	Category (See Categories liste		Description		1.00
PURPOSE					
OF EXPENDITURE	Advertisina	Excense	Hardware Su	mies for 6	3:0-
EXPENDITORE		Texas. Complete Schedule T.		X, officeholder living exp	vigns
			Crieck ii Adstiii,	A, officendider living exp	ense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholde	er name	Office sought	0	ffice held
	ATTACH ADDITION	IAL CORIES OF THE	O COUEDIN E A CHEST		
	ATTACH ADDITION	VAL CUPIES OF THE	S SCHEDULE AS NEED	ED	

SCHEDULE H

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Lebor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	to complete this form.	Other (enter a catego	ory not listed above)			
1 Total pages Schedule H:	2 FILER NAME Miquel Sanch	102	3 Filer ID (Ethics	s Commission Filers)			
12.9-23	5 Business name	Vidor					
6 Amount (\$)	7 Business address;	City;	State;	Zip Code			
42.48	1230 North Main	Vidor	Tx	771002			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Podvertising Expense  (c) Check if travel outside of Texas. Complete Schedule T.	Hardware Su		Signs			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	TX, officeholder living e	office held			
expenditure to benefit C/6		4	:	Office field			
Date	Business name						
12-26-23	Amazon						
Amount (\$)	Business address;	City;	State;	Zip Code			
19.16	410 Terry Ave N.	Seattle	WA	98109			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)  Pdvcrtising Expense  Check if travel outside of Texas. Complete Schedule T.	Mardi Gras	S Parade TX, officeholder living ex	Float			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	(	Office held			
Date	Business name						
12-28-23	Walmart						
Amount (\$)	Business address;	City;	State;	Zip Code			
98.15	3115 Edgar Brown Dr.	West Dro	inac Tu	77630			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if traveloutside of Texas. Complete Schedule T.	Description  Marci Gr  Check if Austin, T	as Parade	Float			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE H

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#### EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printling Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how		er (enter a category not listed above)			
1 Total pages Schedule H:	2 FILER NAME \ \ \ .		iler ID (Ethics Commission Filers)			
4 Date	5 Business name		Y			
12.28-23	Hmazon					
6 Amount (\$)	7 Business address;	City;	State; Zip Code			
18.37	410 Terry Ave N.	Scattle	WA 98109			
8	(a) Category (See Categories listed at the lop of this schedule)	(b) Description				
PURPOSE OF	10.111	14 . 0				
EXPENDITURE	Advertising Expense	Mardi Gras t	alade Float			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/0	JH	4				
Date	Business name					
12-28-23	TEMU					
Amount (\$)	Business address;	City;	State; Zip Code			
90.74	31 Saint James Ave. S	tc 355 Boston	MA 021110-4101			
*	Category (See Categories listed at the top of this schedule)	Description	•			
PURPOSE OF EXPENDITURE	Advertising Expense	Margi Gras	Reade Float			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Business name					
1-2-24	Party City					
Amount (\$)	Business address;	City;	State; Zip Code			
155.88	5725 Eastex Freeway	Beaumone	Tx 7770ce			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	n		~			
OF EXPENDITURE	Hovertising Expense	Marci Gras Po	rade float			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE H

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Pol Credit Card Payment		Legal Serv	ices		g Expense es/Wages/Contra		ravel Out Of Distriction of Categorian (enter a categorian categor	ory not listed above)
		The Ins	truction Guide	explains how t	o complete th	is form.		•
1 Total pages Schedule H:	2 FILER N	AME V	liquel	Sanc	hez	3	Filer ID (Ethic	s Commission Filers)
1-3-024	5 Business	name	latma	ct				
6 Amount (\$)	7 Business	address;				City;	State;	Zip Code
89.90	8585	Men	porial 6	Blud	Port	Arthur	TX	77640
8 PURPOSE	(a) Category	(See Categor	ies listed at the top of	of this schedule)	(b) Descri	ption	_	
OF EXPENDITURE		LISING	EXPE	b)SC	Mar	di Gra	5 Paraco	te Flood
9 Complete ONLY if direct	Candida		holder name		Office soug		oniceholder living a	Office held
expenditure to benefit C/C	DH				4			
Date	Business	name						
1-7-24	L4	K I	esians	5				
Amount (\$)	Business	address;	0			City;	State;	Zip Code
42.95	185	FM	1131		. V	idor	TX	77662
w	Category	See Categorie	es listed at the top of	this schedule)	Descrip	otion		
PURPOSE OF	n Junk	-:	Lyones	0	No-	1:0/61	1 - ^	
EXPENDITURE	Adverti		tside of Texas. Compl		Noo	SICIONI	rts (a)	moougn
				ete Scriedule 1.			officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		te / Officel	nolder name		Office sough	ht		Office held
Date	Business	name						
Amount (\$)	Business	address;			,	City;	State;	Zip Code
PURPOSE	Category (	See Categorie	es listed at the top of	this schedule)	Descrip	otion		
OF EXPENDITURE								
	Cr	neck if travel out	side of Texas. Comple	ete Schedule T.	Ch	eck if Austin, TX, o	fficeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		te / Officeh	nolder name		Office sough	nt	C	Office held
	ATTA	CH ADDI	TIONAL COPI	ES OF THIS	SCHEDULE	AS NEEDED		