

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div> <del>MR</del> MR  NICKNAME  </div> <div> FIRST  <b>Rodney</b>  LAST  <b>Townsend</b>  </div> <div> MI  A.  SUFFIX  Jr.  </div> </div>		<b>OFFICE USE ONLY</b> <hr/> Date Received <b>REC'D JUL 14 2023</b> 10:01 A.M. W Moreland		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; [REDACTED]</div> <div>APT / SUITE #; [REDACTED]</div> <div>CITY; [REDACTED]</div> <div>STATE; TX</div> <div>ZIP CODE 77611</div> </div>				
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE ( [REDACTED] )</div> <div>PHONE NUMBER [REDACTED]</div> <div>EXTENSION [REDACTED]</div> </div>		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div> <del>MR</del> MR  NICKNAME  </div> <div> FIRST  <b>Jeff</b>  LAST  <b>Mathews</b>  </div> <div> MI  W.  SUFFIX  </div> </div>		Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); [REDACTED]</div> <div>APT / SUITE #; [REDACTED]</div> <div>CITY; [REDACTED]</div> <div>STATE; TX</div> <div>ZIP CODE 77662</div> </div>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE ( [REDACTED] )</div> <div>PHONE NUMBER [REDACTED]</div> <div>EXTENSION [REDACTED]</div> </div>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year  01 / 15 / 2023 </div> <div>THROUGH</div> <div> Month    Day    Year  07 / 15 / 2023 </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  03 /    / 2024 </div> <div> ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>				
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) County Court at Law #2			
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px; vertical-align: top;"> COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME  <hr/> COMMITTEE ADDRESS  <hr/> COMMITTEE CAMPAIGN TREASURER NAME  <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS  <hr/> </td> </tr> </table>			COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>				

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

<b>15 JC/OH NAME</b> Rodney Townsend		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,100.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,540.68
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,100.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000.00

**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.

*Rodney Townsend*  
Signature of Candidate/Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rodney Townsend this the 14<sup>th</sup> day of July, 2023, to certify which, witness my hand and seal of office.

*Darlene Kaye Guy* Darlene K. Guy Notary Public  
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 - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,800.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$25,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$1,540.68
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  
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1:
2 FILER NAME <b>Rodney Townsend</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Michael Catt</b> ..... 6 Contributor address; City; State; Zip Code <b>1705 N. 16th Street Orange TX 77630</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
8 Contributor's principal occupation <b>Attorney at Law</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>CATT LAW FIRM</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Karen Spivey</b> ..... Contributor address; City; State; Zip Code <b>623 20th Street Beaumont TX 77706</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor's principal occupation <b>Attorney at Law</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Mehaffy Weber, PC</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Chadwick Robison</b> ..... Contributor address; City; State; Zip Code <b>6310 Bentwater Dr. Orange, TX 77632</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor's principal occupation <b>Attorney at Law</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**SCHEDULE A(J)1**

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

**3 Filer ID (Ethics Commission Filers)**

**7** Amount of contribution (\$)

State; Zip Code

9 Contributor's job title

11 Law firm of contributor's spouse (if any)

Amount of contribution (\$)

.....  
State:      Zip Code

Contributor's job title

Law firm of contributor's spouse (if any)

Law firm of contributor's spouse (if any)

Amount of contribution (\$)

.....  
State:      Zip Code

Contributor's job title

Law firm of contributor's spouse (if any)

Law firm of contributor's spouse (if any)

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1:
2 FILER NAME <b>Rodney Townsend</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Mike Ramsey, P.C.</b> ..... 6 Contributor address; City; State; Zip Code <b>6280 Delaware St. Ste. A Beaumont TX 77706</b>	7 Amount of contribution (\$)  <b>\$2,000.00</b>
8 Contributor's principal occupation <b>Attorney at Law</b>		9 Contributor's job title <b>Partner</b>
10 Contributor's employer/law firm <b>Mike Ramsey, P.C.</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date  06/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Clint Brasher, Attorney at Law PLLC</b> ..... Contributor address; City; State; Zip Code <b>1122 Orleans St. Beaumont TX 77701</b>	Amount of contribution (\$)  <b>\$1,000.00</b>
Contributor's principal occupation <b>Attorney at Law</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Brasher Law Firm</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Randall Harris</b> ..... Contributor address; City; State; Zip Code <b>215 Tyler Dr. Orange TX 77630</b>	Amount of contribution (\$)  <b>\$1,000.00</b>
Contributor's principal occupation <b>Public Adjuster</b>		Contributor's job title <b>Public Adjuster</b>
Contributor's employer/law firm <b>LRG-LOSS CLAIMS, LLC</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1:
2 FILER NAME <b>Rodney Townsend</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Riley Harris</b>	7 Amount of contribution (\$)  \$2,000.00
6 Contributor address; City; State; Zip Code <b>215 Tyler Dr. Orange TX 77630</b>		
8 Contributor's principal occupation <b>Remediation Contractor</b>		9 Contributor's job title <b>Owner</b>
10 Contributor's employer/law firm <b>R5 Services</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A2:

**3 Filer ID (Ethics Commission Filers)**

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 300.00

9 In-kind contribution  
description  
Approximately 50-60  
used T-Post

7 Contributor address;  
13600 Evergreen Way Austin TX 78737

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

Retired

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

**In-kind contribution description**

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

**PLEDGED CONTRIBUTIONS (JUDICIAL)****SCHEDULE B(J)**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B(J):	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>7</b> Pledgor address;                      City;                      State;                      Zip Code	<b>8</b> Amount of Pledge \$	<b>9</b> In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Pledgor's principal occupation		<b>11</b> Pledgor's job title	
<b>12</b> Pledgor's employer/law firm		<b>13</b> Law firm of pledgor's spouse (if any)	
<b>14</b> If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;                      City;                      State;                      Zip Code	Amount of Pledge \$	In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;                      City;                      State;                      Zip Code	Amount of Pledge \$	In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>			

**LOANS (JUDICIAL)****SCHEDULE E(J)**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J):
<b>2</b> FILER NAME  Rodney Townsend		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan  07/14/23	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)  Rodney Townsend	<b>9</b> Loan Amount (\$)  \$25,000.00
<b>6</b> Is lender a financial Institution?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code  P. O. Box 727 Bridge City, TX 77611	<b>10</b> Interest rate  0%
		<b>11</b> Maturity date  N/A
<b>12</b> Lender's Principal Occupation  Attorney		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral  <input checked="" type="checkbox"/> none		<b>18</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <b>Rodney Townsend</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>05/01/23</b>	<b>5</b> Payee name <b>COS Printing</b>			
<b>6</b> Amount (\$) <b>\$ 340.99</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <b>P. O. Box 490</b> <b>1600 Texas Avenue</b>		City; <b>Bridge City</b>	State; <b>TX</b>
			Zip Code <b>77611</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>		<b>(b)</b> Description <b>Envelopes, Letterhead</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name      Office sought      Office held				
Date <b>06/13/23</b>	Payee name <b>Dominion Forms</b>			
Amount (\$) <b>\$1,133.69</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>P. O. Box 859</b> <b>2501 M.L.K. King Dr.</b>		City; <b>Orange</b>	State; <b>TX</b>
			Zip Code <b>77631-0859</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Hats &amp; Koozies</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name      Office sought      Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <b>05/05/23</b>	Payee name <b>United States Postal Service</b>			
Amount (\$) <b>\$ 66.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>500 4th Street</b>		City; <b>Orange</b>	State; <b>TX</b>
			Zip Code <b>77630</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising</b>		Description <b>Stamps</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name      Office sought      Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				