SOZG JAN 16 PMG:16:17 GRAYSON CO ELECTIONS

# **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER MOS

NAME	NICKNAME	LAST LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	Wright  APT / SUITE CITY;  wthmaydkd.	STATE; ZIP CODE		
MAILING ADDRESS	7171 50		e, Tx 76233		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(918 ) 2	PHONE NUMBER 61.59 68	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR  MS.	Robin	МІ	Receipt #	Amount \$
NAME	NICKNAME	Ph'llips	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / SUITE	#; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	11265	.CrockeH	Sherman	74	75092
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER  141- 7273	EXTENSION		
9 REPORT TYPE	January 15	30th day before election	n Runoff		fter campaign ppointment
	July 15	8th day before election	Exceeded Modified Reporting Limit	_	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 23	THROUGH 12	Day Yea / 31 / 2	
11 ELECTION	Month Day	Year Primary  General	Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known	ssioner "	Pc4.3
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES MAY	PTED OR POLITICAL EXPENDITURES M HAVE BEEN MADE WITHOUT THE CAND OREPORT THIS INFORMATION ONLY IF T	ADE BY POLITICAL CO	MMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASU	PRER ADDRESS	<del></del>	
	1	GO TO PA	GE 2		

www.ethics.state.tx.us

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	their Wright	16	Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBU- PLEDGES, LOANS, OR GUARANTEES OF L CONTRIBUTIONS MADE ELECTRONICALLY	OANS, OR	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR	RANTEES OF LOANS)	\$ 5 150.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITU	JRE.	\$		
	4. TOTAL POLITICAL EXPENDITURES		\$5946.33		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINT/ OF REPORTING PERIOD	AINED AS OF THE LAST D	\$5946.33 \$14.010.58		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTA LAST DAY OF THE REPORTING PERIOD	ANDING LOANS AS OF TH			
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 Gode.					
		Signature of Candid	date or Officeholder		
	Please complete eithe	er option below:			
(1) Affidavit  NOTARY STAMP/SEAL	LOREN SIEMS, JR My Notary ID # 131798884 Expires November 16, 2026				
Sworn to and subscribed b	efore me by LONGW SURNS	this the	6 day of Jan		
20 24, to certify w	hich, witness my hand and seal of office.				
(XV)	Loran Stons		MUTARY		
Signature of officer administering	ng oath Printed name of officer administeri	ng oath	Title of officer administering oath		
	OR				
(2) Unsworn Declaration	1				
My name is	, ar	nd my date of birth is			
My address is			_,		
	(street)		z) (zip code) (country)		
Executed in	County, State of , on the	day of (month)	, 20 (year)		
		Signature of Candidate	Officeholder (Declarant)		

## SUBTOTALS - C/OH

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

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

2024 JAN 16 PM4: 16:33 GRAYSON CO ELECTIONS

### **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				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Sarah Ritche  6 Contributor address;	out-of-state PAC	State; Zip Code	7 Amount of contribution (\$)
· ·	Manice	Collinsui	11e Tx 76033	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru Ritchey	-
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
7-14.23	Contributor address;	City;	State; Zip Code	\$100.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instru	ctions)
Date 1- И. В	Full name of contributor  Tanci Cathberts  Contributor address;		State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor  Mark Russell	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
8.14.23	Contributor address;	City;	State; Zip Code	\$ 25.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

ZOZG THM TE BWG: TP: dI

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

Date  5 Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Cay Barnett 6 Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Pate  Full name of contributor  Gayla Hawkins  Contributor address; City; State; Zip Code	tions)  Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Date  Full name of contributor	Amount of contribution (\$)
3.75.73 Grayla Hawkins Contributor address; City; State; Zip Code	
	. 00
	tions)
Date  Full name of contributor   out-of-state PAC (ID#:)  Princess Brown  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Property Inspector Owner  Tw Beague	tions)

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

GRAYSON CO ELECTIONS

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

The	nstruction Guide explains how to complete this form	n.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
9.6.33	Sherry Smith 6 Contributor address; City; St 593 Snow Rd Denison	tate; Zip Code	\$500.00
	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
9.6.23		tate; Zip Code	\$150,00
	Beter Rel Collinsville		
Self Em		employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
10.6.93	19400, Liepton BCI	rate; Zip Code	\$1000.00
Real Es	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
11. //	Daviel Crysup  Contributor address; City; s  14634 Falling SeaFDr Frisco	tate: Zip Code	\$250,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Director		BOVE	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SARY JAN 16 PM4: 16:53

### 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 for	m.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#  Matthew Robinson  6 Contributor address; City; S  Massbrook & Allen	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu		Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
11.22.23	Brian Reinhardt  Contributor address; City; s  11005 Snyder Dr Frisco	State; Zip Code TY 75035	\$ 250,00
^^	ation / Job title (See Instructions)	Employer (See Instruction	ons)
I' WI her	ng Director	WIC .	
Date	Full name of contributor	:	Amount of contribution (\$)
11:22:23	Michael Garrison  Contributor address; City; s  405 RheRidgeck Allen 7	Nate; Zip Code	\$ 500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 11.22-23		State; Zip Code	Amount of contribution (\$)
Retires	ation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SOS4 19N TE PM4: 16:58 JRAYGON CO ELECTIONS

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
9.6.33	B SI. !!	City;		7 Amount of contribution (\$)
	pation / Job title (See Instructions)		9 Employer (See Instruct	,
Tax Colle		out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ions)
	ATTACH ADDITION	NAI COPIES O	OF THIS SCHEDULE AS N	FEDED

2024 JAN 16 PMC: 17:04

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	can Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow 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)
4 Total annua Cabadula Edi	2 CHED NAME (		2 Files ID (Ethics Commission Files)
1 Total pages Schedule F1:		344	3 Filer ID (Ethics Commission Filers)
1 Date 19 23	5 Payee name Whitesboro News	skecord	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
133.00	POBOX 68	Whitesba	0107x76273
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE OF EXPENDITURE	AdV. Expense	AdV	
	(C) Check if travel outside of Texas. Complete Sched	dule T. 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	Payee name		
8/21/23	Build A Sign		
Amount (\$)	Payee address;	City;	State; Zip Code
\$145.66	11525 A Stonehollow	DR Austin	TX 78758
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	Adv. Expense	Flags	
	Check if travel outside of Texas. Complete Schedule T. Check if Austi		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9:16/13	SAMISCHUB		
Amount (\$)	Payee address;	City;	State; Zip Code
34.89	3333 N. Hwy 75	Shermar	1 7x 75090
PURPOSE OF EXPENDITURE	Event Exp.	Description  Food	
	Check if travel outside of Texas. Complete Schedu	ule T. Chack if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SOZA 18N TE PMA: 17:09 JRAY<del>SON CO ELECTIONS</del>

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees ( Food/Beverage Expense   Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 F1:	2 FILER NAME WINDSAY WI	turi	3 Filer ID (Ethics Commission Filers)
4 Date 9.13.23	5 Payee name	0	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$96.70			
8	(a) Category (See Categories listed at the top of this sci		
PURPOSE OF EXPENDITURE	Event Exp.	Parade	Items
	(c) Check if travel outside of Texas. Complete Sche	edule T. 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	Payee name		
9/29/23	Axiom		
Amount (\$)	Payee address;	City;	State; Zip Code
\$5092.00	800 W 47th St.	KansasCi	ty mo 64112
	Category (See Categories listed at the top of this school		
PURPOSE OF EXPENDITURE	Adu. Exp	Signs	
	Check if travel outside of Texas. Complete Sche	odule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10.2.23	Home Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
\$589.79	GOI NORTHCREEKI	De Sherman	TY 75092
DUCTOC	Category (See Categories listed at the top of this ache		1 ,
PURPOSE OF EXPENDITURE	Adu. Exp	Signfn	ames/wood
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SOSA 19N TE PMG:17:14 GRAYAGN CO EL ECTIONS

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEO	SORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME TINDSCAY Wr	isht	3 Filer ID (Ethics Commission Filers)
4 Date 11.27.23	5 Payee name Egsquisite		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$49.11	3911 N. HWY75	Sherman	n 74 75090
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	FoodExp	SignDa	4
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11.27.23	Exxon		
Amount (\$)	Payee address;	City;	State; Zip Code
\$145	1800 HWY 377	PilotPoint	TX
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE OF EXPENDITURE	Adu Exp	Sign R	Day
Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11.28.23	Sherman Cha	umber	
Amount (\$)	Payee address;	City;	State; Zip Code
Prico		Sherman	1 TX 75090
	Category (See Categories listed at the top of this so		
PURPOSE OF EXPENDITURE	Even+Exp.	Christm	as Parade
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, 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 NE	EDED Project 44/45/2005

SUNT 18 PMG: 17:20

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B: Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Office Overhead/Rental Expense Trans Polling Expense Trave Printing Expense Trave	itation/Fundraising Expense sportation Equipment & Related Expense el In District el Out Of District r (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME OF NOSay	Wright 3 Fi	ler ID (Ethics Commission Filers)
11129123	5 Payee name Amazon		
6 Amount (\$) \$ 190.32	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Even+ExP.	(b) Description  Parade 0	ecor.
	(C) Check if travel outside of Texas. Complete S	Schedule T. Check if Austin, TX, o	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 11129123	Dollar Grener	al	
Amount (\$)	Payee address;	City;	State; Zip Code
\$27.87		Collinsville	tx 76233
PURPOSE OF EXPENDITURE	Eventer	Parade De	cor.
	Check if travel outside of Texas. Complete S	chedule T. Check if Austin, TX, or	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/29/23	Payee name  Homd Pies		
#80,000	Payee address;	tom Bean	State; Zip Code
PURPOSE OF EXPENDITURE	Food ExP	Description Hound Pies	
	Check if travel outside of Texas. Complete S	chedule T. Check if Austin, TX, of	fficeholder 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

2024 JAN TS PMG: 17:24 3RAYGON CO ELECTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	F G	ees cod/Beverage Expense ift/Awards/Memorials Expense egal Services	Office Ove Polling Ex Printing Ex		Travel In District Travel Out Of Distri	pment & Related Expense	
Credit Card Payment  The Instruction Guide explains how to complete this form.							
Total pages Schedule F1: 2 FILER NAME PINCLSay Write			sht	3 Filer ID (Ethic	cs Commission Filers)		
4 Date 125.23	5 Payee nam						
6 Amount (\$)	7 Payee addr	ress;		City;	State;	Zip Code	
\$211.99	Ty. Parkway			Therman 1x 75090			
8	(a) Category	See Categories listed at the top of th	is schedule)	(b) Description			
PURPOSE OF EXPENDITURE	FoodBYP			Perrade			
	(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/OF		e / Officeholder name		Office sought		Office held	
Date	Payee name	e					
	Em	ima Brini	del				
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code	
\$325,00			(	Shermour	1 TX	75090	
	Category (S	See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Food EXP			Event	- Boxe	S	
	Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held	
Date	Payee nam	e					
12.11.23	Grove	son Co. Re.	oubli	Cironna			
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code	
750,00	POB	OX 3122		Sherma	in Tx	75091	
	Category (S	ee Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Fee	8		tee			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate	e / Officeholder name		Office sought		Office held	
expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							