# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Ms Shona		Date Received
	NICKNAME LAST	SUFFIX	RECEIVED
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	APR <b>2 6</b> 2019
OFFICEHOLDER MAILING ADDRESS	10324 Fire Ridge	Friscotx	CITY SECRETARY'S OFFICE
Change of Address	197	15032	) C1:50pm /d
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(469) 189.6860	, i	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	North	001111	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	1190 5 1001	two to	1 75211
(Residence or Business)	1189 Timber Lar	ne Frisco TX	15034
	-		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(972) 724.637=	3	
	112		
9 REPORT TYPE	C 200th days before	Jestian Dunott	15th day after campaign
	January 15 30th day before e	election Runoff	treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
40 DEDIOD	North Day Wass	Month	Day Year
10 PERIOD COVERED	Month Day Year	Worth	/ Cl
	2/26/	THROUGH	26/19
11 ELECTION	ELECTION DATE	ELECTION TYPE	19
	Month Day Year Primary	Runoff Other Description	16.
	General General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)
		0.1	11 000
	City Council Pl. Z	Frisco Cuti	y Council P1.2
	GO TO	PAGE 2	
	GO 10		

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME S	nona H	uffman	15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE IN USENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TO THE PORT TO THE PORT TO THE PORT TO THE P	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME				
\$ <u>\$</u> \$	GENERAL	TREPAC				
	SPECIFIC	COMMITTEE ADDRESS				
	PAFCIFIC	POBOX 2246 Austin T.	X 78768-2246			
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages		David Cox				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		PO BOX 2246 Austin T	X 78768-2246			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4175.00			
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10,950.60			
CONTRIBUTION BALANCE	5. TOTAL P	*22,443.40				
OUTSTANDING LOAN TOTALS		RINGIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$			
18 AFFIDAVIT						
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.  Notary ID 130940259  Signature of Candidate of Officeholder						
AFFIX NOTARY STAME	AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said Shova Huffman, this the 26th						
day of April , 20 19 , to certify which, witness my hand and seal of office.						
Signature of officer ac	Call dministering oath	Printed name of officer administering oath	Oublic notary Title of officer administering oath			

#### **SUBTOTALS - C/OH**

Shona Huffman	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3650.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	3	\$ 525.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$10,950.6
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL 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	O A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE RETURNED TO FILER	BUTIONS	\$

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	shona H	uffman 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	Frisco Fire Fighter Conte for	Responsible Gova
	SPECIFIC	COMMITTEE ADDRESS	
		PO BOX 2263 Frisco TX	75034
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Daniel Crowson	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		POBOX 2263 Frisco TX	75034
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 002
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 2012
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	NY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perjutrue and correct and includes all informunder Title 15, Election Code.	
		1/	
		Signature of Candida	ate or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE	Signature of Candida	
Sworn to and subscr	ibed before me, b	by the said	, this the
day of	, 20, i	to certify which, witness my hand and seal of office.	
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath

MONE	TARY POLITICAL CONTRIBU	ΓIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Shona Huffman		3 Filer ID (Ethics Commission Filers)
4 Date 3 30 19	5 Full name of contributor out-of-state PAC (ID#:	Code 76210	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instructio	nis)
Date 3 30 19	Full name of contributor out-of-state PAC (ID#:	Code 1'SCO TX	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) En	nployer (See Instruction	ns)
Date 4/1/19	Full name of contributor out-of-state PAC (ID#:	500 1 × 750 2	Amount of contribution (\$) $50.00$
Principal occup	pation / Job title (See Instructions) En	nployer (See Instructio	ns)
Date 4/6/19	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	nployer (See Instruction	ns)
	ATTACH ADDITIONAL COPIES OF THIS		
	If contributor is out-of-state PAC, please see instruction	guide for additional re	porting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	Shona Huffman	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
4/1/19	6 Contributor address; City; State; Zip Code	2560,00			
8 Principal occu	PO BOX 2246 Austin TX 78768  pation / Job title (See Instructions)  9 Employer (See Instructions)	tions			
6 Fillicipal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	uons)			
Date	Full name of contributor	Amount of contribution (\$)			
4/15/19	Brad Elledge  Contributor address; City; State; Zip Code  11110 William Shurg Frisco TX 75035	150,00			
	pation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Shazad &Sumera Mirza	Amount of contribution (\$)			
Shazad q Sumera Mirza  Contributor address; City; State; Zip Code  12858 Palo Duro Frisco TX 75033					
	pation / Job title (See Instructions)  Employer (See Instructions)	tions)			
Date + 11010	Full name of contributor   out-of-state PAC (ID#:)  HBA OF Greater Dallas	Amount of contribution (\$)			
110111	Contributor address; City; State; Zip Code 5816 W. Plano Pkwy Plano TX 7	5093			
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)			
	· · · · · · · · · · · · · · · · · · ·				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional				

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date Amount of 9 In-kind contribution Full name of contributor out-of-state PAC (ID# Contribution \$ description Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution Contribution \$ description Contributor address; City; State; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 5hona Huffman		3 Filer ID (Ethics Commission Filers)			
4 Date 3 31/19	5 Payee name Works					
6 Amount (\$)	7 Payee address; City; State; Zip Code	erroll+on ·	11 1511			
690.90	211. 11(9).	Troffor	1 X 1000 1			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense - Shirts		outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
3/31/19	Market Street					
Amount (\$)	Payee address; City; State; Zip Code					
95.00	9268 Legacy Frisco	1x 750	34			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Gifts - Hostess gifts  Description  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	Candidate / Officeholder name	Office sought	Office held			
Date (	Payee name					
3/28/19	Walgreens					
Amount (\$)	Payee address; City; State; Zip Code					
29.00	3030 W. Main Frisce	) TX 7503	33			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense		ulside of Texas. Complete Schedule T. n, 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 NEE	EDED			

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office of Food/Beverage Expense Polling  y Gift/Awards/Memorials Expense Printing al Committee Legal Services Salarie	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	
orear aymon	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule F1:	2 FILERNAME HUFFMAN		3 Filer ID (Ethics Commission Filers)
4 Date 4/19	5 Payee name Walmar+		
6 Amount (\$)	7 Payee address; City; State; Zip Code   12220 FM 423 FMSC	OTX 750	034
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event-Supplies		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/4/19	El Dorado All Stora	ge	
Amount (\$)	Payee address; City; State; Zip Code	0	
123.00	6707 El Dorado PKI	vy Frisca	otx 75033
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	=	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Rental Expense	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/5/19	First Graphic		
Amount (\$)	Payee address; City; State; Zip Code		
497.19	229 Garron Gar	and TX.	75640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Principal / Signs		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEI	EDED

www.ethics.state.tx.us

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE CATI	EGORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 7	. = = =		ans now to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA	MShona Hu	ffma	n	3 Filer ID (Ethics Commission Filers)	
4 Date 4 19	5 Payee na	ed o+				
6 Amount (\$) 14 85	7 Payee ad		Zip Code			
ALLA WAR	1920	McKinney +	tve.	7th Floor	tallas TX 75201	
8	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE				Check if travel or	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	rees			Check if Austir	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought	Office held	
Date	Payee nar	ne				
4/6/19	Metr	o Mailer				
Amount (\$)	Payee add					
2483.73	5719	E.Rusedale	- Sui	te 809, F	7. WOAH TX 76112	
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Adver	Advertising Expense Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	Office held	
Date	Payee nai	ne				
4/10/19	Metro	Mailer				
Amount (\$)	Payee add	dress; City; State;				
881.77	5719	E. Rosedale	s Su	ite 809	Ft. Worth TX 76112	
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Adver	tising Expen	se		iside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	Office held	
	ATT	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE CATE	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Ex Transportation Equipment Travel In District Travel Out Of District Other (enter a category not	& Related Expense
1 Total pages Schedule F1:	2 FILER N	nona Huffma	an		3 Filer ID (Ethics Con	nmission Filers)
4 Date   12   19	5 Payee na	tro Mailer	1			
6 Amount (\$)	7 Payee ac	ddress; City; State; E. ROSEGALE	zip Code Swit	e 809 ‡	4. Worth T	X 76112
8 PURPOSE OF EXPENDITURE		r (See Categories listed at the top of this			utside of Texas. Complete Schedul n, TX, officeholder living expen	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Offic	e held
Date	Payee na	me				
Amount (\$)	Metro Payee ad	dress, City; State;	Zíp Còde	X		
1280.90	5719	El. Rosedates	Suite	809 F	L. Worth IX	7412
PURPOSE OF EXPENDITURE	Category	(See Calegories listed at the top of this	schedule)		tside of Texas. Complete Schedule	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office	e held
Date	Payee na	me				
4/1/19	Con	munity I	mpac	ナ		
Amount (\$)	Payee ad	dress; City; State; 2	Zip Code			
1280.00	1622	5 Impact 11	Say .	Suitel	Pflugervil	lle TX 186
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)		Iside of Texas. Complete Schedule , TX, officeholder living expens	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	Offic	e held
	АТТ	ACH ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NEE	DED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

		EXPE	NDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expens Fees Food/Beverag Gift/Awards/M Legal Service	ge Expense //emorials Expense	Office Overh Polling Expe Printing Exp		Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment		The Instru	ıction Guide explai	ns how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME Shi	ona Hut	Fma	n	3 Filer ID (Ethio	es Commission Filers)
4 Date 4 15/19	5 Payee na	wker	Marley				
6 Amount (\$)	7 Payee a	ddress;	City; State; 2	Zip Code			
700.00	3173	White	Spruce	s Fri	sco TX	75033	
8	(a) Category	/ (See Categorie	es listed at the top of this	schedule)	(b) Description		
PURPOSE	^	r 3	L _		Check if travel o	utside of Texas. Complete	Schedule T.
OF EXPENDITURE	(pntr	act 6	bor- De	Sian	Check if Austi	n, TX, officeholder living	g expense
EXI ENDITORE	CO - 1.11		Worl	2			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF		late / Officeh	older name		Office sought		Office held
Date	Payee na	ame					
4/15/19	Met	ro Ma	uler				
Amount (\$)	Payee a	ddress;	City; State; 2	Zip Code			
2509.39	5710	PE.R	losedate	Suite	809 FA	.Worth	X 76112
	Category	/ (See Categorie	es listed at the top of this	schedule)	Description		
PURPOSE						utside of Texas. Complete S	
OF EXPENDITURE	Print	-/Adv	. Expens	l	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeh	older name		Office sought		Office held
Date	Payee na	ame					
Date	. ayoo						
Amount (\$)	Payee ad	ddress;	City; State; Z	Zip Code			
PURPOSE OF EXPENDITURE	Category	/ (See Categorie	is listed at the top of this	schedule)		utside of Texas. Complete S	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeh	older name	L	Office sought		Office held
	AT	TACH ADDI	TIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	