# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

Texas Ethics Commission

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/	MS/MRS/MR FIRST	М	OFFICE THE PLOY	
OFFICEHOLDER NAME	Mr. Timothy	H.	Date Received	
	NICKNAME LAST	SUFFIX	MAY 0 6 2011'	
	Nelson		City Secretary's Office	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	**************************************	1:410m +ef Date Hand-delivered or Postmarked	
change of address			Receipt # Amount	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Pate flavoured	
OFFICEHOLDER PHONE	(972) 898-8461		Date Processed	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged	
NAME	Mr. David	<del>. [.]</del>	•	
	NICKNAME LAST	SUFFIX		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
TREASURER		· .		
ADDRESS (residence or business)	623 Obgwood Tr. McKir	iney 'yx 150	070	
a carinacai	AREA CODE PHONE NUMBER	EXTENSION		
8 CAMPAIGN TREASURER PHONE	(972) 562-7a48	EX) GYOLON		
9 REPORTTYPE	January 15 30th day before election	Renoff	15th day after campaign treasurer	
	July 15 8th day before election	Cyanadad \$500 Emit	appointment (officeholder only)	
	Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Honlh Day Year THROUGH	Month Day	/ 2011	
11 ELECTION	ELECTION DATE ELECTION TYPE			
	5 /19 /2011 Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known		
		misco city (	ouncil (Place 5)	
14 NOTICE OF DIRECT CAMPAIGN	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.			
EXPENDITURE	Name			
BY OTHER INDIVIDUALS				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	8		
additional pages				
	GO TO PAG	iE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

SUFFURI	& IOIAL	3	GOVER GILLITO Z
15 C/OH NAME	mothy H.	Nelson	16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
į		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	a
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
, . , . , . ,		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,120.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	11ZED \$ 250.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10835.95
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ \$ 4570.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ \$
19 AFFIDAVIT			
gumanamenteriteren			of perjury, that the accompanying report
Notary Pu My Cor Nove	MMY FOLLETT ubilo, State of Texas mmission Expires ember 29, 2014	Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAMI	P / SEAL ABOVE	Tinask	10600
Sworn to and subs	of May		my hand and seal of office.
Signature of officer admit	DO OUT	Printed name of officer administering oath	Nota YV Title of officer administering oath
		ý v	

P.O. Box 12070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	ledule A: 1 of 2
2 FILER NAME	Timothy H. Nelson		3 ACCOUNT # (E	ithics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/1/2011	Sharon Born 6 Contributor address; City; State; Zip Code 7241 Reflection Boy Dr.		100,00	 
9 Principal occur	Phison TX 750'54 pation / Job title (See Instructions)	10 Employer (See	L	of Texas, complete Schedule T)
		10 Employer (000		
Date 5/. )	Full name of contributor 🔲 out-of-state PAC (ID#:_ ROBERT Sharp		Amount of contribution (\$)	In-kind contribution description (if applicable)
71/2011	Contributor address: Gity; State; Zip Code 7614 Pasatiempo Dr. Frisco, TX 75034		100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
- I morpar ocoup	adott, vob uno (ese manaciona)	Employer (coco i	······································	
Date 4 lool	Full name of contributor out-of-state PAC (ID#:_ Howard Rosenberg		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/201/2011	Howard Rosenberg contributor address; city; state; zip code 5526 Stone Canyon Dr. Frisco, TX 75034		500.00	
Principal occur	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	uner		AAS	3C
Date	Full name of contributor   out-of-state PAC (D#_FN)SCO POLICE OFFICERS ASSI	ociation	Amount of contribution (\$)	In-kind contribution description (If applicable)
1/27/2011	P.O. Box 3363		300.00	
	fn'sco, TX 730'34		(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
المدالا	Sharon Van Antwerpe	<u>'</u>	continuation (¢)	decomplient (in applicable)
7/21/2011	Contributor address; City; State; Zip Code 10082 Summi + Run Dr.		100.00	
	Frisco, TX 75035-47	25	(if travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

## Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 7 Amount of 8 In-kind contribution description (if applicable) Metanie Royer 6 Contributor address; dity; State; ZIp Code 5759 StillwaterTr. (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) ut-of-state PAC (ID# in-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions). Full name of contributor ut-of-state PAC (ID#; In-kind contribution Jaime Ronderos contributor address; City; State; Zip Code 1798 Torrey Rines Frisca, TX 75034-6926 contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date out-of-state PAC (ID#: Amount of description (if applicable) Mac Hopkin contributor address; City; State; ZID Code 8400 Hickory St., #1302 Fn5ca, TX 75034 Principal occupation / Job title (See Instructions Employer (See Instructions) In-kind contribution Amount of contribution (\$) description (if applicable)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salarles/Wages/Contract Labor Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: TIMOTHY H. NEUSON 4 Date 5 Payee name 7M6 SPORTS WEAR LP
7 Payee address; City; State; Zip Code 6 Amount (\$) 600.00 P.O. Bux 5604 FRISCO TX 75035 Reimbursement from political contributions intended (a) Category (See categories listed at the top of this schedule) PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE EVENT EXPENSE BRUNCH FIRST GRAPHIC SERVICES
Payee address; City; State; Zip Code Amount (\$) 646.31 Reimbursement from political contributions 229 GARVON ST GARLAND TX 75040 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE SIGNS/MAGNETS ADVENTISING EXPENSE Payee name PRINT PLACE City; State; Zip Code Reimbursement from political contributions intended 1130 AVE H. EAST ARWAGTON TX 76011 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE PRINTING **EXPENDITURE** BUSINESS CARDS ADVERTISING EXPENSE Payee name 4/8/2011 PLACK PRNT Amount (\$) City; State; Zip Code 306,06 1130 AUR W. EAST ARLANGTON, TX 76011 Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE

ADVERTISING/PRINTING EXPENSE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE

FLY ER/MAILER POSTAGE

#### (TDD 1-800-735-2989)

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Travel In District Polling Expense Travel Out Of District Event Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not fisted above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: TIMOTHY U. NELSON 5 Payee name 4 Date 478/2011 PRINT PLACE 6 Amount (\$) 7 Payee address; AVE 4. EAST ALLINGTON, TX 760 11 1130 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE FLYER/MALER ADVERTISING/PRINTING EXPENSE Payee name 4/11/2011 PRINT PLACE Amount (\$) Payee address; City; State; Zip Code 1043.53 Reimbursement from political contributions intended 1130 AVE H. EAST ARLINGTON, TX 76011 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE ADVERTISING / PRINTING EXPENSE FLIRE / MAILER Payee name 4/12/2011 PRINT PLACE Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions 1130 AVE W. EAST ARKINGTON, JX 7601) Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE ADVERTISING/PRINTING EXPENSE FLYER/MAILER POSTACE Payee name PRINT PLACE Payee address; City; State; Zip Code Reimbursement from political contributions intended 1130 AVE H. EAST ARLINGTON, TX 76011 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE ADVERTISING/PRINTING EXPENSE FLYER MAILER ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

### SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) TIMOTHY NIECON 4 Date 5 Payee name 5/3/2011 PRINT PLACE 6 Amount (\$) City; State; Zip Code 7 Payee address; 1824.34 1130 AVE d. EAST ARLINGTON, TX 760/1 Reimbursement from political contributions intended (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE ADVERTISING PRINTING EXACUSE FLYEN / MAILER / POPPAIN Payee name 4/20/2011 ALVIN HUERTA Amount (\$) City; State; Zip Code 350.00 Reimbursement from political contributions intended 4163 PEACE DR. FRISCO, AX, 75034 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE FORUM EVENT EXPENSE Pavee name 4/5/204 Amount (\$) FRISCO WEBSITES Payee address; City; State; Zip Code 1948.18 P.O.BOX 5023 FRISCO, TX 75035 Reimbursement from political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE WEBSITE ADVERTISING ZY PENSE Payee name \$ 178.94 LOWES Payee address; Amount (\$) City; State; Zip Code 3360 Reimbursement from PRESTON RD FRISCO TX 7503 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE POLES/TIES FOR SIGNS EXPENSIL MOVERTISING ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Austin, Texas 78711-2070

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## SCHEDULE G

(TDD 1-800-735-2989)

Advantalia a Process	EXPENDITURE CATEGORIES		
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Con Legal Services Solicitation/Fundrais	, *	
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By		
Event Expense Fees	Polling Expense Travel Out Of Distr Printing Expense Office Overhead/Re		
1 665	The Instruction Guide explains how to d		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4/5	TIMOTHY HILEUSEN		
4 Date	5 Payee name		
5/1/2011			
	EB BBQ BODTS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
109.48	He student		
Reimbursement from political contributions	#S STONEBRIAN WAS FR	15C0 TX 75034	
inlended	(a) Cotagony (Construction field of the transfittion of adults)	(A) Decorption ((Legal subside of Taxon complete Cabadata T)	
8 PURPOSE OF	(a) Category (See calegories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)	
EXPENDITURE	EVENT EXPENS		
Date	Payee name	1	
3/15/2011			
• •	FRISED ROTARI		
Amount (\$)	Payee address; City; State; Zip Code		
50.00	- 20 141		
Reimbursement from political contributions intended	7026 MAIN ST. FRISCO	7× 75084	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF			
EXPENDITURE	EVENT EXPENSE	PLOOT DRSU RECIGIENTUN	
Date	Payee name		
4/20/2011	OFFICE DEADT		
Amount (\$) 7 19	Payee address; City; State; Zip Code		
7.17	:		
A Delastrone and Seem			
Reimbursement from political contributions	2930 PRESTON ED #	700 FRISCO TY 75024	
N political contributions intended		, , , , , , , , , , , , , , , , , , ,	
N political contributions	2930 PRESTOW ED #	Description (If travel outside of Texas, complete Schedule T)	
political contributions intended  PURPOSE	Category (See categories listed at the top of this schedule)	, , , , , , , , , , , , , , , , , , ,	
political contributions intended  PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  OFFICE SUPPLIES	, , , , , , , , , , , , , , , , , , ,	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  OFFICE SUPPLIES  Payee name	, , , , , , , , , , , , , , , , , , ,	
political contributions intended  PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  OFFICE SUPPLIES	, , , , , , , , , , , , , , , , , , ,	
PURPOSE OF EXPENDITURE  Date  US 2011  Amount (\$)	Category (See categories listed at the top of this schedule)  OFFICE SUPPLIES  Payee name	-	
PURPOSE OF EXPENDITURE  Date  US/201	Category (See categories listed at the top of this schedule)  OFFICE SUPPLIES  Payee name  TOOTIE PAE CO  Payee address; City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE  Date  US 2011  Amount (\$)	Category (See categories listed at the top of this schedule)  OFFICE SUPPLIES  Payee name  TOOTIE PAE CO  Payee address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , ,	
PURPOSE OF EXPENDITURE  Date USSON Amount (\$) Reimbursement from	Category (See categories listed at the top of this schedule)  OFFICE SUPPLIES  Payee name  TOOTIE PAE CO  Payee address; City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE  Date UIS/201/  Amount (\$) 8,35 Relmbursement from political contributions intended  PURPOSE	Category (See categories listed at the top of this schedule)  OFFICE SUPPLIES  Payee name  TOOTIE PAE CO  Payee address; City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE  Date  UIS/201  Amount (\$) 8,337  Relmbursement from political contributions intended	Category (See categories listed at the top of this schedule)  OFFICE SUPPLIES  Payee name  TOOTIE PAE CO  Payee address; City; State; Zip Code  6 955 LEB ANON RD	Description (If travel outside of Texas, complete Schedule T)  FRISCO TX 75034	
PURPOSE OF EXPENDITURE  Date  UISIZOII  Amount (\$) 8,35  Reimbursement from political contributions intended  PURPOSE OF OF Rempose OF	Category (See categories listed at the top of this schedule)  OFFICE SUPPLIES  Payee name  TOOTIE PAE CO  Payee address; City; State; Zip Code  6 959 LEB ANON RD  Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  FRISCO TX 75034  Description (If travel outside of Texas, complete Schedule T)  RIBBOS COTTAG	

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

# **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	arising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME 11MOTHY H. NECCOL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/31/2011	5 Payee name  AMERIKAN AIRITNES	<u> </u>
6 Amount (\$)  36 /. 90  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4255 AMON CORTER BLV	D. FT WORTH, TX
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  (b) Description (if travel outside of Texas, complete Schedule)  TRAVEL BACK TO DATE OF TRAVEL	
Date 5/3/2011	Payee name  THIE WINE MAVEN	
Amount (\$)  /OO.OO  Reimbursement from political contributions intended	Payee address; City; State; Zip Code  1806 PORT ISABEL DR.	ALLEN, 14 750/3
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Ad NEATISING Expanse.	Description (If travel outside of Texas, complete Schedule T)
5/4/2.11	Payee name TED HART	
Amount (\$)  CO 00  Reimbursement from political contributions Intended	Payee address; City; State; Zip Code	2, FRISCO TX 75034
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  ATVENTISING EXPENSE  COUT TOURNAMENT	Description (If travel outside of Texas, complete Schedule T)  GOCT TOURNAMENT STON.
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See calegories listed at the lop of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED