

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <i>11</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr. Scott Johnson</i>	OFFICE USE ONLY Date Received RECEIVED APR 10 2000 City Secretary's Office Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>6072 Dripping Springs Dr. Frisco, TX 75034</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 929-1189</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mrs. Tyne Berlanga</i>		
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>15509 Wyoming Dr. Frisco, TX 75035</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 437-7721</i>		
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 1 / 8</i> <i>3 / 31 / 8</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 10 / 8</i>	ELECTION TYPE ☐ Primary ☐ Runoff ☒ General ☐ Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>City Council, Place 6</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	.. 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. ..		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code <i>15509 Wyoming Dr. Frisco, TX 75035</i>		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME**Scott Johnson**16 ACCOUNT # (Ethics Commission Filers)****17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures 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. ..

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12,150.⁰⁰**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 5,458.95**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 6,691.05**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0**19 AFFIDAVIT**

AFFIX NOTARY STAMP HERE

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Scott Johnson, this the 10th day of April, 20 08, to certify which, witness my hand and seal of office.

Angela Lunsford
Signature of officer administering oath

Angela Lunsford
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME

Scott Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/1/8

5 Full name of contributor

Caudill, Cody

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

Frisco, TX 75034

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

Web Design

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Marketing

10 Employer (See Instructions)

Dallas Baptist University

Date

2/1/8

Full name of contributor

Thompson, Cindy

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Irvine, CA 92614

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Graphics

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Thomson & MUI

Date

2/10/8

Full name of contributor

Cooper, Tyler

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Dallas, TX 75230

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Cooper

Date

2/11/8

Full name of contributor

Williams, Jim

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Frisco, TX 75034

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

LandPlan

Date

2/14/8

Full name of contributor

Johnson, Elaine

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Tybee Island, GA 31328

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME Scott Johnson

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/16/8

Stogner, Grey

6 Contributor address; City; State; Zip Code

Dallas, TX 75225

\$500.⁰⁰

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Partner

10 Employer (See Instructions)

SC Companies

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/21/8

Austin, Chris

Contributor address; City; State; Zip Code

Knoxville, TN 37909

\$1,000.⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Saltsman

Employer (See Instructions)

Ashby Co.

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/22/8

Porter, Scott

Contributor address; City; State; Zip Code

Atlanta, GA 30316

\$250.⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Taylor-Busch

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/23/8

Reed, A.J.

Contributor address; City; State; Zip Code

Frisco, TX 75034

\$1,000.⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Taylor-Busch Self Employed

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/23/8

Serefy, Nick

Contributor address; City; State; Zip Code

Brownsville, TX 78520

\$500.⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President + CEO

Employer (See Instructions)

Proficiency Testing Service

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME

Scott Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/23/8

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Clay, Greg

6 Contributor address; City; State; Zip Code

Dallas, TX 75214

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Sr. Vice President

10 Employer (See Instructions)

JMI Realty

Date

2/24/8

Full name of contributor ☐ out-of-state PAC (ID# _____)

Thomas, Will

Contributor address; City; State; Zip Code

Dallas, TX 75254

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Investment Associate

Employer (See Instructions)

Capital Southwest Corporation

Date

2/25/8

Full name of contributor ☐ out-of-state PAC (ID# _____)

Johnson, Jim

Contributor address; City; State; Zip Code

Atlanta, GA 30350

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Sales Manager

Employer (See Instructions)

Cognos

Date

3/2/8

Full name of contributor ☐ out-of-state PAC (ID# _____)

Gough, John

Contributor address; City; State; Zip Code

San Francisco, CA 94117

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Wells Fargo

Date

3/3/8

Full name of contributor ☐ out-of-state PAC (ID# _____)

Mixon, Chris

Contributor address; City; State; Zip Code

Birmingham, AL 35222

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Oglethorpe Deakins

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME

Scott Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/6/8

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Moncrief, Mike

6 Contributor address; City; State; Zip Code

Fort Worth, TX 76102

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Mayor

10 Employer (See Instructions)

City of Fort Worth

Date

3/7/8

Full name of contributor ☐ out-of-state PAC (ID# _____)

Kynard, Kevin

Contributor address; City; State; Zip Code

Birmingham, AL 35266

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Builder

Employer (See Instructions)

Bradford Building Co.

Date

3/11/8

Full name of contributor ☐ out-of-state PAC (ID# _____)

Adams, Rich

Contributor address; City; State; Zip Code

Frisco, TX 75034

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

VP & COO

Employer (See Instructions)

Hoak Media Corporation

Date

3/20/8

Full name of contributor ☐ out-of-state PAC (ID# _____)

Cohen, Scott

Contributor address; City; State; Zip Code

Dallas, TX 75229

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Partner

Employer (See Instructions)

Waldman Bros.

Date

3/26/8

Full name of contributor ☐ out-of-state PAC (ID# _____)

Scott, Steve

Contributor address; City; State; Zip Code

Norman, OK 73072

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self-Employed

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME

Scott Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/28/8

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Cypher, Myrna + Jim

6 Contributor address; City; State; Zip Code

Frisco, TX 75034

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/28/8

Full name of contributor ☐ out-of-state PAC (ID# _____)

Kynard, Berla + Mary Jo

Contributor address; City; State; Zip Code

Birmingham, AL 35242

Amount of contribution (\$)

\$ 500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Superintendent

Employer (See Instructions)

Riverview School

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/26/8

Recognition Express

\$200.26

6 Payee address; City; State; Zip Code

P.O. Box 831514 Richardson, TX 75083

8 Purpose of payment (See instructions regarding type of information required.)

Name Badges

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/28/8

Frisco Printing & Graphics

\$231.66

Payee address; City; State; Zip Code

8585 John Wesley Drive, Suite 200
Frisco, TX 75034

Purpose of payment (See instructions regarding type of information required.)

Stationary & Business Cards

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/28/8

U.S. Post Office

\$24.60

Payee address; City; State; Zip Code

Frisco, TX 75034

Purpose of payment (See instructions regarding type of information required.)

Postage

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/4/8

FedEx Kinko's

\$8.12

Payee address; City; State; Zip Code

8290 Hwy 121 Frisco, TX 75034

Purpose of payment (See instructions regarding type of information required.)

Copies/Printing

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME Scott Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/4/8

5 Payee name

FedEx Kinko's

6 Payee address; City; State; Zip Code

8290 Hwy 121 Frisco, TX 75034

7 Amount (\$)

\$2.44

8 Purpose of payment (See instructions regarding type of information required.)

Copies/Printing

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/5/8

Payee name

U.S. Post Office

Payee address; City; State; Zip Code

Frisco, TX 75034

Amount (\$)

\$41.44

Purpose of payment (See instructions regarding type of information required.)

Postage

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/11/8

Payee name

Signs Man

Payee address; City; State; Zip Code

16806 Preston Rd 1512 Frisco, TX 75034

Amount (\$)

\$6.50

Purpose of payment (See instructions regarding type of information required.)

Signs Man

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/20/8

Payee name

Rotary Club

Payee address; City; State; Zip Code

Frisco, TX 75034

Amount (\$)

\$200.00

Purpose of payment (See instructions regarding type of information required.)

Advertising

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME Scott Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/8	5 Payee name XXXXXXXXXX	7 Amount (\$) \$
6 Payee address; City; State; Zip Code 229 Garvon St. Garland, TX 75040		

8 Purpose of payment (See instructions regarding type of information required.) Sponsorship (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/27/8	Payee name First Graphic Services Payee address; City; State; Zip Code 229 Garvon St. Garland, TX 75040	Amount (\$) \$4,281.50
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Purpose of payment (See instructions regarding type of information required.) Signage (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/28/8	Payee name Wildflower Luncheon Payee address; City; State; Zip Code Frisco, TX 75034	Amount (\$) \$30.00
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Purpose of payment (See instructions regarding type of information required.) Sponsorship (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/28/8	Payee name First Graphic Services Payee address; City; State; Zip Code 229 Garvon, St. Garland, TX 75040	Amount (\$) \$219.75
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Purpose of payment (See instructions regarding type of information required.) Signage (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Signs Now</i> 6 Payee address; City; State; Zip Code <i>6803 Preston Rd. Ste 147 Frisco, TX 75034</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Signage</i> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <i>\$216.50</i> ☒ Reimbursement from political contributions intended
Date	Payee name <i>FedEx Kinko's</i> Payee address; City; State; Zip Code <i>8290 Hwy 121 Frisco, TX 75034</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Copies/Printing</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>\$2.71</i> ☒ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED