

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-size: 1.2em;">10</div>																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.2em;">Sandra</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.2em;">Lee</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Sandra			NICKNAME	LAST	SUFFIX			Lee			<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <div style="padding: 5px;">Date Received</div> <div style="text-align: center; font-size: 2em; color: blue; font-weight: bold; border: 1px solid blue; padding: 5px;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">APR 02 2018</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">BY: KRoberson</div>	
MS / MRS / MR	FIRST	MI																	
	Sandra																		
NICKNAME	LAST	SUFFIX																	
	Lee																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX:</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #:</td> <td style="width:15%; font-size: 0.8em;">CITY:</td> <td style="width:15%; font-size: 0.8em;">STATE:</td> <td style="width:25%; font-size: 0.8em;">ZIP CODE:</td> </tr> <tr> <td colspan="5" style="background-color: black; height: 40px;"></td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE:											
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE:															
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">AREA CODE</td> <td style="width:40%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:40%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td colspan="3" style="background-color: black; height: 30px;"></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION				Date Hand-delivered or Date Postmarked									
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.2em;">Richard</td> <td style="text-align: center; font-size: 1.2em;">A</td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.2em;">Weber</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Richard	A		NICKNAME	LAST	SUFFIX			Weber			Receipt #	Amount \$
MS / MRS / MR	FIRST	MI																	
	Richard	A																	
NICKNAME	LAST	SUFFIX																	
	Weber																		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #:</td> <td style="width:15%; font-size: 0.8em;">CITY:</td> <td style="width:15%; font-size: 0.8em;">STATE:</td> <td style="width:25%; font-size: 0.8em;">ZIP CODE:</td> </tr> <tr> <td colspan="5" style="background-color: black; height: 40px;"></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE:											
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach COH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach COH - FR)								
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align: center; font-size: 0.8em;">Month Day Year</td> <td style="width:30%; text-align: center; font-size: 0.8em;">THROUGH</td> <td style="width:40%; text-align: center; font-size: 0.8em;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">01 / 01 / 2018</td> <td></td> <td style="text-align: center; font-size: 1.2em;">03 / 26 / 2018</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	01 / 01 / 2018		03 / 26 / 2018										
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01 / 01 / 2018		03 / 26 / 2018																	
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ELECTION DATE</td> <td style="width:70%; font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Special </td> </tr> <tr> <td style="font-size: 1.2em;">05 / 05 / 18</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Special	05 / 05 / 18													
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05 / 05 / 18																			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																	
	Kennedale City Council PLACE 3																		
GO TO PAGE 2																			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Sandra Lee 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)	\$ 1150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 15.77
	4. TOTAL POLITICAL EXPENDITURES	\$ 2473.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 278.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1101.00

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.

Sandra Lee
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sandra Lee, this the 2nd day of April, 2018, to certify which, witness my hand and seal of office.

Kathryn Roberson Printed name of officer administering oath
Kathryn Roberson Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

Sandra Lee

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1150 ⁰⁰
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1100 ⁰⁰
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2457. ⁹³
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 4

2 FILER NAME

Sandra Lee

3 Filer ID (Ethics Commission Filers)

4 Date

01/12/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Gail Uranga

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address: _____ City: _____ State: _____ Zip Code: _____

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/12/18

Full name of contributor

out-of-state PAC (ID#: _____)

Robert Gruenhagen

Amount of contribution (\$)

\$ 200.00

Contributor address: _____ City: _____ State: _____ Zip Code: _____

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/12/18

Full name of contributor

out-of-state PAC (ID#: _____)

Tom Newsome

Amount of contribution (\$)

\$ 100.00

Contributor address: _____ City: _____ State: _____ Zip Code: _____

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/18

Full name of contributor

out-of-state PAC (ID#: _____)

Loree Boyd

Amount of contribution (\$)

\$ 100.00

Contributor address: _____ City: _____ State: _____ Zip Code: _____

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2 of 4**

2 FILER NAME **Sandra Lee**

3 Filer ID (Ethics Commission Filers)

4 Date **02/23/18**
 5 Full name of contributor out-of-state PAC (ID#: _____) **Antje Crawford**
 6 Contributor address; _____ City; State; Zip Code

7 Amount of contribution (\$) **\$ 15.00**

8. Principal occupation / Job title (See Instructions)

9. Employer (See Instructions)

Date **01/12/18**
 Full name of contributor out-of-state PAC (ID#: _____) **Cindy Ruck**
 Contributor address; _____ City; State; Zip Code

Amount of contribution (\$) **\$ 100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **03/16/18**
 Full name of contributor out-of-state PAC (ID#: _____) **BWPAC**
 Contributor address; _____ City; State; Zip Code

Amount of contribution (\$) **\$ 100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **03/19/18**
 Full name of contributor out-of-state PAC (ID#: _____) **Jan Joplin**
 Contributor address; _____ City; State; Zip Code

Amount of contribution (\$) **\$ 200.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 4

2 FILER NAME

Sandra Lee

3 Filer ID (Ethics Commission Filers)

4 Date

03/18/18

5 Full name of contributor

Vicki Moore

out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address:

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/18/18

Full name of contributor

Missy Holtman

out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 20.00

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/18

Full name of contributor

Debbie Smith

out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 75.00

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/18

Full name of contributor

Deborah Peoples

out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 50.00

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 4

2 FILER NAME

Sandra Lee

3 Filer ID (Ethics Commission Filers)

4 Date

03/19/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jessica Camacho

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/26/18

Full name of contributor

out-of-state PAC (ID#: _____)

Antje Crawford

Amount of contribution (\$)

\$ 15.00

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/18

Full name of contributor

out-of-state PAC (ID#: _____)

Sara Johnson

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Sandra Lee</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>— 0 —</u>
5 Date of loan <u>01/29/18</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sandra Lee</u>	9 Loan Amount (\$) <u>\$1100.00</u>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	10 Interest rate <u>0%</u>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <u>Truancy Officer</u>		13 Employer (See Instructions) <u>MISD</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 2	2 FILER NAME Sandra Lee	3 Filer ID (Ethics Commission Filers)
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4 Date 03/17/18	5 Payee name Vista Print
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6 Amount (\$) \$ 118.99	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/19/18	Payee name Big Bang Printing
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Amount (\$) \$ 838.94	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/29/18	Payee name Morris Overstreet
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Amount (\$) \$ 750.00	Payee address; City; State; Zip Code
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2	2 FILER NAME Sandra Lee	3 Filer ID (Ethics Commission Filers)
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4 Date 01/30/18	5 Payee name Jesse Gaines
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6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code [REDACTED]
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule L. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule L. <input type="checkbox"/> 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
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule L. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought	Office held
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