CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS/ MR CANDIDATE / OFFICE USE ONLY OFFICEHOLDER MAL NAME NICKNAME SUFFIX RENDHETON APT / SUITE #; 4 CANDIDATE / ADDRESS / PO BOX; STATE: ZIP CODE APR 0 1 2021 **OFFICEHOLDER** 2825 CARRIAGE OT MAILING CITY SECRETARY **ADDRESS** NOTHONA Change of Address 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (972) 754-7699 PHONE Receipt # Amount \$ MS) MRS / MR 6 CAMPAIGN **TREASURER** KAN. Date Processed NAME NICKNAME SUFFIX Date Imaged LITZ LER STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY STATE: ZIP CODE 7 CAMPAIGN TREASURER 2711 Rountral Et. **ADDRESS** CARROLLTON 5006 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE (472) 416-2231 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED **THROUGH** 707 9091 **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Other Description Runoff Month Day Special 2021 CARROLLTON 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE COUNCIL 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Kirk **Additional Pages** COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
HAL F	7. PENDLETON	1	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		\$ 0
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO.	IBUTIONS ANS, OR GUARANTEES OF LOANS)	\$ 1700 00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	\$ 338.29
	4. TOTAL POLITICAL EXPEN	DITURES	\$ 3481'99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ITIONS MAINTAINED AS OF THE LAS	39.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORTI	DF ALL OUTSTANDING LOANS AS OF NG PERIOD	2
1		i i	and correct and includes all information
rec	uired to be reported by me under Title 15,	Election Code.	
			<i>X</i> - \(\)
		Malle	he to
		Signature of Car	ndidate or Officeholder
		Second Park	
Notary My Com	GARBER WILSON ID #130502801 Imission Expires lary 19, 2024	olete either option below	:
1		dispersional dispersion dispersio	
(1) Affidavit		The second secon	
(1) Minorair		A CONTRACTOR OF THE CONTRACTOR	
		eminorina.	
NOTARY STAMP/SEAL	_	THE SAME AND A STATE OF THE SA	
	before me by Hal RUSTY	Rend Le Have this the _	day of April.
20 <u>2 \</u> , to certify	which, witness my hand and seal of office.	The state of the s	Gity Secretary
Pullen	Laun	1	City Secretary
Signature of officer administer		ficer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on	The state of the s	
My name is		and my date of birth is	*
My address is		} .	
er terroscopies (1899) de de transporte de la companya de la compa	(street)	(city) (s	tate) (zip code) (country)
Executed in	` '	1	, , , , , , , , , , , , , , , , , , , ,
LACCULCU III	County, State of	(month)	(year)
		Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics	Commission Filers)
HAL A. PENDLETON	enterenten general en
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1700
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 285
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1139.19
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2505.74
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OF	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	sted information is not applicable, DO NOT include this page in th	•
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	NOT316U39 - H -	7 Amount of contribution (P)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
7-92-81	Gean F- LiTzLER 6 Contributor address; City; State; Zip Code	100-10
	2711 Rountree & Corrollton 7 25006	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
3-1-91	ROBERT Switte Contributor address; City; State; Zip Code	250
	2723 LakeRIDGE Law Carrollton Tx	
Principal occup	pation / Job title (See Instructions) Employer (See Instr	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3-7-91	Contributor address; City; State; Zip Code	250 8
Principal occur	Dation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3-2-31	Contributor address; City; State; Zip Code	250 2
	2819 South Surrey Carrollton + 750	s b
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

n me reques	ited information is not applicable, DO N	VI monuce una page m une	iahain
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME	A-BENDLETON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
3-9-21	G Contributor address; City;	State; Zip Code	(00-0
	2711 Raintree et. Con	rollton Ty 15006	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
3-12-21	Contributor address; City;	State; Zip Code	180 001
	2104 Bal Dave Care	ollon to 15006	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
3-17-51	Contributor address; City;	State; Zip Code	100 -001
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)
3-27-91	LEIGHTON WEISS Contributor address; City; 5643 M acdowerost Dr Dr	State; Zip Code	100 100
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS N	IEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted 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	A. PENDLETON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
3-97-91	KETTH JONES 6 Contributor address; City; State; Zip Code	(00 -0
	4412 MCKINEY Are Dallas TY 75205	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	lions)
Date	Full name of contributor	Amount of contribution (\$)
	LARK TRIBBLE Contributor address; City; State; Zip Code	50 0
	2236 High COUNTRY CARROLLTON TX 25006	
	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3-29-31	RICHARD LEMBN City; State; Zip Code 2601 CARRIAG Lu Carvallan Ty 2006	50 5
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3-29-21	Contributor address; City; State; Zip Code	720 00
	TISKIRK DR. KANSAS LITY MO 64105	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI	

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
HAL	A. PENDLETON				
4 TOTAL OF UN	IITEMIZED LOANS		\$ 000		
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)		
7-93-9071	otal Eugs A 1AH	<i>N</i>	250.		
6 Is lender a financial Institution?	8 Lender address; City; 2805 Carrage Lm. Carra	State; Zip Code	10 Interest rate		
YN	2000 C 2000 g 1 C 2000		11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	- L		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
2-25-2021	OTSLEUS P. A. J. F.H.	N	25. 50		
Is lender	Lender address; City;	State; Zip Code	Interest rate		
a financial Institution?	2805 Carriage In Corr	ollton Tr 15006	Maturity data		
YN	,		Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	NIFC		
i inopai oodapatt					
Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political lons)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
	ATTAOLI ADDITIONAL COS	HER OF THIS COHEDING E AR NEE	nen		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

LOANS SCHEDULE E

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

ir the requested	d information is not applicable, bo NC	Ji include this page in the re	porc.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
HALA	F. PENDLETON		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	e PAC (ID#:)	9 Loan Amount (\$)
3-92-9071	HAL A PENDLET	6N	10
6 Is lender a financial Institution?	8 Lender address; City; 2865 Carrings Ct.	State; Zip Code	10 Interest rate
Y(N)	Darras	Item Tt 25006	11 Maturity date 以み
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	-	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat		21 Employer (See Instructions)	
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?		manufacture of the state of the	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colli	ateral	Check if personal fund account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		Employer (See Instructions)	
Principal Occupati	ion (See Instructions)	Employer (out man	
	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NEE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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

Credit Card Payment	The Instruction Guide ex	plains how to comp	lete this form.	Other (eriter a catego	ny normated above;
1 Total pages Schedule F1:	2 FILER NAME	***************************************		3 Filer ID (Ethics	Commission Filers)
	HAL A. PENT	DLETON			
4 Date	E Paves name		-		
3-29-2021 6 Amount (\$)	MASTERS PRESS - 7 Payee address;	EWSTER,	N PRIN	TING	
			City;	State;	Zip Code
1137.19	1800 SURVEYOR	BLND	ARROLLT	T.	55006
				50 17	1/2000
8	(a) Category (See Categories listed at the top of		Description		
PURPOSE OF	PRINTING	9	Door Hang Lampaign	ersi _	
EXPENDITURE	· · · / / / / / / / / / / / / / / / / /		campaign	Signe	
	(c) Check if travel outside of Texas. Comp	ete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
Date	Payee name	egyptische (granden granden mit der	anazardanina umir adominir ummahni umilipp ingensisi in summer sidentilish myoni	eljagogagagagagaga dikkomiyo dikindi od od kalanda dikanda dikanda dikanda dikanda dikanda dikanda dikanda dik	
Amount (\$)	Payee address;	PARTICULAR DESCRIPTION AND ACCUSATE AND ACCU	City;	State;	Zip Code
	,		•		-
	Category (See Categories listed at the top of	his schedule)	Description		
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH					
Date	Payee name				
Date					
Amount (\$)	Payee address;		City;	State;	Zip Code
	Category (See Categories listed at the top of	his schedule)	Description		
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas. Complete	ate Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	and and the photograph Andrews Andrews Service (A. trick to confidence for a confidence to the confide	Office held
expenditure to benefit C/OH					
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	MI INGII MUDII IURME CONI	LUVI IIIIUUVII	MWW MWWW MUNICE	id	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) PEDDLETON A -HAL 06 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 180. 5 Date 6 Payee name 3-4-2021 First GRAPHIC SERVICES 8 Payee address; 7 Amount (\$) City: Zip Code 229 GARYON ST. 1133.92 GARLAND 25040 TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Campaign yord Signa PURPOSE Advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date First GRAPHIE 3-5-202 City; State; Zip Code Amount (\$) 229 GARUON St. GARLAND JSD40 617.03 TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description Campaign youl Signer PURPOSE Havestisin OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reim Office Overhead/Rent Polling Expense see Printing Expense Salaries/Wages/Contr	al Expense Transp Travel Travel	ation/Fundraising Expense ortation Equipment & Related Expense In District Out Of District enter a category not listed above)	
	The Instruction Guide	explains how to complete t	his form.		
1 Total pages Schedule F4:	2 FILERNAME HAL A- PEN	DLETON	3 Filer	ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHAR		ARD \$		
5 Date	6 Payee name				
3-19-2021	Home DEPOT	_			
7 Amount (\$)	8 Payee address;		City;	State; Zip Code	
107.82	2011 KELLER SP	Rines L,	ARROLLTO N	7x 25006	
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the to	of this schedule) (b) De	scription		
PURPOSE OF Expenditure	Adverting	SER	kes for You	l Signa	
	(c) Check if travel outside of Texas. Co	mplete Schedule T.	Check if Austin, TX, off	ficeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne Office soug	ght	Office held	
Date	Payee name				
3-21-2021	HOME DEPOT				
Amount (\$)	Pavee address:		City;	State; Zip Code	
28,406	JOH KEUER S	eprines e	ARROLLTO N	1 Tt 15006	
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the to	p of this schedule) De	scription		
PURPOSE OF Expenditure	Advertising	S	TAKES for	YARD Signs	
	Check if travel outside of Texas. Co	omplete Schedule T.	Check if Austin, TX, of	ficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne Office soug	ght	Office held	
	Per l'Internation de l'Ambre de l				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
Target Palace		hice state ty us		Revised 8/17/2020	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: H. PENDLETON 44 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 3-23-2021 Home 8 Payee address; 7 Amount (\$) State; Zip Code 2011 KELLER SPRINGS CARROLLTON TX 75006 14.05 TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 CABLE TIES for Signer PURPOSE ADJERTISING **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date with hoses. com 3-72-5051 Payee address; State: Zip Code Amount (\$) FARMINGDALE 681 TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Hand Sanityer Steve-aways **PURPOSE** Event Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED