

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:

9

OFFICE USE ONLY

Date Received

RECEIVED

APR 23 2021

CITY SECRETARY
CARROLLTON, TX

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

HAL
RUSTY PENNLETON

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2805 CARRIAGE CT.
CARROLLTON TX 75006

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 754-7699

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

JEAN F.
LITZLER

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2711 RAINTREE CT.
CARROLLTON TX 75006

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 416-2231

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 Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

3 / 30 / 21

THROUGH

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 01 / 2021

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CARROLLTON
CITY COUNCIL PLACE 7

14 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

APARTMENT ASSOC of GREATER DALLAS - PAC

COMMITTEE ADDRESS

5728 LBJ Freeway Suite 100, Dallas 75240

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

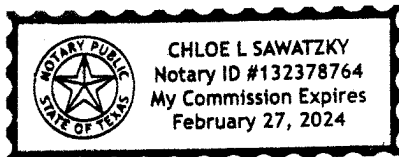
| | | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>1,400.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>0</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>3,136.90</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>1,839.58</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>285.00</u> |

18 SIGNATURE 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rusty Pendleton this the 23 day of April, 2021, to certify which, witness my hand and seal of office.

Chloë L. Sawatzky Signature of officer administering oath
Chloë L. Sawatzky Printed name of officer administering oath
Deputy City Secretary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME HAL A. PENABETON | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1400 - |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 240.37 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 2896.53 |
| 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

If the requested 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: <u>2</u> |
| 2 FILER NAME <u>HAL A. PENDLETON</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>4-2-2011</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HENRY BILLINGSLEY</u> | 7 Amount of contribution (\$) <u>350.⁰⁰</u> |
| 6 Contributor address; City; State; Zip Code <u>1722 ROUTH ST. #290, Dallas TX 75201</u> | | |

| | |
|-------------------------------------------------------|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|-------------------------------------------------------|-------------------------------|

| | | |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Date <u>4-15-2011</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SAMUEL BUREL</u> | Amount of contribution (\$) <u>100.⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>1519 SHANNON PL CARROLLTON TX 75006</u> | | |

| | |
|-----------------------------------------------------|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|-----------------------------------------------------|-----------------------------|

| | | |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Date <u>4-08-2011</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SHAUNA BOWMAN</u> | Amount of contribution (\$) <u>150.⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>7123 LAKE SHORE DR, Dallas TX 75214</u> | | |

| | |
|-----------------------------------------------------|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|-----------------------------------------------------|-----------------------------|

| | | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Date <u>4-20-2011</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BILL FIVEACE</u> | Amount of contribution (\$) <u>50.⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>1944 KENSINGTON DR Carrollton TX 75007</u> | | |

| | |
|-----------------------------------------------------|-----------------------------|
| 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

If the requested 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 HAR R. PENDLETON | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4-20-2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apartment Assoc. of Greater Dallas - PAC | 7 Amount of contribution (\$) 750.00 |
| 6 Contributor address; City; State; Zip Code 5728 W. Freeway #100 Dallas TX 75240 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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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 | 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 |
| | 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 F4: <i>2</i> | 2 FILER NAME <i>HAL A. PEVORETON</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ <i>0</i> |
| 5 Date <i>3-30-2021</i> | 6 Payee name <i>HOME DEPOT</i> | |
| 7 Amount (\$) <i>172.94</i> | 8 Payee address; City; State; Zip Code <i>2011 KELLER SPRINGS CARROLLTON TX 75006</i> | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> | (b) Description <i>Stakes for yard signs</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |
| Date <i>4-2-2021</i> | Payee name <i>HOME DEPOT</i> | |
| Amount (\$) <i>13.52</i> | Payee address; City; State; Zip Code <i>2011 Keller Springs Carrollton TX 75006</i> | |
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising</i> | Description <i>Stakes for yard signs</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | 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 F4: | 2 FILER NAME HAL A. PENDLETON | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date 4-18-2021 | 6 Payee name HOME DEPOT | |
| 7 Amount (\$) 53.91 | 8 Payee address; City; State; Zip Code 2011 Keller Springs Carrollton TX 75006 | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 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 T. <input type="checkbox"/> Check if Austin, 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 NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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 | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1 Total pages Schedule G: <i>2</i> | 2 FILER NAME <i>HAL A. PENDLETON</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4-9-2021</i> | 5 Payee name <i>H&H Color LAB</i> | |
| 6 Amount (\$) <i>47.25</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; <i>8906 E. 67th Street</i> | City; State; Zip Code <i>Raytown MO 64133</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Campaign Buttons</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>3-30-2021</i> | Payee name <i>CARROLLTON/FARMERS BRANCH ROTARY CLUB</i> | |
| Amount (\$) <i>25.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; <i>Brookhaven Country Club</i> | City; State; Zip Code <i>Dallas TX 75234</i> |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>CONTRIBUTION</i> | Description <i>EVENT GIFTS</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>4-12-2021</i> | Payee name <i>North Texas Political Action Committee</i> | |
| Amount (\$) <i>380.09</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; <i>4265 Harvest Hill Rd.</i> | City; State; Zip Code <i>Carrollton TX 75010</i> |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing</i> | Description <i>Print endorsement cards</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, 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 NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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 | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME HAL A. PENNINGTON | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4-14-2021 | 5 Payee name CAPITAL ONE Visa | |
| 6 Amount (\$) 2315.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P.O. Box 60599 City of Industry CA 91716 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description Payment for reported c c expenses |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 4-19-2021 | Payee name CHASE VISA SERVICES | |
| Amount (\$) 101.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream IL 60199-6294 | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Credit Card Payment | Description Payment for reported c c expenses |
| | <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 |
| Date 4-2-2021 | Payee name H&H Color Lab | |
| Amount (\$) 27.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 8906 E. 67 th Street Raytown MO 64133 | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing | Description Cards to Thank Donors |
| | <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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