

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM SPAC  
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>21</i>
3 COMMITTEE NAME <i>Citizens for CFISD Proven Leaders</i>			<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b> OCT 25 2021 BY: <i>[Signature]</i> 1:03 PM Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>5315-B Cypress Creek Pkwy #350 Houston, TX 77069</i>		
5 CAMPAIGN TREASURER NAME MS / MRS / MR      FIRST      MI <i>Ms      Darcy</i> NICKNAME      LAST      SUFFIX <i>Mingoa</i>			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>6610 Battington Garden Houston, TX 77069</i>		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>6610 Battington Garden Houston, TX 77069</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(713) 859-0030</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <i>09 / 24 / 2021      THROUGH      10 / 23 / 2021</i>		
11 ELECTION	ELECTION DATE Month      Day      Year <i>11 / 02 / 2021</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special      Description _____	

**GO TO PAGE 2**

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

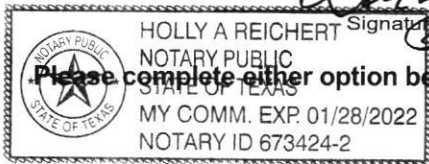
**12** COMMITTEE NAME Citizens for CFISD Proven Leaders **13** Filer ID (Ethics Commission Filers)

<b>14</b> COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <u>John Ayletree, Don Ryan + Bob R. Covey</u>
	<input checked="" type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>CFISD Board of Trustees Positions 5, 6 + 7, respectively</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month Day Year
	DESCRIPTION	_____

<b>15</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>1,145.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>18,276.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>18,857.05</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,855.01</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

**16** 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.

*Daray Mingoia*  
Signature of Campaign Treasurer (Declarant)



Please complete either option below:

**(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daray Mingoia, this the 25<sup>th</sup> day of October, 2021, to certify which, witness my hand and seal of office.

Holly A. Reichert Holly A. Reichert Notary Public  
Signature of officer administering oath Printed name of officer administering oath 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 Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

**FORM SPAC  
COVER SHEET PG 3**

17 COMMITTEE NAME

*Citizens for CFISD Proven Leaders*

18 Filer ID (Ethics Commission Filers)

19 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>19,421.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>138.19</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0.00</i>
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0.00</i>
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0.00</i>
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$ <i>0.00</i>
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0.00</i>
8.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>18,857.05</i>
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0.00</i>
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0.00</i>
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0.00</i>
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0.00</i>

# 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: <i>14 10 of 14</i>
2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/24/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keith Grothaus</i>	7 Amount of contribution (\$)  <i>\$490.00</i>
6 Contributor address; City; State; Zip Code <i>12118 Burgoyne Dr. Houston, TX 77077</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/24/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron Damico</i>	Amount of contribution (\$)  <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>15521 Jersey Dr. Jersey Village, TX 77040</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/26/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peter Barnhart</i>	Amount of contribution (\$)  <i>\$495.00</i>
Contributor address; City; State; Zip Code <i>14002 Blanco Falls Lane Cypress, TX 77429</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/26/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred Caldwell</i>	Amount of contribution (\$)  <i>\$495.00</i>
Contributor address; City; State; Zip Code <i>15330 Hilltop View Dr. Cypress, TX 77429</i>		
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

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The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: <i>14 2 of 14</i>
2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/28/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sammy Saboum</i>	7 Amount of contribution (\$) <i>\$2,500.00</i>
6 Contributor address; City; State; Zip Code <i>500 White Chapel Blvd. Southlake, TX 76092</i>		
8 Principal occupation / Job title (See Instructions) <i>CEO</i>		9 Employer (See Instructions) <i>ISP Tek Services</i>
Date <i>9/28/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Rohrer</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>16610 Rose Trail Cypress, TX 77429</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Butnette</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1219 Stonehedge Trail Ln. St Augustine, FL 32092</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lori Gruver</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>7512 Wisteria Valley Dr. Austin, TX 78739</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>14 3 of 14</i>
2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/29/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Padilla</i>	7 Amount of contribution (\$)  <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>7449 Umbria Dr. El Paso, Tx 79904</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Haass</i>	Amount of contribution (\$)  <i>\$ 200.00</i>
Contributor address; City; State; Zip Code <i>19027 LaVerita San Antonio, Tx 78258</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Williams</i>	Amount of contribution (\$)  <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>3500 Lenox Dr. Fort Worth, Tx 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tara Gundemeier</i>	Amount of contribution (\$)  <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>6333 Schiller St. Houston, Tx 77055</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>14 4 of 14</i>
2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/29/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald Rocha</i>	7 Amount of contribution (\$)  <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>222 Halbart Dr. San Antonio, TX 78213</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
-----		
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anthony Nims</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>2217 Brun Street Houston, TX 77019</i>		<i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
-----		
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Bitd</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>10417 Indigo Broom Lp Austin, TX 78733</i>		<i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
-----		
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Ciavaglia</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>2701 9th St. N. Texas City, TX 77490</i>		<i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>14 5 of 14</i>
2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/29/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tanya Wood</i>	7 Amount of contribution (\$)  <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>3043 Rabbitt Brush Ln. Manvel, TX 77578</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Hill</i>	Amount of contribution (\$)  <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>4369 Graduate Cit. Houston, TX 77004</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ana Canales</i>	Amount of contribution (\$)  <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>PO Box 3807 Edinburg, TX 78540</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clifton Douglas</i>	Amount of contribution (\$)  <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>606 Garraty Rd. San Antonio, TX 78209</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>14 6 of 14</i>
2 FILER NAME <i>Citizens for CFBD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/29/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Harris</i>	7 Amount of contribution (\$)  <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>14542 Oak Bend Dr. Houston, TX 77079</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
-----		
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Guevara</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>3205 Seminole Ct. Harlingen, TX 78550</i>		<i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
-----		
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Glenn Lewis</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>5600 Rockhill Rd. Fort Worth, TX 76112</i>		<i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
-----		
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Lopez, Jr.</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>96 Eagle Point Dr. Waxahachie, TX 75165</i>		<i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 7 of 14
2 FILER NAME Citizens for CFISD Proven Leaders		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Albidrez	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code PO Box 13748 Odessa, TX 79768		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Gonzalez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 157 W 79th St., Apt 3C New York, NY 10024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Young	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4825 Davis Ln, Apt 1822 Austin, TX 78749		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Sutton	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1807 Sutters Chase Dr. Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>14</i> <i>8 of 14</i>
2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/29/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carmen Perez</i>	7 Amount of contribution (\$)  <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>1404 Via Quijano El Paso, TX 79912</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bridget Lopez</i>	Amount of contribution (\$)  <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>4326 Meadowdale Ln. Dallas, TX 75229</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/29/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Aelvoet</i>	Amount of contribution (\$)  <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>PO Box 34 Spring Branch, TX 78070</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/1/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Blair Hamilton</i>	Amount of contribution (\$)  <i>\$ 499.00</i>
Contributor address; City; State; Zip Code <i>3410 Chambers Ct. Missouri City, TX 77459</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>14</i> <i>9 of 14</i>
2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/1/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lisa Rentro</i>	7 Amount of contribution (\$)  <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>6007 Piney Knoll Ct Katy, Tx 77449</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/4/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark McShaffry</i>	Amount of contribution (\$)  <i>\$ 499.00</i>
Contributor address; City; State; Zip Code <i>17422 W Blooming Rose Ct. Cypress, Tx 77429</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/4/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Myrna Norman</i>	Amount of contribution (\$)  <i>\$ 499.00</i>
Contributor address; City; State; Zip Code <i>4218 FH 2351 Rd Friendswood, TX 77546</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/4/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Brewster</i>	Amount of contribution (\$)  <i>\$ 499.00</i>
Contributor address; City; State; Zip Code <i>1717 Avery Lane Friendswood, Tx 77546</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/4/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John S. Marshall</i>	7 Amount of contribution (\$)  <i>\$ 450.00</i>
6 Contributor address; City; State; Zip Code <i>12206 Calico Falls Ln. Houston, TX 77041</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/4/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George A. Pontikes</i>	Amount of contribution (\$)  <i>\$ 450.00</i>
Contributor address; City; State; Zip Code <i>11750 Katy Fwy #500 Houston, TX 77079</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/5/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leonard Brautigam</i>	Amount of contribution (\$)  <i>\$ 300.00</i>
Contributor address; City; State; Zip Code <i>12718 Chriswood Dr. Cypress, TX 77429</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/5/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Blankenship</i>	Amount of contribution (\$)  <i>\$ 450.00</i>
Contributor address; City; State; Zip Code <i>8315 Draw Haven Ln. Spring, TX 77379</i>		
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: <i>14</i> <i>11 of 14</i>
2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/5/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Fote</i>	7 Amount of contribution (\$)  <i>\$ 450.00</i>
6 Contributor address; City; State; Zip Code <i>93 Hibury Houston, TX 77024</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/6/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DIG-PAC</i>	Amount of contribution (\$)  <i>\$ 1,600.00</i>
Contributor address; City; State; Zip Code <i>3375 Westpark Dr. # 224 Houston, TX 77005</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/6/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Patrick</i>	Amount of contribution (\$)  <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>12703 Azalea Creek Tr. Houston, TX 77065</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/6/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debbie Gibson</i>	Amount of contribution (\$)  <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>8830 OutView Ct. Houston, TX 77040</i>		
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: <i>14 12 of 14</i>
2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/6/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan Boggio</i>	7 Amount of contribution (\$)  <i>\$ 900.00</i>
6 Contributor address; City; State; Zip Code <i>11 Greenway Plaza 22nd Fl Houston, TX 77046</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/13/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gilbert Mayfield</i>	Amount of contribution (\$)  <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>15893 Rose Pine Ct Cypress, TX 77427</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/15/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob R. Covey</i>	Amount of contribution (\$)  <i>\$ 1,000.00</i>
Contributor address; City; State; Zip Code <i>17110 Ledgefield Cypress, TX 77433</i>		
Principal occupation / Job title (See Instructions) <i>Inside Sales</i>		Employer (See Instructions) <i>American Alloy Steel</i>
Date <i>10/15/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rolinda Schmidt</i>	Amount of contribution (\$)  <i>\$ 200.00</i>
Contributor address; City; State; Zip Code <i>3513 Trail Head Dr. Kerrville, TX 78028</i>		
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: <i>14 13 of 14</i>
2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/16/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wesley Don Ryan, Jr.</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>
6 Contributor address; City; State; Zip Code <i>12706 Timberland Trace Houston, TX 77065</i>		
8 Principal occupation / Job title (See Instructions) <i>Owner</i>		9 Employer (See Instructions) <i>Cy-Fair Insurance Group</i>
Date <i>10/16/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deanna L. Swenke</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>15207 Lakewood Forest Dr. Houston, TX 77070</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/16/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John D. Ogletree</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>8131 SunTerrace Ln Houston, TX 77095</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/18/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Loren Long</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>13719 Pristine Lake Ln. Cypress, TX 77429</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <i>14 14 of 14</i>
2 FILER NAME <i>Citizens for CFISD Proven Leaders</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/19/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Celina Longoria</i>	7 Amount of contribution (\$)  <i>\$ 500.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 2094 Cypress, TX 77410-2094</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Citizens for CFISD Proven Leaders</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>10/13/2021</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Daray A. Mingoa</u>	8 Amount of Contribution \$ <u>843.19</u>	9 In-kind contribution description <u>u-Posts + zip ties</u>
7 Contributor address; City; State; Zip Code <u>6610 Barrington Edn Houston, TX 77069</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Retired</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Retired</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>10/19/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Butch Milks</u>	Amount of Contribution \$ <u>95.00</u>	In-kind contribution description <u>Chamber Luncheons (2) + sound OFF</u>
Contributor address; City; State; Zip Code <u>8525 Westland W Blvd. Houston TX 77041</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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

# 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	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 F1: <b>3 of 3</b>	2 FILER NAME <b>Citizens for CFISD Proven Leaders</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/28/2021</b>	5 Payee name <b>Texas Comm Pros</b>	
6 Amount (\$) <b>\$7,250.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 6 Houston TX 77046</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>yard and Road Signs</b>
	(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 <b>9/29/2021</b>	Payee name <b>J6 Media/Community Impact Newspaper</b>	
Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>3600 E Palm Valley Blvd., Box #3 Round Rock TX 78665</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>social Media Ads</b>
	<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 <b>10/2/2021</b>	Payee name <b>Dylan Glass Consulting Group</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>9123 Crescent Clover Dr. Spring TX 77379 # 1308</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Political and Marketing services</b>
	<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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# 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	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.

<b>1</b> Total pages Schedule F1: 3 of 3	<b>2</b> FILER NAME Citizens for CFSD Proven Leaders	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/7/2021	<b>5</b> Payee name Majority Strategies LLC	
<b>6</b> Amount (\$) \$9,674.46	<b>7</b> Payee address; City; State; Zip Code PO Box 679219 Dallas TX 75267	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Direct Mail and Social Media Ads
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 10/12/2021	Payee name TM Works	
Amount (\$) \$385.92	Payee address; City; State; Zip Code 11349 Todd St. Houston TX 77055	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Silk Screening on T-Shirts
	<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 10/12/2021	Payee name San Mar	
Amount (\$) \$363.01	Payee address; City; State; Zip Code 4701 Northview Dr. Irving, TX 75038	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Shirts
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: <i>3 of 3</i>	<b>2</b> FILER NAME <i>Citizens for CFISD Proven Leaders</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/13/2021</i>	<b>5</b> Payee name <i>Cy-Fair Educational Foundation</i>	
<b>6</b> Amount (\$) <i>\$275.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>11803 Grant Road #115 Cypress TX 77429</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Program Ad- salute to our Heroes</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>10/23/2021</i>	Payee name <i>Anedot</i>	
Amount (\$) <i>\$208.66</i>	Payee address; City; State; Zip Code <i>1920 McKinney Ave, 7th Floor Dallas TX 75201</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	Description <i>Credit Card Fees</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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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

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