

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: **11**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MR / MRS **MR** FIRST **SCOTT** MI **A**
NICKNAME LAST SUFFIX
BOWEN

OFFICE USE ONLY

Date Received

4-7-22

Jana Brown

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS (NO BOX) APT / SUITE # CITY STATE ZIP CODE
15703 FIRTHRIDGE CT. WEBSTER TX 77598

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 825-4470

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MR / MRS **MR** FIRST **SCOTT** MI **A**
NICKNAME LAST SUFFIX
BOWEN

Date Processed

Date Imaged **APR 7 '22 3:01 PM**

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
15703 FIRTHRIDGE CT. WEBSTER TX 77598

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 825-4470

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
- July 15 9th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH-FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 15 / 22 THROUGH **4 / 7 / 22**

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year
5 / 7 / 22

- Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

CCISD TRUSTEE AT-LARGE POS. B

13 OFFICE SOUGHT (if known)

SAME

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

COMMITTEE ADDRESS

SPECIFIC

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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ 5,076.21
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,596.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,172.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,000.00

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.

Scott Bowen
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

OR

(2) Unsworn Declaration

My name is SCOTT BOWEN, and my date of birth is 5/18/90

My address is 15703 FIRTHRIDGE CT. WEBSTER, TX, 77558, USA
(street) (city) (state) (zip code) (country)

Executed in HARRIS County, State of TX, on the 7 day of APRIL, 2022.
(month) (year)

Scott Bowen
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME:

SCOTT BOWEN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE:

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5076.21</i>
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	\$ <i>20000.00</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5596.37</i>
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

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: 5
2 FILER NAME SCOTT BOWEN		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raando Garcia	7 Amount of contribution (\$) 104.10
6 Contributor address; City; State; Zip Code 2221 W. DALLAS ST. HOUSTON TX 77019		
8 Principal occupation / Job title (See Instructions) DONOR COMM.		9 Employer (See Instructions) HOUSTON METHODIST
Date 1/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AARON MITCHELL	Amount of contribution (\$) 260.25
Contributor address; City; State; Zip Code 792 Columbus Ave Apt 8M New York, NY 10025		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 1/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTOPHER RUSSO	Amount of contribution (\$) 104.10
Contributor address; City; State; Zip Code 315 PEBBLEBROOK DR. EL LAGO TX 77586		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) LEIDOS
Date 2/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHENIE PARRISH	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 10710 SAGEWIND CT. HOUSTON TX 77089		
Principal occupation / Job title (See Instructions) R.N.		Employer (See Instructions) ST. LUKE'S HEALTH

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: **5**

2 FILER NAME

SCOTT BOWEN

3 Filer ID (Ethics Commission Filers)

4 Date

1/27/22

5 Full name of contributor

KEVIN ODITT

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

7 Amount of contribution (\$)

1,300.00

6 Contributor address;

City;

State;

Zip Code

14826 SPARKLING BAY W. HOUSTON, TX 77062

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/5/22

Full name of contributor

FELICIA CRAVENS

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

Amount of contribution (\$)

31.23

Contributor address;

City;

State;

Zip Code

21338 PARK TREE W. KATY TX 77450

Principal occupation / Job title (See Instructions)

PROOFREADER

Employer (See Instructions)

SELF

Date

2/2/22

Full name of contributor

GLENN JENKINSON

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

Amount of contribution (\$)

260.25

Contributor address;

City;

State;

Zip Code

16027 CLEARCREST DR. HOUSTON TX 77059

Principal occupation / Job title (See Instructions)

FOUNDER

Employer (See Instructions)

SELF

Date

2/24/22

Full name of contributor

AUSTIN LUCE

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

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

2367 OAK ALLEY TYLER TX 75703

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: **5**

2 FILER NAME **SCOTT BOWEN**

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

2/26/22

MELISSA ROWELL

6 Contributor address; City; State; Zip Code

12403 PANTANO DR. HOUSTON TX 77065

26.03

8 Principal occupation / Job title (See Instructions)

REALTOR

9 Employer (See Instructions)

SELF

Date

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

Amount of contribution (\$)

3/1/22

SANDI STEINBALTER

Contributor address; City; State; Zip Code

1881 BERING DR. #25 HOUSTON TX 77057

104.10

Principal occupation / Job title (See Instructions)

COORDINATOR

Employer (See Instructions)

KB HOME

Date

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

Amount of contribution (\$)

3/4/22

THOMAS NEWITT

Contributor address; City; State; Zip Code

816 WINGED FOOT CORSICANA TX 75110

2,000.00

Principal occupation / Job title (See Instructions)

VICE PRESIDENT

Employer (See Instructions)

COLLIN ST. BAKERY

Date

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

Amount of contribution (\$)

4/1/22

KENNI GALE

Contributor address; City; State; Zip Code

4013 SAND DOLLAR CT. SEABROOK TX 77586

100.00

Principal occupation / Job title (See Instructions)

ADMIN ASST.

Employer (See Instructions)

HALDOR TOPSOE, INC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: **5**

2 FILER NAME

SCOTT BOWEN

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/22

5 Full name of contributor

GEORGE DAWSON

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

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

15826 BROOK FOREST DR. HOUSTON, TX 77059

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

-

Date

3/4/22

Full name of contributor

KENNI GALE

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

Amount of contribution (\$)

125.00

Contributor address;

City;

State;

Zip Code

4013 SAND DOLLAR CT. SEABROOK TX 77586

Principal occupation / Job title (See Instructions)

ADMIN ASST.

Employer (See Instructions)

HALDOR TOPSOE, INC.

Date

3/30/22

Full name of contributor

DAVID RIGOULOT

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

Amount of contribution (\$)

104.10

Contributor address;

City;

State;

Zip Code

4151 PINE CREST TRAIL HOUSTON TX 77059

Principal occupation / Job title (See Instructions)

SALES

Employer (See Instructions)

TEXAS ORTHO

Date

3/30/22

Full name of contributor

GAYLYN DEVINE

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2135 VENEZIA DR. PEARLAND TX 77581

Principal occupation / Job title (See Instructions)

ENTREPRENEUR

Employer (See Instructions)

DEVINE PROMOTIONS/PRINTING

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: 5
2 FILER NAME SCOTT BOWEN		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSICA SITKA	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 13507 ISLAND PALM CT. HOUSTON TX 77059		
8 Principal occupation / Job title (See Instructions) ADMIN		9 Employer (See Instructions) CLEAR LAKE BAPTIST
Date 4/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK BOTELER	Amount of contribution (\$) 52.05
Contributor address; City; State; Zip Code 538 SURF OAKS SEABROOK TX 77586		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) -
Date 3/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY FLANNERY	Amount of contribution (\$) 30.00
Contributor address; City; State; Zip Code 2517 PINEBROOK LN. SEABROOK TX 77586		
Principal occupation / Job title (See Instructions) RETIRED		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)

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

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 E: <u>1</u>
2 FILER NAME <u>SCOTT BOWEN</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>0</u>
5 Date of loan <u>4/7/22</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SCOTT BOWEN</u>	9 Loan Amount (\$) <u>20,000.00</u>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>15703 FATHRINE CT. WEBSTER TX 77598</u>	10 Interest rate <u>0</u>
		11 Maturity date <u>N/A</u>
12 Principal occupation / Job title (See Instructions) <u>ENGINEER</u>		13 Employer (See Instructions) <u>TPL GROUP</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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 <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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

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 | Filing | Office/Constitutional Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift Awards/Political Expense | Printing Expense | Travel Out Of District |
| Candidate/Officer/holder 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 page Schedule F1 2	2 FILER NAME SCOTT BOWEN	3 Filer ID (Ethics Commission Filers)
4 Date 4/7/22	5 Payee name WINRED, INC.	
6 Amount (\$) 63.79	7 Payee address; City; State; Zip Code 1776 WILSON BLVD. STE 530 ARLINGTON VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Category list at the top of this schedule) CREDIT CARD PAYMENT	(b) Description ONLINE DONATIONS
	(c) <input type="checkbox"/> Check if contribution to Texas, Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
Date 1/27/22	Payee name VISTA PRINT	
Amount (\$) 305.44	Payee address; City; State; Zip Code 275 WYMAN ST. WALTHAM MA 02451	
PURPOSE OF EXPENDITURE	Category (See Category list at the top of this schedule) PRINTING	Description CARDS
	(c) <input type="checkbox"/> Check if contribution to Texas, Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
Date 2/10/22	Payee name PRECISION OUTREACH	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 21 WATERWAY AVE. WOODLANDS TX 77380	
PURPOSE OF EXPENDITURE	Category (See Category list at the top of this schedule) CONSULTING	Description WEB DESIGN
	(c) <input type="checkbox"/> Check if contribution to Texas, Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Expense | Fees | Office Overhead/Initial Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Fuel/Travel Expense | Printing Expense | Travel In District |
| Contributions-Tribute (State/Fed) | Gift/Awards/Anniversary Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Office Campaign | Legal Expense | Services/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: 2	2 FILER NAME: SCOTT BOWEN	3 Filer ID (Ethics Commission Filers):
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4 Date: 2/23/22	5 Payee name: TEXAS GOP STORE
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6 Amount (\$): 2,484.34	7 Payee address: 404 I-45	City: HUNTSVILLE	State: TX	Zip Code: 77488
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): PRINTING	(b) Description: SIGNS
<input type="checkbox"/> Check if Austin, TX, officeholder living expense		<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
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Date: 3/7/22	Payee name: TEXAS GOP STORE
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Amount (\$): 1,461.38	Payee address: 404 I-45	City: HUNTSVILLE	State: TX	Zip Code: 77488
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): PRINTING	Description: SIGNS
<input type="checkbox"/> Check if Austin, TX, officeholder living expense		<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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Date: 4/7/22	Payee name: USTA PRINT
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Amount (\$): 281.42	Payee address: 275 WYMAN ST.	City: WALTHAM	State: MA	Zip Code: 02541
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): PRINTING	Description: CARDS
<input type="checkbox"/> Check if Austin, TX, officeholder living expense		<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