

# 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: <span style="font-size: 2em; margin-left: 20px;">10</span>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST	SUFFIX				
Mr. Aaron Garcia J A.J. Garcia							
Date Received <span style="font-size: 2em; margin-left: 20px;">4/29/2022</span>							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	1515 Grand Ave Fort Worth TX 76164						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817) 714-1376						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #      Amount \$ <span style="font-size: 2em; margin-left: 20px;">0</span> Date Processed <span style="font-size: 2em; margin-left: 20px;">4/29/2022</span> Date Imaged <span style="font-size: 2em; margin-left: 20px;">4/29/2022</span>			
	NICKNAME	LAST	SUFFIX				
Mr. Leandro Raga F							
Date Hand-delivered or Date Postmarked							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	2904 McKinley Ave Fort Worth TX 76164						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(817) 235-7547							
9 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff		
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit		
				<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
04 / 07 / 2022 THROUGH 04 / 28 / 2022							
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
05 / 07 / 2022			<input type="checkbox"/> General		<input checked="" type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				Fort Worth ISD school trustee district 1			
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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					
	<input checked="" type="checkbox"/> GENERAL	United Educators Association					
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS					
	4900 SE Loop 820 #200 Fort Worth TX 76140						
COMMITTEE CAMPAIGN TREASURER NAME							
COMMITTEE CAMPAIGN TREASURER ADDRESS							

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

**15** C/OH NAME Aaron Garcia **16** Filer ID (Ethics Commission Filers)

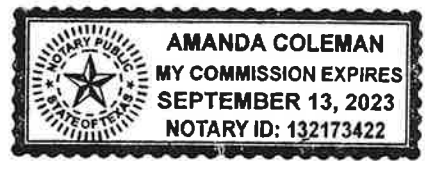
<b>17</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>11,350.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>11,533.64</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3419.91</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

*A. Garcia*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Aaron Garcia this the 29th day of April, 2022, to certify which, witness my hand and seal of office.

*Aaron* Signature of officer administering oath  
Amanda Coleman Printed name of officer administering oath  
Electra Officer 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 <i>Aaron Garcia</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11350. <sup>00</sup>
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11533. <sup>64</sup>
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:
2 FILER NAME <b>Aaron Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04-09-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maria Balandran</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>6229 Thunderwind Dr Fort Worth TX 76179</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>04-09-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sergio Deleon</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 470743 Fort Worth TX 76147</b>		
Principal occupation / Job title (See Instructions) <b>Judge</b>		Employer (See Instructions) <b>Justice of the Peace court 5 Tarrant County</b>
Date <b>04-11-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dick Abrams</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>6750 Locke Ave Fort Worth TX 76116</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>04-11-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lauren Wysoski</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2100 Emerald Lake drive Arlington TX 76013</b>		
Principal occupation / Job title (See Instructions) <b>Logistic</b>		Employer (See Instructions) <b>Expeditors</b>

**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 <b>Aaron Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04-13-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Meadows</b>	7 Amount of contribution (\$)  <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>121 Rivercrest dr. Fort Worth TX 76107</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>04-14-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Good Government Fund</b>	Amount of contribution (\$)  <b>3000.00</b>
	Contributor address; City; State; Zip Code <b>Contributor address; City; State; Zip Code</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04-15-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dee Kelly Jr</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>5756 Merrymount rd Fort Worth TX 76107</b>	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Kelly Hart Attorneys at Law</b>

Date <b>04-15-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tani Reyes</b>	Amount of contribution (\$)  <b>25.00</b>
	Contributor address; City; State; Zip Code <b>3604 Glenmont Dr Fort Worth TX 76133</b>	
Principal occupation / Job title (See Instructions) <b>Loan Processor</b>		Employer (See Instructions) <b>Colonial Savings</b>

--	--	--

**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 <b>Aaron Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04-19-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alfred Saenz</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>407 Throckmorton St Fort TX 76102 Worth</b>		
8 Principal occupation / Job title (See Instructions) <b>owner</b>		9 Employer (See Instructions) <b>Multatech</b>
Date <b>04-19-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alejandra Palomera</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1702 Gould Ave Fort TX 76164 Worth</b>		
Principal occupation / Job title (See Instructions) <b>owner</b>		Employer (See Instructions) <b>Alejandra Palomera Statefarm</b>
Date <b>04-19-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Greater Fort Worth Association of Realtors PAC</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>2650 Parkview Dr Fort TX 76102 Worth</b>		
Principal occupation / Job title (See Instructions) <b>PAC</b>		Employer (See Instructions)
Date <b>04-19-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Kleinheinz</b>	Amount of contribution (\$) <b>3000.00</b>
Contributor address; City; State; Zip Code <b>301 Commerce St Fort TX 76102 Worth</b>		
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 <i>Aaron Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04-21-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Hawley</i> <hr/> 6 Contributor address; City; State; Zip Code <i>116 Lindenwood dr Fort TX 76107</i> <i>Worth</i>	7 Amount of contribution (\$)  <i>50.00</i>
8 Principal occupation / Job title (See Instructions) <i>Professor</i>		9 Employer (See Instructions) <i>TCU</i>
Date <i>04-25-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Francisco Hernandez</i> <hr/> Contributor address; City; State; Zip Code <i>800 W Weatherford * Fort TX 76102</i> <i>Worth</i>	Amount of contribution (\$)  <i>500.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Law office of Francisco Hernandez</i>
Date <i>04-26-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ZM Investments LLC</i> <hr/> Contributor address; City; State; Zip Code <i>525 Taylor st Fort TX 76102</i> <i>Worth</i>	Amount of contribution (\$)  <i>250.00</i>
Principal occupation / Job title (See Instructions) <i>owner</i>		Employer (See Instructions)
Date <i>04-26-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Irma Resendiz</i> <hr/> Contributor address; City; State; Zip Code <i>1820 Highland Ave Fort TX 76164</i> <i>Worth</i>	Amount of contribution (\$)  <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>owner</i>		Employer (See Instructions) <i>Irma Plumbing</i>

**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 <i>Aaron Garcia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04-26-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deleon Campaign Committee</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 470743 Fort TX 76147</i> <i>Worth</i>		
8 Principal occupation / Job title (See Instructions) <i>Judge</i>		9 Employer (See Instructions) <i>Justice of Peace Court 5 Tarrant County</i>
Date <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joel Burns</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>2420 S Adams St Fort TX 76110</i> <i>Worth</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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)

**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:	2 FILER NAME <b>Aaron Garcia</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-7-22</b>	5 Payee name <b>Murphy Nasica</b>	
6 Amount (\$) <b>214.34</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 1648 Austin TX 78767</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <b>Pushcards 1.0</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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>4-7-22</b>	Candidate / Officeholder name <b>Murphy Nasica</b>	
Amount (\$) <b>253.31</b>	Office sought <b>Austin TX 78767</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>Pushcards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name <b>Murphy Nasica</b>		
Date <b>4-7-22</b>	Office held <b>Austin TX 78767</b>	
Amount (\$) <b>3869.94</b>	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name <b>Murphy Nasica</b>		
Office sought <b>Austin TX 78767</b>		
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/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:	2 FILER NAME <b>Aaron Garcia</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <b>4-20-22</b>	5 Payee name <b>Murphy Nasica</b>
--------------------------	--------------------------------------

6 Amount (\$) <b>3556.97</b>	7 Payee address; <b>P.O. Box 1648</b>	City; <b>Austin</b>	State; <b>TX</b>	Zip Code <b>78767</b>
---------------------------------	--	------------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <b>mailer</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>4-26-22</b>	Payee name <b>Murphy Nasica</b>
------------------------	------------------------------------

Amount (\$) <b>3556.97</b>	Payee address; <b>P.O. Box 1648</b>	City; <b>Austin</b>	State; <b>TX</b>	Zip Code <b>78767</b>
-------------------------------	--	------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>Mailer</b>
	<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 <b>4/7/22- 4/29/22</b>	Payee name <b>Anedot</b>
------------------------------------	-----------------------------

Amount (\$) <b>82.11</b>	Payee address; <b>1340 Poydras St #1770</b>	City; <b>New Orleans</b>	State; <b>LA</b>	Zip Code <b>70112</b>
-----------------------------	--	-----------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Donation Transaction Fees</b>
	<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