

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 / MRS / MR FIRST MI
Ms Valeria I
NICKNAME LAST SUFFIX
Val Nevárez

OFFICE USE ONLY

Date Received

4/6/2023

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3744 Griggs Ave Fort Worth, TX 76119

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(682) 2039462

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

0

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms. Jennifer L
NICKNAME LAST SUFFIX
Crossland

Date Processed

4/6/2023

Date Imaged

4/6/2023

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4417 Tamworth Rd. Fort Worth, TX 76116

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(310) 9802930

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
2 / 16 / 23 THROUGH 4 / 6 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 6 / 23 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FWISD School Board Trustee D. 3

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 Valeria Nevarez		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)	\$ 600.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,094.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,056.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 637.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

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 Valeria Nevarez and my date of birth is 09/23/2000
 My address is 3744 Griggs Ave, Flower, TX, 76111, Tarrant
(street) (city) (state) (zip code) (country)
 Executed in Tarrant County, State of Texas, on the 11th day of April, 2023.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Valeria Nevárez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,094.22
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,056.41
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

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:

4

2 FILER NAME

Valeria Nevárez

3 Filer ID (Ethics Commission Filers)

4 Date

02/18/2023

5 Full name of contributor

Valeria Nevárez

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

6 Contributor address;

City;

State;

Zip Code

3744 Griggs Ave Fort Worth, TX 76119

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Property Management

9 Employer (See Instructions)

Ramos Renovation LLC

Date

02/18/2023

Full name of contributor

Edward Perkins

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

Contributor address;

City;

State;

Zip Code

16524 Cowboy Trl Fort Worth, TX 76247

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Automotive Technician

Employer (See Instructions)

Park Place

Date

02/21/2023

Full name of contributor

Heady Peña

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

Contributor address;

City;

State;

Zip Code

4101 Alva Dr. Fort Worth, TX 76133

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Armor Texas Insurance

Date

02/23/2023

Full name of contributor

Jennifer Crossland

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

Contributor address;

City;

State;

Zip Code

4417 Tamworth Rd. Fort Worth, TX 76116

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Public Relations

Employer (See Instructions)

Peak Chiropractic

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:

4

2 FILER NAME

Valeria Nevárez

3 Filer ID (Ethics Commission Filers)

4 Date

02/23/2023

5 Full name of contributor

Daniela Barrientos

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

6 Contributor address;

City;

State;

Zip Code

1722 Windmill Hill Lane Desoto, TX 75115

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Graphic Designer

9 Employer (See Instructions)

Self

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2023

Full name of contributor

Valeria Nevárez

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

3744 Griggs Ave Fort Worth, TX 76119

100.00

Principal occupation / Job title (See Instructions)

Property Management

Employer (See Instructions)

Ramos Renovations LLC

Date

03/01/2023

Full name of contributor

Leti González

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

4944 Steeple Chase Ct .Grand Prarie, TX 75052

100.00

Principal occupation / Job title (See Instructions)

Real Estate Agent

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: **4**

2 FILER NAME

Valeria Nevárez

3 Filer ID (Ethics Commission Filers)

4 Date

03/06/2023

5 Full name of contributor

Elaine Hays

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

105 Lakeshore Dr. Runaway Bay, TX 76426

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

03/06/2023

Full name of contributor

Missie Garra

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

4129 Inwood Rd. Fort Worth, TX 76109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

Self Employed

Date

03/07/2023

Full name of contributor

Donna Collins

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

3701 Shelby Dr. Fort Worth, TX 76107

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

03/10/2023

Full name of contributor

Tiffany Bone

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

701 Monticello Fort Worth, TX 76107

Amount of contribution (\$)

244.22

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

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: 4
2 FILER NAME Valeria Nevárez		3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Gabriela Cedillo	100.00
	6 Contributor address; City; State; Zip Code 6704 Victoria Ave North Richland Hills, TX 76180	
8 Principal occupation / Job title (See Instructions) CRS		9 Employer (See Instructions) Keith Bland Agency
Date 03/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Daisy Cano	100.00
	Contributor address; City; State; Zip Code 512 Cripple Creek Dr. Duncanville, TX 75116	
Principal occupation / Job title (See Instructions) Acct Manager		Employer (See Instructions) State Farm
Date 03/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Emma Padilla	50.00
	Contributor address; City; State; Zip Code 456 Sugar Mill Rd. Cedar Hill, TX 75104	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 04/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Familia Acosta	100.00
	Contributor address; City; State; Zip Code 3300 Perman Dr. Forney, TX 75126	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) DISD
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	3 Filer ID (Ethics Commission Filers)
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4 Date 2/17/23	5 Payee name ESPERANZA'S
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6 Amount (\$) \$1350	7 Payee address; City; State; Zip Code 1601 PARK PLACE AVE FWTX 76110
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEV EXP	(b) Description LAUNCH PARTY
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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	3 Filer ID (Ethics Commission Filers)
4 Date 2/17/23	5 Payee name ASHER GILLASPIE	
6 Amount (\$) \$500	7 Payee address; 813 WOODMARK DR. FWTX	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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 3/11/23	Payee name FORT WORTH HI TECH SIGNS CO.	
Amount (\$) \$433	Payee address; 3120 BONNIE DR	City; State; Zip Code FWTX 76116
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description YARD SIGNS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/13/23	Payee name ASHER GILLASPIE	
Amount (\$) \$500	Payee address; 813 WOODMARK DR.	City; State; Zip Code CRAWLEY, TX 76036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY 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 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	3 Filer ID (Ethics Commission Filers)
4 Date 3/11-4/6/23	5 Payee name QUIK TRIP	
6 Amount (\$) \$ 107	7 Payee address; VARIOUS	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	
	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T. 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 3/23/23	Payee name FWRW	
Amount (\$) \$ 35	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEV EXPENSE	
	Description MONTHLY LUNCHEON	
	Check if travel outside of Texas. Complete Schedule T. 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 3/24/23	Payee name FOR LIBERTY + JUSTICE HOG HUNT + BBQ FUNDRAISER	
Amount (\$) \$ 52	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	
	Description SOLICITING VOTES	
	Check if travel outside of Texas. Complete Schedule T. 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

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	3 Filer ID (Ethics Commission Filers)
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4 Date 3/29/23	5 Payee name ASCENSION
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6 Amount (\$) \$31.56	7 Payee address; 1751 RIVER RUN SUITE # 151 FW, TX 76107	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEV EXPENSE	(b) Description CANDIDATE LUNCHEON
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/6/23	Payee name WOOD FOREST BANK
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Amount (\$) \$6	Payee address; VARIOUS	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/17-4/6/23	Payee name REVU
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Amount (\$) \$41.85	Payee address; WWW.REVU.COM	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description PROCESSING FEES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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