

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Joyce Foreman

15 ACCOUNT # (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12,393

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 8,060

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 4,333

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



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.

Joyce Foreman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joyce Foreman, this the 12 day of June, 20 14, to certify which, witness my hand and seal of office.

Dianna Thompson
Signature of officer administering oath

Dianna Thompson
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
5

2 FILER NAME

Joyce Foreman

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/8/14

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

Michael Williams

7 Amount of contribution (\$)

700.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1005 Lakewood Ct
Colleyville, TX 76034*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/8/14

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

Loretta Davis

Amount of contribution (\$)

225.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*7025 Aspen Creek
Dallas, TX 75252*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/8/14

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

Meloria Joyce Packer

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3045 Harbinger
Dallas, TX 75287*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/8/14

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

Bill Betzen

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6706 Cliffwood
Dallas, TX 75237*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/14

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

Sam Bates

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*P.O. Box 150042
Dallas, TX 75315*

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME <i>Joyce Foreman</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/15/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barathya Weir</i>	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>431 W. Wintergreen Desoto, TX 75115</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charmaine Miller</i>	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>405 N. Belfour Cedar Hill, TX 75115</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pamela Gates</i>	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2209 Briardale Ft. Worth, TX 76119</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kyle Renard</i>	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1239 Shelterwood Dallas, TX 75229</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Miane Ragsdale</i>	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3611 Dunbar Dallas, TX 75215</i>		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME <i>Joyce Foreman</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maui Knight</i>	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>6108 Red Bird Ct Dallas, TX 75232</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lucius Williams</i>	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1421 Coenigton Drive Mesquite, TX</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Cotton Jr.</i>	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3701 Junnie Dallas, TX</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alliance AFT</i>	Amount of contribution (\$) 1,500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>334 Centre Dallas, TX</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruel Hamilton</i>	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>325 N. St. Paul Dallas, TX</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>5</u>	
2 FILER NAME <i>Jayne Foreman</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/14/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Harriette Ehrhardt</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5731 Swiss 75214 Dallas, TX</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/14/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Martin Hoffman</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 59642 Dallas, TX 75229</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/14/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Randy Luster</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3843 Belton Drive Dallas, TX 75287</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Marilyn Clark</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2500 Pine Dallas, TX 75215</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kathryn Mitchell</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Sutter Dallas, TX 75203</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME <i>Jayne Foreman</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carla Ranger Campaign</i>	7 Amount of contribution (\$) 2323.12	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>Dallas, TX</i>		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bernice J. Washington</i>	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>4359 Highlander Dallas, TX 75287</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julius Steanes</i>	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>13500 Noel Rd #522 Dallas, TX 75240</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Kincaide</i>	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1245 Bar Harbor Dallas, TX 75232</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alfred Herron</i>	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1221 Bar Harbor Dallas, TX 75232</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME <i>Joyce Foreman</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/2/14</i>	5 Payee name <i>Glady Hawthorne</i>
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6 Amount (\$) <i>1038.00</i>	7 Payee address; City; State; Zip Code <i>8008 Greenspon Dallas, TX 75232</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/30/14</i>	Payee name <i>Walgreen</i>
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Amount (\$) <i>66.13</i>	Payee address; City; State; Zip Code <i>438 W. Illinois Dallas</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Political Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/22/14</i>	Payee name <i>Office Max</i>
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Amount (\$) <i>11.70</i>	Payee address; City; State; Zip Code <i>2728 Wheatland Dallas, TX 75237</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Political Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/23/14</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>21.65</i>	Payee address; City; State; Zip Code <i>2929 Oak Lawn Dallas, TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Political Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Jayne Foreman	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/15/14	5 Payee name Big Bang Media
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6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code 1860 Jason Drive Denton, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/12/14	Payee name Order Desk
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Amount (\$) 3516.46	Payee address; City; State; Zip Code 2910 Canton Dallas, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - mailing	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/22/14	Payee name ALP Printing
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Amount (\$) 1,055.44	Payee address; City; State; Zip Code 5534 S Hampton Dallas, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/2/14	Payee name ALP Printing
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Amount (\$) 785.00	Payee address; City; State; Zip Code 5534 S. Hampton
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T)
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3</i>		2 FILER NAME <i>Jayne Foreman</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/5/14</i>		5 Payee name <i>Dollar Tree</i>			
6 Amount (\$) <i>8.64</i>		7 Payee address; City; State; Zip Code <i>2525 wheatland Dallas, TX 75237</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>political expense</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5/27/14</i>		Payee name <i>USPS</i>			
Amount (\$) <i>19.60</i>		Payee address; City; State; Zip Code <i>3701 Junius Dallas, TX 75246</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>other mailing</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/11/14</i>		Payee name <i>USPS</i>			
Amount (\$) <i>9.80</i>		Payee address; City; State; Zip Code <i>3701 Junius Dallas, TX 75246</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>other mailing</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/6/14</i>		Payee name <i>office max</i>			
Amount (\$) <i>27.63</i>		Payee address; City; State; Zip Code <i>2728 wheatland Dallas, TX 75237</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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