CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE	USE ONLY	,	
NAME	NICKNAME LAST	SUFFIX	Date Received	2014	æ	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	-		OAIA DAI	
OFFICEHOLDER MAILING ADDRESS	3701 Junus	!	Date Hand-delivered or	r Postmarked	SS I	
change of address 5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt #	Amount	85	
OFFICEHOLDER PHONE		EATEROOR	Date Processed	10		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	MI	Date Imaged			
	NICKNAME LAST	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 2204 Mullemor Dallas, Telas 252	CITY; STATE; 2/6	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (2/4) 376 - 9000	EXTENSION				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after treasurer appoi (officeholder only)			
	July 15 8th day before election	Exceeded \$500 limit	Final report (Atta	ich C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 06/12,	Year // /			
11 ELECTION	Month ELECTION DATE Day Year Primary	Runoff	General	Special		
12 OFFICE	OFFICE HELD (if any)	3 OFFICE SOUGHT (IKNOWN DOAL)	nembe	v		
		Dallas	ISD De	strict	-6	
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ayee.	Foreman	15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF FICEHOLDER. 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 ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS 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		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I DRTING PERIOD	\$ 8,060 \$ 4,333		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$		
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. Commission Expires 01-30-2016 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said					
Mianna I	Wignes Hompson Dianna Thompson Motory				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form	1 Total pages Sch	nedule A:	
THE	mistraction datae explains now to complete this	i ioiii.		5	
2 FILER NAME	7		3 ACCOUNT # (E	thics Commission Filers)	
Jay	u foreman				
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
5/8/14	Muchael Willian	ns	contribution (\$)	description (if applicable)	
, ,	6 Contributor address; City; State; Zip Code		_		
	1005 Lakeredge ct		700.00		
	Calleguelle TX 76	034	(If troyed autoids	of Towns assessed to Colombia To	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)	
	and the second s	10 Employer (Bee 1	matractions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	La state Daniel		contribution (\$)	description (if applicable)	
1	Contributor address; City; State; Zip Code		1		
5/8/14	7025 aspen Creek		225.00		
1 2			223.00		
	Wallas, TX 75 252		(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor Unut-of-state PAC (ID#:_		Amount of	In-kind contribution	
	Alloris Jayre Pack	er	contribution (\$)	description (if applicable)	
7	Contributor address; City State; Zip Code				
5/8/14	3045 Harberger		C 00		
(/ · /	Dalles TX 75287		50,00	*	
			(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
D-1-	Full name of contributor Out-of-state PAC (ID#				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Bell Belzen				
5/8/14	Contributor address; City State; Zip Code		E- 010		
1-1-1	6706 Clifferood		50.00		
	Dallas, TX 75237				
Principal occup	eation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)	
	•				
Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of	In-kind contribution	
	Section Beton		contribution (\$)	description (if applicable)	
KILLI	Contributor address; City; State; Zip Code		i		
5/15/14	1		25,00		
- (P.O. Bay 150042		23,00		
	Dall as, TX 75315		(If travel outside o	f Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:				
	5				
2 FILER NAME Jayel Foremon	3 ACCOUNT # (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)				
5/15/156 Contributor address; City; State; Zip Code 431 W. Wintergreen	50.00				
Desate TX 25115	(If travel outside of Tayon complete Schoolule T)				
9 Principal occupation / Job title (See Instructions) 10 Employer	(If travel outside of Texas, complete Schedule T) (See Instructions)				
To Employer	(See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)				
Charmaine Miller					
5/15/14 Contributor address; City; State; Zip Code					
405 N. Belfaur	100.00				
Cedar Hill, TX 751/5	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Employer	(See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)				
Pamelo Bates Contributor address; City; State; Zip Code	contribution (\$) description (if applicable)				
3/14/14 2209 Brigodale	200.00				
7t. Worth TX 76119					
	(If travel outside of Texas, complete Schedule T) (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution contribution (\$) description (if applicable)				
Ryle Renard	· · · ·				
5/14/14 Contributor address; City; State; Zip Code	600 001				
1239 Shillerwood	500,00				
Wallas, TX 73 229	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Employer	(See Instructions)				
Date Full name of contributor □ out-of-state PAC (ID#:	Amount of In-kind contribution				
Reane Ragsdale	contribution (\$) description (if applicable)				
Contributor address; City; State; Zip Code					
36/1 Dunbar -	100.00				
Dallas, TX 752/3	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Employer	(See Instructions)				

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Jagre Faremon		3 ACCOUNT # (E	thics Commission Filers)
4 Date	Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/1/4	6 Contributor address: City: State: Zip Code 6/08 Red Bird Ct		200.00	1
	Dallas TX 75232	6	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/1/14	Contributor address; City; State; Zip Code	ine	500.00	
	Ulsalo, TX		(If traval autoido s	of Toyon complete Cabadala Ti
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Filicipal occup	pation / Job title (See instructions)	Employer (See I	mstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	41) 00 000	\cap	contribution (\$)	description (if applicable)
11.1	Contributor address; City; State; Zip Code	Ja		I
6/3/14	Contributor address; City; State; Zip Code		9400	
1.	3701 Henri		20.00	
	Deport			
	Valles, In		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	1	Amount of	In-kind contribution
	alliance AFT		contribution (\$)	description (if applicable)
6/3/14	Contributor address; City; State; Zip Code 334 Centre		1,500.00	
	Dallas, TX		Company of the Large Company of the	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/3/14	Contributor address; City; State: Zip Code 325 N. St. Paul		5,000.00	
	Wall on TX			
Deinainal	nation / Joh title /Con Instruction			of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:				
2 FILER NAME JOYCE FOREMON	3 ACCOUNT # (Ethics Commission Filers)				
4 Date / 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)				
5731 Junes 75214	100.00				
nonces, 1 x	(If travel outside of Texas, complete Schedule T)				
9 Principal occupation / Job title (See Instructions) 10 Employe	er (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)				
3/14/14 P.O. Bax 59642	100.00				
Nallas, TX 75229	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)				
5/,4/14 Contributor address; City; State; Zip Code - 3843 Belton Drune	100.00				
Nallas 1 x 75281	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)				
Date Full name of contributorout-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)				
5/24/14 Contributor address - City; State; Zip Code	100.00				
Nucleus, IN 13010	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)				
5/24/14 Contributor address; City; State; Zip Code Sutter	100.00				
Dalles, TX 25203	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Employer	(Nee Instructions)				

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	dule A:
2 FILER NAME	June Foreman		3 ACCOUNT # (Ethi	ics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#:_	01 A A	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/30/14	6 Contributor address; City; State; Zip Code	garga	2323.12	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_	hington	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/1/14	Contributor address; City; State; Zip Code 4359 / Highlandly		100.00	
	Nullas TX 1528	-7	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Toriad, complete concedit 17
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/1/14	Contributor address; City; State: Zip Code, 135000 Not Rd.	7 000	50,00	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/1/14	Contributor address; City; State; Zip Code	0	100.00	
	Dallas, 1x 13 2	-32	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/1/14	Contributor address; City; State; Zip Code 13 21 Bar Harbor Day 10 40 TV 759	12	100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
i illoipai occup	sale oob and (oob mandenone)	Employer (oee)		
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EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Re	
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense			Transportation Equipment & Related Expense Contributions/Donations Made By	
Event Expense	Polling Expense	(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			holder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a cat	egory not listed above)
	The Instruction Guide	explains how to o	complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
V	Jame foreme	an			20
4 Date, / /	5 Payee name	LA			
6/2/14 0	Gludy Ham	Korne			
6 Amount (\$)	7 Payee address; / City; Sta	ate; Zip Code			
	8008 Greens	pour			
1038.00	Dalla TV	15232	_		
	(a) Category (See categories listed at the top	of this schodule)	(b) Description	(If trough outside of Tours	complete Cabadula TV
8 PURPOSE OF	(a) Category (See categories listed at the top	or this schedule)	(b) Description	(If travel outside of Texas	, complete Schedule 1)
EXPENDITURE	Consulting				
9 Complete ONLY if direct	Candidate / Officeholder name		Office soug	ht	Office held
expenditure to benefit C/C	DH				
Date	Payee name				
4/30/14	Ivaloreen				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
(CANADA A A A A A A A A A A A A A A A A A	438 (1) 000,00	4.			
66.13	130 Co.				
00.70	Dallas				
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
EXPENDITURE	Political Expe	nse			
Complete ONLY if direct	Candidate / Officeholder hame		Office soug	ht	Office held
expenditure to benefit C/C)H				
D-4-	Payee name				
Date	ROL M	/			
3/24/17	office may	<u> </u>			-
Apnount /(\$)	Payee address; City; Sta	ate; Zip Code			
1170	2728 Whealla	nd			
11.70	Dalla, TX;	75237			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Political ex	rense			
	·	uns	O#:		Off 1 - 1 - 1
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug	nt	Office held
Date	Payee name	/			
2/23/14	office alpot				56 - #500 (860)05#70
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
11-	2929 Onlo Sa	w			
21.65	A A O O CONTRACT				
DUDDOOF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Taxas	complete Schedule T)
PURPOSE OF	P-1 4 1	or tries scriedule)	Description	(If travel outside of Texas	, complete schedule 1)
EXPENDITURE	ratitical expe	nol			
Complete ONLY if direct	Candidate / Officeholder hame		Office soug	ht	Office held
expenditure to benefit C/0	ЭН				
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULEAS	NEEDED	

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this for		Loan Repayment/F Transportation Equ Contributions/Dona Candidate/Offic OTHER (enter a ca	ipment & Related Expense
1 Total pages Schedule F:	2 FICER NAME FOLLOWS	sha -		3 ACCOUNT	# (Ethics Commission Filers)
5/15/14	5 Payee name Bang	medi	à		VIII.
6 Amount (\$)	7 Payee andress: City Sta	ite; Zip Code			
150000	Denton TX	Hine			
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	advertising				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
Date (0/12/14	Payee name Order Dest	e E			
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
3516.46	Dalles TV	,			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Other - maile	ng			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	8	Office sough	nt	Office held
5/22/14	Payee name ALP Print	ing			
Amount (\$)	Payee address; City; Stat	te; Zio Code			
1,055.44	Dallas, TX	pion			
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
EXPENDITURE	Printing				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office del der name		Office sough	nt	Office held
6/2/14	Payee name ALPPun Payee address; City; Stat 5534 S. Han	Ling			
Amount (\$)	Payee address; City; Stat	e; Zip Code	72 10 10 10 10 10 10 10 10 10 10 10 10 10		
785.00	5534 S. Han	ngston			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Frenting				
Complete ONLY if direct expenditure to benefit C/C			Office sough	nt	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULEAS	NEEDED	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense		alaries/Wages/Co		Loan Repayment/Reimburs	sement
Accounting/Banking				Transportation Equipment &	
Consulting Expense				Contributions/Donations Ma Candidate/Officeholder/	
Event Expense Fees				OTHER (enter a category i	
7 000	The Instruction Guide ex				lot listed above)
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethic	s Commission Filers)
3	Jame tourne	in		(2000	0 00///////////////////////////////////
4 Date	6 Payee Jame		5		-
6/5/14	Dollar Trece				
6 Amount (\$)	7 Payee address; City; State	; Zip Code			
0.11	25,25 wheatland	L			
8.64	Waller, TX 75	1237			
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description ((If travel outside of Texas, comple	te Schedule T)
OF EXPENDITURE	Ralitical expen	sl			
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	t o	ffice held
expenditure to benefit C/C	PH				
Date /	Payee name				
5/27/14	YSPS				
Amount (\$)	Payee address; City; State	; Zip Code			
19.60	3701 Juneus				
11.00	Dallis, TX 2	5246			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, comple	te Schedule T)
OF EXPENDITURE	Atherman				
	Candidate / Officeholder name		Office sought		ffice held
Complete ONLY if direct expenditure to benefit C/O			Office sought		ince riela
D-1-	Payes name				
Date	Payee name				
6/11/14	ムンドン				
Amount (\$)	Payee address; City; State;	Zip Code			
OCA	3701 Junus	,	,		
7.00	Dalla TX	7524	6		
PURPOSE	Category (See categories listed at the top of t	No. Bernarou		If travel outside of Texas, comple	te Schedule T)
OF	0 = 1			,	
EXPENDITURE	other mading	Ī į			
Complete ONLY if direct	Candidate / Officeholder name //		Office sought	0	ffice held
expenditure to benefit C/O	H				
Date , , ,	Payee name	360.450.4			
6/6/14	office May				
Amount (\$)	Payee address; City; State;	Zip Code			
0110	2728 WHO and 1	and			1
27.63	1000 00 VSEWIX	237		y*	
PURPOSE	Category (See categories listed at the top of t	his schedule)	Description (If travel outside of Texas, complete	te Schedule T)
OF	D. 4.				.,
EXPENDITURE	Trinting				
Complete ONLY if direct	Candidate / Office bolder name	······································	Office sought	0	ffice held
expenditure to benefit C/C)H	1000000000000			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					