

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	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Dustin	MI	OFFICE USE ONLY Date Received 2020 OCT 22 PM 3:14 RECEIVED BOARD SERVICES DALLAS ISD
	NICKNAME LAST Marshall	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 6464 Mimosa Lane Dallas, TX 75230		Date Hand-delivered or Date Postmarked
			Receipt #
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Jack	FIRST LAST Lowe	MI SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8808 Farquhar Circle Dallas TX 75209		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 214-202-6586		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 09/25/2020 THROUGH 10/24/2020		
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) DISD Board Trustee District 2		12 OFFICE SOUGHT (if known) DISD Board Trustee District 2

GO TO PAGE 2

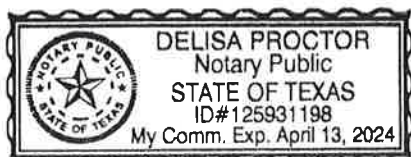
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 12

13 C / OH NAME Marshall, Dustin		14 Filer ID	
15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50,730.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 8,565.54
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 247,153.48
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dustin Marshall, this the 22nd day of October, 2020, to certify which, witness my hand and seal of office.


Signature of officer administering

Delisa Proctor
Printed name of officer administering

Notary
Title of officer administering oath

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

3 of 12

18 FILER NAME Marshall, Dustin		19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	49,450.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,280.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	8,565.54
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/12
2 FILER NAME Marshall, Dustin		3 Filer ID
4 Date 09/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Billingsley, Lindsay <hr/> 6 Contributor address; City; State; Zip Code 5369 Nakoma Drive Dallas, TX 75209	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) LAB Strategies
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbosa, Cristina <hr/> Contributor address; City; State; Zip Code 5038 Deloache Ave Dallas, TX 75220	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Foundation Director		Employer (See Instructions) Michael Young Family Foundation
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Ken <hr/> Contributor address; City; State; Zip Code 1527 Waterside Court Dallas, TX 75218	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Ken Benson & Associates
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berman, Andrea <hr/> Contributor address; City; State; Zip Code 6922 Currin Drive Dallas, TX 75230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Parent Dallas ISD, Community Member		Employer (See Instructions)
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Garrett <hr/> Contributor address; City; State; Zip Code 4808 Cole Avenue Suite 300 Dallas, TX 75205	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Co-Founder		Employer (See Instructions) The Container Store

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/12
2 FILER NAME Marshall, Dustin		3 Filer ID
4 Date 10/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Michael Kevin	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 4436 Brookview Drive Dallas, TX 75220	
8 Principal occupation / Job title (See Instructions) General Counsel		9 Employer (See Instructions) Crow Holdings
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, Steve	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 8910 Clayco Dallas, TX 75243	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, John	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2323 Victory Avenue Suite 700 Dallas, TX 75209	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Berry & Jeanne	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 2100 McKinney Avenue Suite1700 Dallas, TX 75201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Harlan	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 3819 Maple Ave Dallas, TX 75219	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/12
2 FILER NAME Marshall, Dustin		3 Filer ID
4 Date 10/15/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Harlan <hr/> 6 Contributor address; City; State; Zip Code 3819 Maple Ave Dallas, TX 75219	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Nathan <hr/> Contributor address; City; State; Zip Code 4612 Watauga Road Dallas, TX 75209	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Educate Dallas <hr/> Contributor address; City; State; Zip Code 500 N. Akard Street Suite 2600 Dallas, TX 75201	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross M.D., Robert (Dr.) <hr/> Contributor address; City; State; Zip Code 5351 Nakoma Drive Dallas, TX 75209	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Children's Eye Specialists, PA
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Roman & Lolly <hr/> Contributor address; City; State; Zip Code 6405 Juliet Place Dallas, TX 75252	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/12
2 FILER NAME Marshall, Dustin		3 Filer ID
4 Date 10/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobson, H. Lee and Ann <hr/> 6 Contributor address; City; State; Zip Code 3889 Maple Avenue Suite 550 Dallas, TX 75219	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hsu, Nelson <hr/> Contributor address; City; State; Zip Code 9333 Biscayne Blvd Dallas, TX 75218	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP Innovation		Employer (See Instructions) Academic Partnerships
Date 10/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffines, Patty <hr/> Contributor address; City; State; Zip Code 4012 Gillon Avenue Dallas, TX 75205	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyle, Bobby <hr/> Contributor address; City; State; Zip Code 6688 N Central Expwy Suite 1600 Dallas, TX 75206	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Founder & Chairman		Employer (See Instructions) Lyc0 Holdings Inc.
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murchison, Maggie <hr/> Contributor address; City; State; Zip Code 5430 LBJ Freeway Suite 1450 Dallas, TX 75240	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/12
2 FILER NAME Marshall, Dustin		3 Filer ID
4 Date 10/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murchison, William	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 325 N Saint Paul Street Suite 2700 Dallas, TX 75201	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Murchison Law Firm, PLLC
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Jennifer	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6541 Arborist Lane Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Higier Allen & Lautin, PC
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pogue, Mack	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code PO Box 1920 Dallas, TX 75221	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) The Mack Pogue Company
Date 09/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Tim	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 2355 Thomas Avenue Apt 1804 Dallas, TX 75201	
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Haynes and Boone, LLP
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prieur, Kaitlin	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 5569 Nakoma Dr Dallas, TX 75209	
Principal occupation / Job title (See Instructions) Director of Learning Environments		Employer (See Instructions) United to Learn

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/12
2 FILER NAME Marshall, Dustin		3 Filer ID
4 Date 10/16/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Randall <hr/> 6 Contributor address; City; State; Zip Code 9006 Oakwind Ct. Dallas, TX 75243	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) Munck Wilson Mandala, LLP
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Laurie <hr/> Contributor address; City; State; Zip Code 5527 Emerson Avenue Dallas, TX 75209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Real Estate Council PAC <hr/> Contributor address; City; State; Zip Code 3100 McKinnon Street #1150 Dallas, TX 75201	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Meredith <hr/> Contributor address; City; State; Zip Code 5357 Waneta Dr Dallas, TX 75209	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Abigail <hr/> Contributor address; City; State; Zip Code 5119 Seneca Drive Dallas, TX 75209	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) United to Learn

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/12	
2 FILER NAME Marshall, Dustin		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/10/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kids First PAC	8 Amount of contribution (\$) \$1,280.00	9 In-kind contribution description Texting
7 Contributor address; City; State; Zip Code 4447 N Central Expressway Ste 110 PMB 175 Dallas, TX 75205		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 11/12	2 FILER NAME Marshall, Dustin	3 Filer ID
4 Date 10/15/2020	5 Payee name Graphics Management	
6 Amount (\$) \$1,090.44	7 Payee address; City; State; Zip Code 9322 Moss Trail Dallas, TX 75231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/28/2020	Candidate/Officeholder name PayPal, Inc	
Amount (\$) \$300.85	Office sought 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transfer fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/20/2020	Candidate/Officeholder name PayPal, Inc	
Amount (\$) \$532.60	Office sought 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transfer fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 12/12	2 FILER NAME Marshall, Dustin	3 Filer ID
4 Date 10/14/2020	5 Payee name StrategyFirst Technologies, LLC	
6 Amount (\$) \$2,375.65	7 Payee address; City; State; Zip Code 11008 Rosser Road Dallas, TX 75229	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fee, constant contact
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2020	Payee name Texas Jewish Post	
Amount (\$) \$215.25	Payee address; City; State; Zip Code 7920 Belt Line Road Suite 680 Dallas, TX 75254	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2020	Payee name Todos Digital	
Amount (\$) \$4,050.75	Payee address; City; State; Zip Code 3136 Westminster Avenue Dallas, TX 75205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held