CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	ulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. David	MI L	OFFICE USE ONLY
NAME	NICKNAME LAST Lance Currie	SUFFIX	Date Receives
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #, C 4468 Twin Post Rd, Dallas, TX	ITY; STATE; ZIP CODE 75244	APR 0 4 202 BOARD SEF
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 729-6495	EXTENSION	Date Hand-deligered or Date Portugated
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS Calvert	MI	Receipt # 0
	NICKNAME LAST Collins-Bratton	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 4738 Hallmark Dr, Dallas, TX 7		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 886-9354	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 1 / 24	THROUGH 3	Day Year / 25 / 24
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 24 General	ELECTION TYPE Run off Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Dallas ISD, Distri	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR COMMITTEE TYPE COMMITTEE NAME	MAY HAVE BEEN MADE WITHOUT THE CANL	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS		
		ABURER ADDRESS	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			100 million 100	
15 C/OH NAME Lance Currie Campaig	gn	16 Filer I	D (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	IAN	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	1S)	\$ 79	,914.21
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 29	,206.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY	\$ 50	,707.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$	
1	wear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and corr	rect and incl	udes all information
	Signature of	Candidate o	or Officehold	er
i i				
	Please complete either option bel	ow:		
6				
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by this t	he	day of	š
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ering oath Printed name of officer administering oath		Title of office	r administering oath
	OR			
(2) Unsworn Declarati				
My name is David La	nce Currie, and my date of birt			<u>61</u>
My address is 4468 TV				US
Executed in Dallas	(street) (city) County, State of <u>Texas</u> , on the <u>4th</u> day of Api		(zip code) . 20 24	(country)
	county, state of, on the day of the	onth)	(year)	-
	Signature of Ca	ndidate/Office	eholder (Dec	larant)

Forms provided by Texas Ethics Commission

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con			nmiss	ion Filers)
David	d Lance Currie			
	IEDULE SUBTOTALS NE OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	35,210.95
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	23,438.46
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
If the reques	sted 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 David Lar	ice Currie	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Bruce Collins	7 Amount of contribution (\$)		
01/17/2024	6 Contributor address; City; State; Zip Code 5127 Lakehurst Ave, Dallas, TX 75230	1,000.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ltions)		
Date	Full name of contributor out-of-state PAC (ID#:) Rodney Lawson	Amount of contribution (\$)		
01/29/2024	Contributor address; City; State; Zip Code 901 Main St, STE 550, Dallas, TX 75202	250.00		
Principal occup	Deation / Job title (See Instructions) Employer (See Instructions)	stions)		
Date	Full name of contributor out-of-state PAC (ID#:) Educate Dallas	Amount of contribution (\$)		
02/29/2024	Contributor address; City; State; Zip Code 500 North Akard Street, STE 2600, Dallas, TX 75201	10,000.00		
Principal occu	Dation / Job title (See Instructions) Employer (See Instru-			
Date	Full name of contributor out-of-state PAC (ID#) Caroline Pfeiffer	Amount of contribution (\$)		
01/11/2024	Contributor address; City; State; Zip Code	500.00		
4529 San Gabriel Dr, Dallas, TX 75229 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.				

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
If the reque	sted 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 David Lar	ce Currie	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#: Burke Bogdanowicz	7 Amount of contribution (\$)		
01/09/2024	6 Contributor address; City; State 1201 Elm St, STE 4000, Dallas, TX			
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#: Dorlin Armijo) Amount of contribution (\$)		
01/01/2024	Contributor address; City; State 6117 Martel Ave, Dallas, TX			
Principal occu	Dation / Job title (See Instructions)	nployer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
01/02/2024	Contributor address; City; State 515 Congress Ave, #2500, Austin, 7			
Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		
01/03/2024	Contributor address; City; State	a; Zip Code 500.00		
901 Main St, Dallas, TX 75202 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.				
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2024				

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 f	orm.	1 Total pages Schedule A1:	
² FILER NAME David Lar	ce Currie		3 Filer ID (Ethics Commission Filers)	
4 Date 01/06/2024	5 Full name of contributor out-of-state PAC (ID#:) Lisa Reagan 6 Contributor address; City; State; Zip Code 1112 Sugarberry LnFlower Mound, TX 75028		7 Amount of contribution (\$) 257.94	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 01/08/2024	Full name of contributor out-of-state PAC (Joshua Terry Contributor address; Contributor address; City; 25 Highland Park Vig, Unit 100, Dallast	State; Zip Code s, TX 75205	Amount of contribution (\$) 515.38	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 01/09/2024	Gibson Strickland Contributor address; City; 11210 Rylie Crest Dr, Balch Springs,	D#:) State; Zip Code TX 75180 Employer (See Instruct	Amount of contribution (\$) 103.48	
	Dation / Job title (See Instructions)		lions)	
Date 01/10/2024	Full name of contributor out-of-state PAC (Tierni Thompson Contributor address; City; 3330 Citation Dr, Dallas,	State; Zip Code	Amount of contribution (\$)	
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.				
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 David Lar	nce Currie		3 Filer ID (Ethics Commission Filers)	
4 Date 01/16/2024	4 S Full name of contributor out-of-state PAC (ID#:) Maurice LaMontagne 6 Contributor address; City; State; Zip Code 5609 Meadowcrest Dr, Dallas, TX 75230		7 Amount of contribution (\$) 257.94	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date 01/19/2024	Full name of contributor out-of-state PAC Stephanie Moore Contributor address; City; 750 North St Paul St, Dallas, TX	(ID#:) State; Zip Code X 75201	Amount of contribution (\$) 1,030.26	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
_{Date} 01/21/2024	Full name of contributor out-of-state PAC Daniel Meader City; City; 7218 Mason Dells Dr, Dallas, T	; (ID#:) State; Zip Code X 75230	Amount of contribution (\$) 2,060.02	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date 01/21/2024	Full name of contributor out-of-state PAC Marnie Rulfs Contributor address; City; 4305 Emerson Ave, Dallas, TX	(ID#:) State; Zip Code 75205	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
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 reques	sted information is not applicable, DO NOT in	clude this page in the	report.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME David Lar	ce Currie		3 Filer ID (Ethics Commission Filers)	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:) Ashley Romo		7 Amount of contribution (\$)	
01/22/2024	6 Contributor address; City; 3436 Webb Garden Dr, Dallas,	State; Zip Code TX 75229	250.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC Lindsay Billingsley	(ID#:)	Amount of contribution (\$)	
01/22/2024	Contributor address; City; 5369 Nakoma Dr, Dallas		1,545.14	
Principal occuț	pation / Job title (See Instructions)	Employer (See Instruct	lions)	
Date	Full name of contributor out-of-state PAC Michael Gagne	; (ID#:)	Amount of contribution (\$)	
01/23/2024	^{Contributor address; City;} 1455 Oates Dr, Dallas, 1		500.00	
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC David Guedry	; (ID#:)	Amount of contribution (\$)	
01/23/2024	Contributor address; City; 5714 Over Downs Dr, Dallas, T	State; Zip Code X 75230	257.94	
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.				

	ARY POLITICAL CONTRIBU		SCHEDULE A1 report.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME David Lar	ce Currie		3 Filer ID (Ethics Commission Filers)	
4 Date 01/23/2024	5 Full name of contributor out-of-state PAC (ID#:) Jay Barksdale		7 Amount of contribution (\$) 257.94	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date 01/26/2024	Full name of contributor out-of-state PAC Keith Ogboenyiya Contributor address; City; 8632 San Fernando Way, Dalla	State; Zip Code	Amount of contribution (\$)	
Principal occu	bation / Job title (See Instructions)	Employer (See Instruct	lions)	
Date 01/28/2024	Full name of contributor out-of-state PAC Bret Madole Contributor address; City; 4238 Ridge Rd, Dallas,		Amount of contribution (\$) 515.38	
Date 01/29/2024	Full name of contributor _{out-of-state PAC} Megan Hughet Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)	
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 David Lar	nce Currie	3 Filer ID (Ethics Commission Filers)		
4 Date 01/29/2024	5 Full name of contributor Bridgett Neely 6 Contributor address; City; State; Zip Code 4227 Calculus Dr, Dallas, TX 75244	7 Amount of contribution (\$) 51.99		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#:) Robert Rogers Contributor address; Contributor address; City; State; Zip Code 13318 Raven Roost Dr, Cypress, TX 77429	Amount of contribution (\$)		
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date 02/01/2024 Principal occu	Full name of contributor out-of-state PAC (ID#:) Kate Valent Contributor address; Contributor address; City; State; Zip Code 1717 Main St, Dallas, TX 75201 pation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 51.99		
Date Full name of contributor out-of-state PAC (ID#:) 02/01/2024 Jarrett Patton Amount of contribution (\$) Contributor address; City; State; Zip Code 5227 Monticello Ave, Dallas, TX 2,574.90 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. Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2024				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
² FILER NAME David Lar	ice Currie		3 Filer ID (Ethics Commission Filers)	
4 Date 02/02/2024	5 Full name of contributor out-of-state PAC (ID#:) Marc Gravely 6 6 Contributor address; City; State; Zip Code 12677 Grand Valley Dr, Frisco, TX 75033		7 Amount of contribution (\$) 3,500.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date 02/02/2024	Full name of contributor out-of-state PAC Charles Jordan Contributor address; City; 6538 Embers Rd, Dallas		Amount of contribution (\$)	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date 02/03/2024	Full name of contributor out-of-state PAC Manuel Berrelez Contributor address; City; 7140 Blackwood Dr, Dallas, TX	(ID#:) State; Zip Code (75231	Amount of contribution (\$)	
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date 02/06/2024	Full name of contributor _{out-of-state PAC} Lisa Reagan Contributor address; City;	C (ID#) State; Zip Code	Amount of contribution (\$)	
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	s form.	1 Total pages Schedule A1:	
2 FILER NAME David Lar	ce Currie		3 Filer ID (Ethics Commission Filers)	
4 Date 02/06/2024	5 Full name of contributor out-of-state PAC (ID#:) Thomas Conner 6 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 103.48	
8 Principal occu	109 E Kaufman St, Rockwall, 7		report. 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 103.48 ions) Amount of contribution (\$) 150.000 ions) Amount of contribution (\$) 50.000 ions) Amount of contribution (\$) 500.000	
Date		C (ID#:)	Amount of contribution (\$)	
02/08/2024	/2024 Maurice A West Contributor address; City; State; Zip Code 4108 Office Pkwy #201, Dallas, TX 75204			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PA Diana Einstein	C (ID#:)		
02/15/2024	Contributor address; City; 3976 Crown Shore Dr, Dallas,	State; Zip Code TX 75244	50.00	
Principal occu	bation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PA Ronald Kirk	.c (ID#:)		
02/15/2024	Contributor address; City; 6342 Mercedes Ave, Dallas, T	State; Zip Code X 75214	500.00	
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 reques	sted information is not applicable, DO NOT in	clude this page in the	report.			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:			
2 FILER NAME David Lan	ice Currie		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Greg McAllister	7 Amount of contribution (\$)				
02/17/2024	6 Contributor address; City; 6905 Southridge Dr, Dallas, TX	103.48				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
Date	Full name of contributor out-of-state PAC Barry Sorrels	; (ID#:)	Amount of contribution (\$)			
02/21/2024	Contributor address; City; 2714 Hibernia St, Dallas		500.00			
Principal occup	bation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)			
02/29/2024		State; Zip Code X 75244	500.00			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)			
03/06/2024	Contributor address; City;	State; Zip Code	257.94			
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 David Lar	ce Currie	3 Filer ID (Ethics Commission Filers)					
4 Date 03/07/2024	5 Full name of contributor out-of-state PAC (ID#: Tre Black 6 Contributor address; City; State 751 Kessler Lake Dr, Dallas, TX 75	nte; Zip Code 1,000.00					
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)					
Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Peter Brodsky Contributor address; City; State 9950 Strait Lane, Dallas, T	ate; Zip Code 500.00					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)					
Date 03/18/2024	Philip Ritter Contributor address; City; Sta 8616 Turtle Creek Blvd., Dallas, TX	x 75225					
	Dation / Job title (See Instructions)	Employer (See Instructions)					
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) ate; Zip Code TX 75201					
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	ATTACH ADDITIONAL COPIES OF T						
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1								
If the reques	ted information is not applicable, DO NOT inc	clude this page in the	report.					
The	The Instruction Guide explains how to complete this form.							
² FILER NAME David Lan	ce Currie		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor out-of-state PAC David Neumann	7 Amount of contribution (\$)						
03/21/2024	6 Contributor address; City; 6318 Turner Way, Dallas	State; Zip Code 5, TX 75230	100.00					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)					
Date 03/23/2024	Full name of contributor out-of-state PAC David Anderson Contributor address; City; 1166 Tranquilla Dr, Dallas, TX 7	(ID#:) State; Zip Code 75218	Amount of contribution (\$)					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)					
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)					
c .	Contributor address; City;	State; Zip Code						
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)					
Date		(ID#:)	Amount of contribution (\$)					
	Contributor address; City;	State; Zip Code						
Principal occupation / Job title (See Instructions) Employer (See Instructions)								
			FEDED					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.								

NON-MONETARY	(IN-KIND)	POLITICAL
CONTRIBUTIONS		

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution 9 In-kind contribution Contribution 9 I description		
	7 Contributor address; City; State;	Zip Code	 Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ator's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State;	Zip Code	I I Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	-iz - sad Wile				
	ATTACH ADDITIONAL COPIES OF 1				
		3			

PLEDGED CONTRIBUTIONS

SCHEDULE B

_					
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME		3 Filer ID (Ethics C	ommission Filers)	
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor Out-of-state PAC (ID#:	8 Amount of Pledge \$	9 In-kind contribution description	
		7 Pledgor address; City; Sta			
				Check if travel outsi	ide of Texas. Complete Schedule T.
10) Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor 🛛 out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	te; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occup	bation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor 🔲 out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	te; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State;	Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	lf	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see Instr			requirements.

LOANS

SCHEDULE E

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state f	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
<u>г</u> ү [] N			11 Maturity date
12 Principal occupation	13 Employer (See Instructions)		
14 Description of Coll none	15 Check if personal fun account (See Instruct	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	1
Description of Coll	ateral		ds were deposited into political
none	1	account (See Instruc	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
if le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see in:	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

2		EXPENDITURE CATE	GORIES	OR BUX o(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Weges/Contract Labor ins how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:		iame ance Currie			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na	ame				a ja	
01/02/2024	Google						
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
7.68		1600 Amphitheatre Parkway. Mountain View, CA 94043					
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description)4 	
PURPOSE	Fees						
OF							
EXPENDITURE						-	
	(C)	Check if travel outside of Texas. Complete S	Schedule T,	Check if Austi	n, TX, officeholder living	j expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame		*			
01/04/2024	Dallas D	Dem					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
40.00	1414 N. Washington Ave, Dallas, TX 75204						
2	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Event			Sponsor Foru	m		
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
01/18/2024	Finish 8	Mailing Center					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
349.19	2151 W Commerce St, Dallas, TX 75208						
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Printing	l					
		Check if travel outside of Texas, Complete S	Schedule T.	· Check if Austi	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
	ΓA	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

EVDENDITUDE	ATEGORIES FOR BOX 8(a)

Accounting/Banking F Consulting Expense F Contributions/Donations Made By C		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Is how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER N David La	AME ance Currie			3 Filer ID (Ethic	s Commission Filers)			
4 Date 01/31/2024		5 Payee name Adrian Bakke							
6 Amount (\$)	7 Payee a			City;	State;	Zip Code			
4,000.00	11223 Wonderland Trl, Dallas, TX 75229								
8		ry (See Categories listed at the top of this	schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Consul	ting							
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder livin	g expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held			
Date	Payee na	ame				i			
01/31/2024	Chase								
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code								
30.00	383 Madison Avenue, New York, New York, 10017								
PURPOSE OF EXPENDITURE	Categor Fees	y (See Categories listed at the top of this a	schedule)	Description					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held			
Date	Payee n	ame							
02/02/2024	Google								
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code			
7.68	1600 Amphitheatre Parkway, Mountain View, CA 94043								
PURPOSE OF EXPENDITURE	Categor Fees	y (See Categories listed at the top of this a	schedule)	Description		_			
		Check if travel outside of Texas, Complete S	chedule T.	Check if Aust	Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held			
	TA	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Fæs Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment	145	The Instruction Guide explain	ns how to co	mplete this form.					
1 Total pages Schedule F1:		AME Ince Currie			3 Filer ID (Ethics	s Commission Filers)			
4 Date	5 Payee na	Payee name							
02/05/2024	Jolt Soc	ial Media							
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code			
1,031.30	1811 Gr	eenville Ave, Dallas, ⁻	TX 7520	6					
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Advertising								
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	j expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held			
Date	Payee na	me							
02/13/2024	ECanva	sser							
Amount (\$)	Payee address; City; State; Zip Code								
599.00	Suite 10568, 26/27 Upper Pembroke St, Dublin, Republic of Ireland								
PURPOSE OF EXPENDITURE	Category Fees	7 (See Categories listed at the top of this	schedule)	Description					
	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		ate / Officeholder name		Office sought		Office held			
Date	Payee na	ame							
02/14/2024	Adrian E	Bakke							
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code			
3,000.00	11223 Wonderland Trl, Dallas, TX 75229								
	Category	(See Categories listed at the top of this	schedule)	Description					
PURPOSE OF EXPENDITURE	Consult	ing							
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held			
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED				

SCHEDULE F1

EXPENDITI	IRE CAT	ECODIES	OY RIS	1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Le The Instruction Guide explains how to complete this fi		Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule F1:		ame ance Currie			3 Filer ID (Ethic	cs Commission Filers)
4 Date 02/23/2024	5 Payee na Adam P				•	
6 Amount (\$) 1,495.75	1	^{ldress;} 11TH ST TEXAS 750600	0000	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		y (See Categories listed at th and Services	e top of this schedule)	(b) Description		
	(c)	Check if travel outside of Texas	. Complete Schedule T.	Check if Aus	stin, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name	8	Office sought		Office held
Date	Payee na	ime				
02/26/2024	In Texas	s Trad				
Amount (\$) 1,711.97	Payee ad 6934 Mi	^{idress;} stletoe Dr, Dalla	is, TX 7522	City; 3	State;	Zip Code
		(See Categories listed at the	top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Goods	and Services		Printing		
		Check if travel outside of Texas	. Complete Schedule T.	Check if Aus	stin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ate / Officeholder name	9	Office sought		Office held
Date	Payee n	ame			~ ~	
03/04/2024	Google					
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
7.68	1600 A	mphitheatre Pa	rkway, Mou	ntain View, CA	94043	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	top of this schedule)	Description Google Suite		
		Check if traveloutside of Texas	. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder nan	ne	Office sought		Office held
	AT	TACH ADDITIONAL	COPIES OF TH	IS SCHEDULE AS NE	EDED	
Forms provided by Texas Eth	nics Commiss	ion v	ww.ethics.state.	tx.us		Revised 1/1/2024

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX	B(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense		rhead/Rental Expense pense pense tages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:		ame ance Currie			3 Filer ID (Ethic	s Commission Filers)
4 Date 03/06/2024	5 Payee na Adrian E					
6 Amount (\$)	7 Payee a			City;	State;	Zip Code
3,000.00	11223 V	Vonderland Trl, Dallas	, TX 752	229		
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		2
PURPOSE OF EXPENDITURE	Consul	ting				
	(c)	Check if travel outside of Texas. Complete S	ichedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct Candidate / Officeholder name Office s				Office sought		Office held
Date	Payee na	ame				
03/11/2024	Jolt Soc	ial Media				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
5,980.10	1811 Gi	reenville Ave, Dallas, T	FX 7520	06		
PURPOSE OF EXPENDITURE	Categor Adverti	y (See Categories listed at the top of this a Sing	schedule)	Description)
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
03/11/2024	Rusty T	асо				
Amount (\$) 106.19	Payee a 12050 Ir	^{ddress;} hwood Rd, Dallas, TX	75244	City;	State;	Zip Code
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this ev Expense	schedule)	Description		
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	TA	TACH ADDITIONAL COPIES	OF THIS	SCHEDULEASNE	EDED	

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:		ance Currie			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee n					
03/13/2024	ECanva	asser				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
599.00	Suite 10	0568, 26/27 Upper Per	mbroke	St, Dublin 2, D	02 X367, Re	public of Ireland
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees					
e.	(C)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
03/18/2024	Rusty T	aco				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
70.80	12050	nwood Rd, Dallas, TX	75244			
PURPOSE OF EXPENDITURE	-	y (See Categories listed at the top of this Sev Expense	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payeer	ame				
03/18/2024	Starbuc	ks				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
23.65	12262 I	nwood Rd, Dallas, TX	75244			
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food/B	ev Expense				
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	A	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

		DITURES MADE CONTRIBUTIONS			SCH	EDULE F1
If the requested info	ormation is	s not applicable, DO NOT ir	nclude ti	his page in the re	eport.	
		EXPENDITURE CATEG	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Ex Selaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:		iame ance Currie			3 Filer ID (Ethic	cs Commission Filers)
4 Date 01/16/2024	5 Payeen ECanva			×		
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
599.00	Suite 10)568, 26/27 Upper Pen	nbroke	St, Dublin 2, D	02 X367, Re	public of Ireland
8	(a) Catego	ry (See Categories listed at the top of this s	chedule)	(b) Description		5
PURPOSE OF EXPENDITURE	Fees					
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aust	in, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payeen	ame				
03/25/2024	Harland	l Clark				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
58.73	12050	nwood Rd, Dallas, TX	75244			
	Categor	y (See Categories listed at the top of this so	chedule)	Description		2
PURPOSE OF EXPENDITURE	Accou	nting/Banking		Checks		
		Check if travel outside of Texas, Complete Sc	hedule T.	Check if Aust	in, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee	ame				
03/25/2024	PayPal					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
640.28	2211 N	1st St, San Jose, Califo	ornia 9	5131		
	Categor	y (See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Fees					
		Check if travel outside of Texas, Complete Sc	hedule T.	Check if Aust	in, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
	A	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expense
1 Total pages Schedule F1:		iame ance Currie			3 Filer ID (Ethic	s Commission Filers)
4 Date 03/25/2024	5 Payee n Glazed	^{ame} Kolache and Donuts			1	
6 Amount (\$) 56.81	7 Payee a 5620 LE	^{ddress;} 3J Fwy, Dallas, TX 752	230	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this ev Expense	schedule)	(b) Description		
	(C)	Check if travel outside of Texas, Complete S	chedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate / Officeholder name Office sough expenditure to benefit C/OH					Office held
Date	Payee n	ame			118	
03/25/2024	Starbuc	ks				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
23.65	12262	Inwood Rd, Dallas, TX	(75244			
PURPOSE OF EXPENDITURE	-	y (See Categories listed at the top of this s Sev Expense	ichedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payeer	ame	-9,-			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
	A	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Exp Gift/Awards/Memo Legal Services	rials Expense	Office Over Polling Exp Printing Ex Salaries/W		Transpor Travel In Travel O	District out Of District	Expense nt & Related Expense not listed above)
4			n Guide explains	s now to c	ompiele lais form.			
1 Total pages Schedule F2:	2 FILER	NAME					D (Ethics Co	mmission Filers)
4 TOTAL OF UNITEM		IPAID INCUR		GATION	S	\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories lis	ited at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside	of Texas, Complete So	hedule T.	Check if Au	stin, TX, office	eholder living ex	pense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate / Officeho	older name	O	ffice sought		Office held	j
Date	Payee	name						.
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political	L.	Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ory (See Categories lis	sted at the top of this	schedule)	Description			
	1	Check if travel outsid	e of Texas. Complete S	Schedule T.	Check if A	ustin, TX, offi	ceholder living (expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeho	older name	C	office sought		Office hel	d cvs
	ATTA	CH ADDITION/	AL COPIES O		CHEDULE AS NE	EEDED		Parisod 1/4/2024

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

TI	ne Instruction Guide explains how to complete this form.	1	Total pa	iges Sc	chedule F3:		
2 FILER NAME		3	Filer ID	(Ethic:	s Commission	n Filers)	
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased; Cit				State;	Zip Code	
	7 Description of investment						
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
	Address of person from whom investment is purchased; City	 y:			State;	Zip Code	
	Description of investment						
	Amount of investment (\$)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EAS	NEED	ED			

				page in the r	eport.		
â ar	EXP	ENDITURE CAT	EGORIES	FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Max Candidate/Officeholder/Po	de By Gift/Award litical Committee Legal Ser	erage Expense Is/Memorials Expense vices	Office O Polling E Printing I	Expense Wages/Contract Labo	ise Transpo Travel I Travel C Travel C or Other (e	n District Out Of District Inter a category	ent & Related Expe v not listed above)
	n Guide explains how to co	omplete this form.		USE A NEW PAGI			
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILE	R ID (Ethics	Commission Flie
4 TOTAL OF UNITEMIZED E)	(PENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institu	tion					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit C	Card Issuer Paid		
7 PAYEE	(a) Payee name	L	(b) Payee ad	l dress;	City,	State,	Zip Code
B PURPOSE OF EXPENDITURE Political	(a) Category (See Categories I	isted at the top of this sche	dule)	(b) Description			
Non-Political	(C) Check if travel ou	tside of Texas. Complet	e Schedule T.	Chec	k if Austin, TX, offi	ceholder living	expense
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit (Card Issuer Paid		
PAYEE	(a) Payee name	4	(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this sche	l dule)	(b) Description			
Non-Political	(C) Check if travel ou	tside of Texas. Complet	e Schedule T.	Che	ck if Austin, TX, off	iceholder living	expense
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged	(c) Date(s) Credit (Card Issuer Paid		
PAYEE	(a) Payee name	1	(b) Payee ad	l dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories i	listed at the top of this sche	dute)	(b) Description	-12		
Non-Political	(C) Check if travel ou	tside of Texas. Complet	te Schedule T.	CI	neck if Austin, TX, o	fficeholder livir	ng expense
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held	
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE AS	S NEEDED		
orms provided by Texas Ef			ics.s				Revised 1/1/20

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportetion Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		<u>.</u>
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school	dule) (b) Description	
	(c) Check if travel outside of Texas. Complete Sched	lule T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	adule) Description	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	adule) Description	
	Check if travel outside of Texas, Complete Sche	dule T. Check if Austin	n, 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 NEEL	DED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officehokder/Politie Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing E Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Distri	ipment & Related Expense		
1 Total pages Schedule H:	2 FILER N	AME		-	3 Filer ID (Ethi	ics Commission Filers)		
4 Date	5 Business							
	5 Business	name						
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description		-		
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	, TX, officeholder living	expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held		
Date	Business	a name						
Amount (\$)	Business	address;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held		
Date	Business	; name						
Amount (\$)	Business	address;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this a	schedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCHEDULE |

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Eth	nics Com	mission Filers)		
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City	St	ate	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding	type of ir	formation		
Date	Payee name						
Amount (\$)	Payee address;	City	St	ate	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding	type of in	nformation		
Date	Payee name						
Amount (\$)	Payee address;	City	St	ate	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding	type of in	nformation		
Date	Payee name						
Amount (\$)	Payee address;	City	Si	ate	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding	type of i	nformation		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	dule K:					
2 FILER NAME		3 Filer ID (Ethic:	s Commission Filers)			
4 Date	5 Name of person from whom amount is received	,	8 Amount (\$)			
	6 Address of person from whom amount is received; City; Sta	te; Zip Code				
	7 Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; St	ate; Zip Code				
e.	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received	ан общинан (Amount (\$)			
<pre>k</pre>	Address of person from whom amount is received; City; Sta	ite; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; St	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

		1 Total pages Schedule T:				
The Instruction Guide explains how to complete this form.						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation of	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported (n.					
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule A2 Schedule B Schedule C2 Schedule D Schedule A2 Schedule B						
(b) and the second seco						
5 Dates of travel 7 Name of person(s) traveling						
8 Departure city or name of departure location						
9 Destination city or name of destination location						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation o	r Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported	on:					
Schedule A2 Sched	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule P1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel Name of person(s) traveling						
Departure	Departure city or name of departure location					
Destinatio	Destination city or name of destination location					
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Piedgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2 Schedule		Schedule D Schedule F1				
Schedule F2 Schedul		Schedule COH-UC Schedule B-SS				
Dates of travel Name of	Dates of travel Name of person(s) traveling					
Departure city or name of departure location						
Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)		eminar, or other event)				
ТА	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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The Instruction Guide explains how to complete this form.							
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	JAME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		0.3.1.1.					
4	 FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. 						
	Α.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned fr	om political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	В.	ASSETS					
	Chec	k only one:					
	I do not retain assets purchased with political contributions or interest or other income from political contributions.						
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
			Signature of Candidate				
5	 5 OFFICEHOLDER • Complete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with 						
		political contributions or interest or other income from political contributions.					
		s	Signature of Officeholder				