CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete t	his form.	er ID (Ethics Commission Filers)	2 Total pages filed: 24
		-		24
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIR Mr David		MI	OFFICE USE ONLY
NAME		• • • • • • • • • • • • • • • • • • • •		Date Received
	LAS LAS LAS		SUFFIX	Date Received RECEI
4 CANDIDATE /			STATE; ZIP CODE	T V
OFFICEHOLDER	4468 Twin Post Rd, D			JUL
MAILING			•	L LAA
Change of Address				S S S S S S S S S S S S S S S S S S S
5 CANDIDATE/	AREA CODE PHONE NU	MBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(214) 729-64	495		RVI I: (
6 CAMPAIGN	MS / MRS / MR FIR	ST	MI	Receipt # Amore S
TREASURER NAME	Mrs Calv	vert		Date Processed
	NICKNAME LA		SUFFIX	Date Imaged
	Colli	ns-Bratton		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	ASE); APT / SUITE #;	CITY;	STATE; ZIP CODE
TREASURER ADDRESS	4738 Hallmark Dr, Da	llas, TX 75229		
(Residence or Business)				
8 CAMPAIGN	AREA CODE PHONE NU	MBER	EXTENSION	
TREASURER	(214) 886-9	351		
		554		
9 REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year	Month	Day Year
COVERED	4 / 25 /	́24 тн	IROUGH 6	/ 30 / 24
11 ELECTION	ELECTION DATE			
	Month Day Year	, Primary	Runoff Other Description	
	5 / 4 / 24	General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	1)
	Dallas ISD, District	Trustee		
14 NOTICE FROM	THE CANDIDATE / OFFICEHOLDER. THE	SE EXPENDITURES MAY HAV	E BEEN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES AND OFFICEHO	DERS ARE REQUIRED TO RE		THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE COMMITTEE			
Additional Degree	GENERAL	ADDRESS		
Additional Pages		CAMPAIGN TREASURER	NAME	
	COMMITTEE	CAMPAIGN TREASURE	ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAWPAIG	N FINANCE REPOR		001		
IS C/OH NAME David Lance Currie	l'		16 Filer IC) (Ethics Co	mmission Filers)
7 CONTRIBUTION TOTALS				\$	
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOANS	5)	\$ 4	,558.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPEN	IDITURES		\$ 74,	510.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE L	AST DAY	\$ 3	,404.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS ING PERIOD	OF THE	\$	
	wear, or affirm, under penalty of perjury quired to be reported by me under Title 15		rue and corr	ect and inclu	udes all information
		Signature of (Candidate of	r Officeholde	er
	Please com	plete either option belo	ow:		
(1) Affidavit					
NOTARY STAMP/SEA	AL.				
Sworn to and subscribed 20, to certify	l before me by		e	day of	,
Signature of officer administ	ering oath Printed name of	officer administering oath		Title of office	r administering oatl
		OR	Witz Balan		
(2) Unsworn Declarat	ion				
My name is David Lan		, and my date of birth	is		
My address is 4468 Tw		Dallas		5244	United States
Executed in Dallas	(street)County, State of	(city) , on the <u>15th</u> day of July		zip code) _, 2024 (year)	(country) -
		Signature of Car	ididate/Office	holder (Dec	larant)
Forms provided by Texas E	Ethics Commission www	v.ethics.state.tx.us			Revised 1/1/202

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

FILER NAME 20 Filer ID (Ethics Com	nmiss	ion Filers)		
avid Lance Currie				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,058.48		
SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	500.00		
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
SCHEDULE E: LOANS	\$			
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	74,510.57		
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			
	avid Lance Currie Schedule Subtotals NAME OF SCHEdule Schedule A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE F4: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	avid Lance Currie SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULEA1: MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE F4: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE H: PON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE H: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED		

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 fe	orm.	1 Total pages Schedule A1: 2		
2 FILER NAME David Lanc	e Currie		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (II Cozen O'Connor Political Action Comm	7 Amount of contribution (\$)			
04/29/2024	6 Contributor address; City; 1650 Market Street, Philadelph		250.00		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC (II Steven Walters	D#:)	Amount of contribution (\$)		
05/02/2024		State; Zip Code AS, TX 75218	103.48		
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	lions)		
Date	Full name of contributor out-of-state PAC () Victoria Agnich	D#:)	Amount of contribution (\$)		
05/06/2024		State; Zip Code s, TX 75230	1,000.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (I Bobby Lyle	D#:)	Amount of contribution (\$)		
05/08/2024	Contributor address; City; 34 Masland Cir, Dallas, T	State; Zip Code X 75230	1,000.00		
Principal occu	Off IVIASIAITA OII, DallaS, IX ISZOU Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruct	ction 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		
2 FILER NAME David Lanc	e Currie		3 Filer ID (Ethics Commission Filers)		
4 Date 05/10/2023	5/10/2023 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 1,605.00		
8 Principal occu	P.O. Box 226163, Dallas, 7	Employer (See Instruct	tions)		
Date 05/29/2024	Full name of contributor out-of-state PAC (I Stuart A Jones Contributor address; City; 5522 Waneta Dr, Dallas,		Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC (68	Amount of contribution (\$)		
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES O		IEEDED		
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedu	^{ule A2:} 1	
2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)		
David La	nce Currie				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 500.00		
5 Date 05/09/2024	D5/09/2024 For Our Kids PAC 7 Contributor address; City; State; Zip Code		8 Amount of Contribution \$ 500.00	 9 In-kind contribution description Data Management 	
	306 W 8th St, Dallas, TX 75208		Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI)	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ıtor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Chask if travel outsi	 -	
Drin sin al a sa			1	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			-	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruct			g requirements.	

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction	Guide explains how to complete this	s form.	1 Total pages Schedu	le B:
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)
⁴ TOTAL OF UNITEM			\$	
5 Date 6 Full nar	me of pledgor 🛛 out-of-state PAC (ID#:	ر	8 Amount of Pledge \$	9 In-kind contribution description
	r address; City; Sta	ate; Zip Code	1	
			Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occupation / Job	title (See Instructions)	11 Employer (See	Instructions)	
Date Full na	me of pledgor 🔲 out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	or address; _ City; St	ate; Zip Code	1	
			Check if travel outsid	de of Texas. Complete Schedule T.
Principal occupation / Job	title (See Instructions)	Employer (See	Instructions)	
	me of pledgor 🛛 out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		tate; Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
Principal occupation / Job	title (See Instructions)	Employer (See	5.	
Date Full na	me of pledgor 🔲 out-of-state PAC (ID#:)	Amount of I Pledge \$	In-kind contribution description
Pledgo	or address; City; State	e; Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
Principal occupation / Job	title (See Instructions)	Employer (See	Instructions)	
If contributo	ATTACH ADDITIONAL COPIES or is out-of-state PAC, please see ins		-	requirements.

SCHEDULE E

The Instruction Guide explains how to complete this form.				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	ITEMIZED 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	
YN			11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	-	
14 Description of Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political lons)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
8	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)				
Date of loan	n Name of lender Out-of-state PAC (ID#:)		Loan Amount (\$)	
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
			Maturity date	
Principal occupation	I on / Job title (See Instructions)	Employer (See Instructions)	17.	
Description of Collateral Check if personal fur account (See Instruction of Collateral Check if personal fur account (See Instruction)		ds were deposited into political lons)		
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable		1.22		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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 By CandIdate/Officeholder/Politica Credit Card Psyment	Fees Offi Food/Beverage Expense Poll y Gift/Awards/Memorials Expense Prin	an Repayment/Reimbursament los Overhead/Rental Expense lling Expense hting Expense larles/Wages/Contract Labor w 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: 8	2 FILER NAME David Lance Currie		3 Filer ID (Ethics Commission Filers)	
4 Date 04/26/2024	5 Payee name Stat Team, Inc.			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
11,288.99	4447 N Central Expwy, Ste 110-2	275, Dallas, TX 752	05	
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
PURPOSE OF EXPENDITURE	Contract Labor			
	(c) Check if travel outside of Texas. Complete Schedu	ileT. Check if Austi	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
04/29/2024	Glazed Kolache & Donuts			
Amount (\$)	Payee address;	City;	State; Zip Code	
51.19	5620 LBJ Fwy, Dallas, TX 75230			
	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE OF EXPENDITURE	Food/Bev Expense			
	Check if travel outside of Texas, Complete Schedu	Ile T. Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
04/29/2024	Starbucks			
Amount (\$)	Payee address;	City;	State; Zip Code	
23.65	12262 Inwood Rd, Dallas, TX 752	244		
	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE OF EXPENDITURE	Food/Bev Expense			
	Check if travel outside of Texas. Complete Schedu	uleT. Check if Aust	tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repsyment/Reimbursement Mice Overhead/Rental Expense Poling Expense Printing Expense Selarlas/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 I	now to complete this form.		
1 Total pages Schedule F1: 8	2 FILER NAME David Lance Currie		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
04/26/2024	Janet Stetson			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
500.00				
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE OF EXPENDITURE	Contract Labor			
	(C) Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	stin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/27/2024	Adrian Bakke			
Amount (\$)	Payee address;	City;	State; Zip Code	
3,000.00	11223 Wonderland Trl, Dallas, ⁻	TX 75229		
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE	Consulting Expense			
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	1			
Data	Payee name	(1)		
Date	rayee name			
04/27/2024	Linda Rogers			
Amount (\$)	Payee address;	City;	State; Zip Code	
3,000.00	11008 Rosser Rd, Dallas, TX 7	5229		
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	Check if travel outside of Texas. Complete Sche	adule T. Check if Au	stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	. Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement overhead/RentalExpense g Expense ng Expense les/Wages/ContractLabor to complete this form	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	· · ·			
1 Total pages Schedule F1: 8	2 FILER NAME David Lance Currie		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
05/01/2024	Stat Team, Inc.			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
13,301.41	4447 N Central Expwy, Ste 110-27	75, Dallas, TX 752	05	
8	(a) Category (See Categories listed at the top of this schedul	e) (b) Description		
PURPOSE OF EXPENDITURE	Contract Labor			
	(C) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/01/2024	Murphy Nasica & Associates			
Amount (\$)	Payee address;	City;	State; Zip Code	
13,302.41	919 Congress Ave., Austin, TX 78	201		
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE	Advertising Expense			
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule	T Check if Aust	in TV efficiencidas living evenena	
			in, TX, officeholder living expense Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name 1	Office sought	Office held	
Date	Payee name			
05/02/2024	Google			
Amount (\$)	Payee address;	City;	State; Zip Code	
7.68	1600 Amphitheatre Parkway, Mou	ntain View, CA, 94	4043	
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Fees			
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Ad vertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ccounting/Banking Fees Office Overhead/Rental Expense onsulting Expense Food/Beverage Expense Polling Expense ontibutions/Donations Made By Girl/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salarles/Wages/Contract Labor		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: 8	2 FILER NAME David Lance Currie		3 Filer ID (Ethics (Commission Filers)	
4 Date	5 Payee name		•		
05/02/2024	Guthrie's Catering				
6 Amount (\$) 1,473.19	 7 Payee address; 11411 N Central Expy STE M, D 	city;)allas, TX 75243	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description		2	
PURPOSE OF EXPENDITURE	Food/Bev Expense				
	(C) Check if travel outside of Texas. Complete Sched	Jule T. Check if Aust	in, TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	c	Office held	
Date	Payee name			Cit-cit-	
05/02/2024	Install Connect				
Amount (\$)	Payee address;	City;	State;	Zip Code	
600.00	505 W State St, Garland TX 750)40		× .	
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE OF EXPENDITURE	Contract Labor				
-	Check if travel outside of Texas. Complete Scheo	dule T. Check if Aust	lin, TX, officeholder living e	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held	
Date	Payee name				
05/03/2024	Guthrie's Catering				
Amount (\$)	Payee address;	City;	State;	Zip Code	
202.00	11411 N Central Expy STE M, D	allas, TX 75243			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Food/Bev Expense	dule) Description			
	Check if travel outside of Texas. Complete Scher	dule T. Check if Aus	tin, TX, officeholder living e	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Cradit Card Perment	counting/Banking Fees Office Overhead/Rental Expense isulting Expense Focd/Beverage Expense Polling Expense ribb/tors/Vonstions Made By Gitt/Awards/Memorials Expense Printing Expense andidate/Officeholder/Political Committee Legal Services Salarias/Wages/Contract Labor		ead/Rental Expense Inse ense	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 I	how to co	mplete this form.		
1 Total pages Schedule F1: 8	2 FILER NAME David Lance Currie			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name				
05/06/2024	Sam's Club				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
322.53	4062 Lyndon B Johnson Fwy, D	Dallas,	TX 75244		
8	(a) Category (See Categories listed at the top of this sch	hedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Bev Expense				
	(C) Check if travel outside of Texas. Complete Sche	edule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
05/07/2024	Guthrie's Catering				
Amount (\$)	Payee address;		City;	State;	Zip Code
454.50	11411 N Central Expy STE M, I	Dallas,	TX 75243		
	Category (See Categories listed at the top of this sch	edule)	Description		1
PURPOSE	Food/Bev Expense				
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Sche	edule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name		Office sought		Office held
	•				
Date	Payee name				
05/07/2024	Murphy Nasica & Associates				
Amount (\$)	Payee address;		City;	State;	Zip Code
3,041.57	919 Congress Ave., Austin, TX	78201			
	Category (See Categories listed at the top of this sch	nedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense				
	Check if travel outside of Texas. Complete Scho	edule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
	ATTACH ADDITIONAL COPIES C	OF THIS S	SCHEDULE AS NE	EDED	

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Ad vertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printin	Repayment/Reimburzement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor 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: 8	2 FILER NAME David Lance Currie		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name							
05/09/2024	Stat Team, Inc.							
6 Amount (\$)	7 Payee address;	City;	State; Zip Code					
8,257.02	4447 N Central Expwy, Ste 110-27	75, Dallas, TX 752	05					
8	(a) Category (See Categories listed at the top of this schedul	e) (b) Description						
PURPOSE OF EXPENDITURE	Contract Labor							
	(C) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
05/14/2024	Linda Rogers							
Amount (\$)	Payee address;	City;	State; Zip Code					
8,000.00	11008 Rosser Rd, Dallas, TX 752	29						
	Category (See Categories listed at the top of this schedule) Description						
PURPOSE OF EXPENDITURE	Consulting Expense							
	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/OF	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
05/14/2024	Adrian Bakke							
Amount (\$)	Payee address;	City;	State; Zip Code					
7,000.00	11223 Wonderland Trl, Dallas, TX	75229						
	Category (See Categories listed at the top of this schedule) Description						
PURPOSE OF EXPENDITURE	Consulting Expense							
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	lin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED					

SCHEDULE F1

EXPENDITURE	CATEGORIES	FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Office holder/Politice Credit Card Payment		Exercision of the second secon	Loan Repay Office Over Polling Exp Printing Exp Salaries/W	vment/Reimbursement head/Rental Expense vense pense sges/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expense
1 Total pages Schedule F1: 8		AME nce Currie			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
05/16/2024	1 .	am, Inc.				
6 Amount (\$)	7 Payee a			City;	State;	Zip Code
613.99	4447 N	Central Expwy, Ste 11	0-275,	Dallas, TX 752	05	
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contra	ct Labor				
	(c)	Check if travel outside of Texas. Complete S	ichedule T.	Check if Austi	n, 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				
05/20/2024	Bank of	America				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
0.50	901 Ma	in St, Dallas, TX 7520	2			
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Fees					
		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 r	name				
06/03/2024	Google					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
7.68	1600 Ar	mphitheatre Parkway,	Mounta	in View, CA, 94	043	
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Fees					
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Aust	in, TX, officeholder livir	ng 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	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE C	ATEGORIES FOR BOX 8(a)	

		EXPENDITURE CATE	GORIES	OR 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	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
		The Instruction Guide explain	ns now to co	ompiete this form.		
1 Total pages Schedule F1:					3 Filer 1D (Ethics	s Commission Filers)
8	David Lai	nce Currie				
4 Date	5 Payee na	ame				
06/30/2024	PayPal					
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
62.26	2211 N	1st St, San Jose, Cali	fornia 9	5131		
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees					
	(C)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date / Officeholder name		Office sought		Office held
Date	Payee na	ame		Verd annual second		
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas, Complete	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				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	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	S OF THIS	SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: **4** TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 8 Payee address; Zip Code City; State; 7 Amount (\$) 9 TYPE OF Political Non-Political EXPENDITURE (b) Description 10 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name Amount (\$) State; Zip Code Payee address; City; TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.**

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	ty; State; Zip Code
	7 Description of investment	-
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
ŕ	Address of person from whom investment is purchased; Cit	ty; State; Zip Code
	Description of investment	
	Amount of investment (\$)	-1
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	EAS NEEDED

EXPENDITUR					port	SCHE	DULE F4
				FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic The Instruction (Event Expe Fees Food/Bave By Gift/Awards	nse rage Expense Memorials Expense ices	Loan Rep Office Ov Polling E Printing (erhead/Reimbursement /erhead/Rental Expense /xpense	Transport Travel In I Travel Ou Other (ent	District It Of District ter a category	notlisted above)
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILER	ID (Ethics (Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial instituti	on					
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Ca	rd Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sched	dule)	(b) Description			
Political Non-Political	(C) Check if travel out	side of Texas. Complete	e Schedule T.	Check	if Austin, TX, office	holder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	fice Sought		Office Held	- 304,γ
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Ca	rd Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	sted at the top of this sche	dule)	(b) Description			
Non-Political	(C) Check if travel out	side of Texas. Complet	e Schedule T.	Check	if Austin, TX, offic	eholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate /Officeholder	name	Of	fice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ure Charged	(c) Date(s) Credit Ca	rd Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	sted at the top of this sche	dule)	(b) Description			
Non-Political	(C) Check if travel out	tside of Texas. Complet	te Schedule T.	Che	ck if Austin, TX, of	ficeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held	
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE AS	NEEDED		
Forms provided by Texas Eth	ics Com Reset	Form	ics.s	Reset Page			Revised 1/1/2024

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

4	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment			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 G:	2 FILER NA	ME			3 Filer ID (Ethics C	Commission Filers)
4 Date	5 Payee nar	ne			1	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this is		(b) Description		
	(C)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living exp	bense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought	C	Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austi	in, TX, officeholder living ex	Dense
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name			Office held	
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	1					
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	ATTA	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEEL	DED	

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule H:	2 FILER N	-			3 Filer ID (Ethi	cs Commission Filers)
rotal pages constant in						
4 Date	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 th	is schedule)	(b) Description		
	(c) (Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		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 th	is schedule)	Description		
		check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	_	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 top of top of top of the top of the top of	nis schedule)	Description		
		Check if travel outside of Texas. Complet	e Schedule T.	Check if Austi	n, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held
·	AT1					

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SCHEDULE

	The Instruction Guide explains how to con	plete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Eth	ics Commission Filers)			
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City	Sta	ate Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding	type of information			
Date	Payee name		14				
Amount (\$)	Payee address;	City	St	ate Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	a instructions regarding	type of information			
Date	Payee name						
Amount (\$)	Payee address;	City	St	ate Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding	type of information			
Date	Payee name		11 (11) (11				
Amount (\$)	Payee address;	City	SI	ate Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding	type of information			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED				

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

SCHEDULE K

The Instruction Guide explains how to complete this form.				
2 FILER NAME		3 Filer ID (Ethics	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; Sta	ate; 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; Sta	te; 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

If the requested information is not applicable,	DO NOT include this	page in the report

The Instru	ction Gulde	1 Total pages Schedule T:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule D						
Schedule F2	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-St					
6 Dates of travel	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, s	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expendi	iture reported	on:				
Schedule A2	Sche	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	Sche	dule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
Destinati		on 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 / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2	Schedu	le F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
Destinat		ion city or name of destination location				
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						