CANDIDAT CAMPAIG	FORM C/OH COVER SHEET PG 1				
The C/OH Instruction G	uide explains how to complete this form.	Filers) 2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI	OFFICE USE ONLY			
NAME	Mr. Jeremiah R NICKNAME ;LAST SUFFIX	Date Received			
	Stoker	NECEIVEN			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE; ZIP CO	APR 2 5 2025			
Change of Address 5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	- Y			
OFFICEHOLDER PHONE	(817) 905-9163	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN	MS / MRS / MR FIRST MI	Receipt # Amount \$			
TREASURER NAME	Mr. Jerenigh K	Date Processed			
	NICKNAME LAST SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE			
ADDRESS (Residence or Business)	106 Tanglewood Dr Annetta	TX 76008			
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	(//			
TREASURER PHONE	1817) 905-9163				
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Sth day before election Exceeded Mod Reporting Limit	i maritoport (ritadori Grott i i i i			
10 PERIOD COVERED	Month Day Year	Month Day Year			
COVERED	01 01 2025 THROUGH 64	1/23/2025			
11 ELECTION	ELECTION DATE ELECTION	N TYPE			
	Month Day Year Primary Runoff Other Description	iption			
	05 03 2025 General Special —				
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT Aleda TSD	of known) School Roman Place H			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT TO CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION OF THE PROPERTY	HE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL COMMITTEE ADDRESS				
Additional Pages					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
GO TO PAGE 2					



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jeremi	ah Slober	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 310.50				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1750.00				
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 4752.16				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	*3∞2.16				
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- uired to be reported by me under Title 15, Election Code.	e and correct and includes all information				
	Signature of Ca	ndidate or Officeholder				
	Please complete either option below	<i>y</i> :				
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed	•	day of,				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration	on					
My name is <u>Sere</u>	mich Staker, and my date of birth is	04/14/1979				
My address is 06	(street) (city)	state) (zip code) (country)				
Executed in Parke	County, State of 25th day of (mprt)	20 25 (year)				
	Signature of Candid	date/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com					
	Jeremiah Stoker					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 750,00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s 310,50			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	\$ 4752.16				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
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 FUN	IDS	\$ 3002,16			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$			



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Jer	emian Stoker					
4 Date	5 Full name of contributor	7 Amount of contribution (\$)				
	and Touchstone Caron					
63 231 200	6 Contributor address; City; State; Zig	\sim Code \sim 2 \sim				
	801 Square Creek Rd Willaw Park TX	76-87				
8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)				
Stey-n	t-home-mon none	.,				
Date	Full name of contributor	Amount of contribution (\$)				
	Katie Lauren Rivera					
63/22/	Contributor address; City; State; Zig	o Code 7 —				
2023		_ >50				
	200 Kara Ct. Annetty South IX	16008				
1 11 1		(See Instructions)				
Stay	-nt-home-morn non-	<u>د</u>				
Date	Full name of contributor	Amount of contribution (\$)				
	Panela Marie Staker					
03/23	tanela Man'e Stater Contributor address; City; State; Zip	Code 300				
2025	205 Harbin Are Waxahachie TX					
Principal occup		(See Instructions)				
rel	tired none					
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
2/28/	Annette Jenkin and Bill Jenkin					
2025	Contributor address; City; State; Zip	Code				
	107 Harvestowed Ln Aledo TX 7	4008				
Principal occup		(See Instructions)				
ref	inch	2				

	ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see Instruction guide for					

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	1 Total pages Schedule A1:				
2 FILER NAME	remiah Stoker		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-stat	e PAC (ID#:)	7 Amount of contribution (\$)			
03/25/	Mickey Reductive 6 Contributor address; City; 591 VZ County Rd 4823 Be	State; Zip Code	500			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Constru	action company/LEO	self-employed De	pramic (able Construction Co. L.)			
Date	Full name of contributor ut-of-state	e PAC (ID#:)	Amount of contribution (\$)			
	Diame Schafer Contributor address; City;		160			
2025	2209 Offerande Dr. Aledo	TX 76008	,			
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of contribution (\$)			
04/16	Carol Tarchstone Caron					
2025	801 Square Creek Rd Willow	State; Zip Code Wark X 76087	200			
i 1	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
1 tag	at hore-mon	None				
Date	Full name of contributor out-of-stat	e PAC (ID#)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
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

T)	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	1 Total pages Schedule A2:		
2 FILER NAM	emigh Stoker	3 Filer ID (Ethics Co	3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 310.	50		
5 Date 54/22/ 2025	Full name of contributor out-of-state PAC (ID#:	Contribution \$	9 In-kind contribution description Texting Service de of Texas. Complete Schedule T.			
10 Fillicipal occ	Aparion 7 300 title (FOR NON-30DICIAL) (See Institutions)	11 Employe	ST (1 OK 14014-30016#	AL)(OBE MISURCIONS)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ator'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	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			5,895.5 0. 275		
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHED!	II E AS NEEDED			
	ATTACH ADDITIONAL COPIES OF I			g requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees (Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Gald Payment	The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Screnigh Stakes		3 Filer ID (Ethics Commission Filers)			
4 Date 03/22/2025	5 Payee name					
6 Amount (\$)	7 Payee address,	City;	State; Zip Code			
149.93	118 IH-ZOE, W	leather-tord	TX 76087			
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Materials	for compaign signs			
	(C) Check if travel outside of Texas. Complete Sche	duleT Check if Austi	n, TX, afficehalder living expense			
9 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
03/22/2025	ACIDE Printing & La	ser Etchilla				
Amount (\$)	Payee address;	City;	State; Zip Code			
1877,96	990 Harmony Circle	Wentherford	(TX 76087			
77/2/19	Category (See Categories listed at the top of this scho	edule) Description				
PURPOSE OF	11 , 5					
EXPENDITURE	Advertising Expense	Campai	gn Signs			
	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/OF	1					
Date	Payee name		(A. A. A			
04/03/2025	Perkey Productions L	LC				
Amount (\$)	Payee address,	City;	State; Zip Code			
1350	Po Pox 204	Hammon	OK 73650			
	Category (See Categories listed at the top of this scho					
PURPOSE OF	A . 1 -		A (
EXPENDITURE	Advertising Expense	Tace book	Ads			
	Check if travel outside of Texas. Complete Sche	duleT Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED			
I .						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEG	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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	s now to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Scremich Stokes		3 Filer ID (Ethics Commission Filers)	
4 Date 04/11/2025	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State, Zip Code	
163.92	118 IH-20E	Weyther ford	TX 76-87	
8	(a) Category See Categories sted at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	es Morterials f	or counting Signs	
	(C) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/11/2025	Meta for Business (-Facebook)		
Amount (\$)	Payee address;	City:	State; Zip Code	
5	1 Meta Way	MenloPark	CA 94025	
(12) N	Category (See Categories listed at the top of this so	thedule) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Faceboo	e Ads	
	Check if travel outside of Texas. Complete Sc	heduleT. Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
64/14/2025	AC/IX Printing dL	wer Etching		
Amount (\$)	Payee address,	City;	State; Zip Code	
410.35	990 Harmony Circle	Wen-thor-bord	TX 76087	
PURPOSE OF EXPENDITURE	Category (See Categorials listed at the top of this so	e Campia	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Accounting/Banking Fees Office Overt Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gitl/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/We						Travel In District Travel Out Of Distri	pment & Related Expense	
Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER N	remiah	Stoke	1		3 Filer ID (Ethic	cs Commission Filers)	
4 Date 64/16/2025	5 Payeen		SINESC	(Force	bu, b)	W201		
6 Amount (\$)	7 Payee a	ddress			City;	State:	Zip Code	
795	11	eta Way		Men	to Park	CA	94025	
8	(a) Catego	ry (See Categorias list	ed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	A	vertising E	xpenses		Facebook	Ads		
	(c)	Check if travel outside	of Texas. Complete :	ScheduleT	Check if Austi	n, TX, officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholde	r name		Office sought		Office held	
Date	Payee n	ame						
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	y (See Categories liste	d at the top of this	schedule)	Description			
					lin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder	rname		Office sought		Office held	
	_							
Date	Payee n	ame						
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	y (See Categories liste	d at the top of this	schedule)	Description			
		Check if travel outside of	of Texas, Complete S	Schedule T	Check if Austr	n, TX, officeholder livir	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholde	er name		Office sought		Office held	
	AT	TACH ADDITIO	NAL COPIES	OF THIS	SCHEDULE AS NE	EDED	500	
Forms provided by Texas Eth	ics Commiss	sion	www.ethi	cs.state.tx.u	ıs		Revised 1/1/2025	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EVENIDITUES OFF					
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking	Solicitation/Fundraising Expense Transportation Equipment & Related Expense					
Consulting Expense Contributions/Donations Made		Polling Expense Printing Expense	Travel In District Travel Out Of District			
Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)			
	The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME Serenjah Stoker		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
3/22/2025	AC/ X Printing & lase	rEthing				
6 Amount (\$) 277.89	7 Payee address	City;	State; Zip Code			
Reimbursement from political contributions intended	990 Harmony Cir.	Weather ford	TX 76087			
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description				
OF EXPENDITURE	Advertisin Expense	Camprigi	Signs			
	(c) Check if travel outside of Texas. Complete Sche		TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
04/03/2025	Perkey Productions LLC		3, 320			
Amount (\$)	Payee address;	City	State; Zip Code			
Reimbursement from		A 1	72/-			
political contributions intended	PO Bux 204	Hammon	OK +3650			
	Category (See Categories listed at the top of this sch	nedule) Description				
PURPOSE OF	Advertising Expense	Facebook	Ada			
EXPENDITURE	Check if travel outside of Texas Complete Sche		TX officeholder living expense			
	Candidate / Officeholder name	Office sought	Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/(Office sought	Office Held			
Date	Payee name					
04/11/2025	Lewe's		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
Amount (\$)	Payee address	City;	State; Zip Code			
Reimbursement from political contributions	118 TH-20E	Weatherford	TX 7607,7			
intended	Category (See Categories listed at the top of this sch		17.			
PURPOSE	A 1 1 1		0			
OF EXPENDITURE	Advertising Expense	Noterials	or Campaign Signs			
et stee	Check if travel outside of Texas. Complete Sche	dufe T Check if Austin	TX, officeholder living expense			
Complete ONEY it direct	Candidate / Officeholder name	Office sought	Office held			
Complete ONLY if direct expenditure to benefit C/OH		A400-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	ED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Transportation Equ Travel In District Travel Out Of Distr Other (enter a cate	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		عوا		3 Filer ID (Ethi	cs Commission Filers)
4 Date 64/11/2025	5 Payee nar	ne ten for Basine	ss / Faceba	10k)		
6 Amount (\$)	7 Payee ad	dress;		City:	State	Zip Code
Reimbursement from political contributions intended	1 Met	en Way	/	Menlo Pari	k CA	94025
8 PURPOSE	(a) Category	(See Categores listed at the	top of this schedule)	(b) Description		
OF EXPENDITURE	Ad	vertising Ky	perse	Facel	ook Ads	27.00
	(c)	Check if travel outside of Texas.	Complete Schedule T.	Check if	Austin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder nar	ne	Office sought		Office held
Date	Рауее паг	ne		7.17		
04/14/2025	AC/	X Printing	Dlaser Et	thing		
Amount (\$)	Payee add	dress;		City;	State	Zip Code
Reimbursement from political contributions intended	990	Harmony (i		Weather to	nd tx	76087
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Cam					nigh Signs	
		Check if travel outside of Texas.	Complete Schedule T	Check if	Austin, TX, afficeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit Cit		ate / Officeholder nar	ne	Office sought		Office held
Date	Payee nar	ne				
04/16/2025	Me	ta for Bus	hess (Fa	cebak)		
Amount (\$)	Payee ad			City;	State;	Zip Code
Reimbursement from political contributions intended	1 M	ela Way	Λ	Menlo Park	e Ct	94025
PURPOSE OF EXPENDITURE	A	(See Categories listed at the	rpense	Description Facebo	Austin, TX officeholder living	a expense
		ate / Officeholder nar		Office sought	The street of th	Office held
Complete ONLY if direct expenditure to benefit C/OH						
	ATTA	CH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS N	IEEDED	

Revised 1/1/2025