

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR BRADY MI <hr/> NICKNAME LAST SUFFIX BARNETT	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] [REDACTED] CARROLLTON, TX, 75006	Date Received <h2 style="color: blue;">Received</h2> <h3 style="color: blue;">APR 25 2025</h3> Carrollton-Farmers Branch ISD Superintendent's Office	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR BRADY MI <hr/> NICKNAME LAST SUFFIX BARNETT	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] [REDACTED] CARROLLTON, TX, 75006	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04 / 04 / 25 THROUGH 04 / 25 / 25		
11 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>Municiple</u>	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) CFBISD SCHOOL BOARD TRUSTEE	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> 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

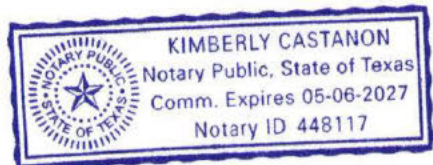
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 80.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1605.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2377.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 659.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

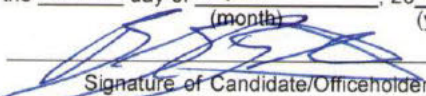


NOTARY STAMP / SEAL

Sworn to and subscribed before me by Brady Barnett this the 25th day of April, 2025, to certify which, witness my hand and seal of office.
Kimberly Castanon Kimberly Castanon Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Brady Barnett, and my date of birth is 11.21.83
 My address is [Redacted], Carrollton TX 75006 USA
 (street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of Texas, on the 25th day of April, 2025
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	■ SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 617 75
2	■ SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 987 87
3	SCHEDULE B PLEDGED CONTRIBUTIONS	\$
4	SCHEDULE E LOANS	\$
5	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$
7	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	■ SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$ 129 91
9	■ SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2377 41
10	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11	SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12	SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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	4
2 FILER NAME BRADY BARNETT		3 Filer ID (Ethics Commission Filers)	
4 Date 4 3 25	5 Full name of contributor Kenneth Kenworthy out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75007	7 Amount of contribution (\$) 103 00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 4 4 25	Full name of contributor AMANDA NAUERT out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75007	Amount of contribution (\$) 51 50	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4 6 25	Full name of contributor NOVA BROOME out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75006	Amount of contribution (\$) 10 30	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4 7 25	Full name of contributor MAX CASTILLO out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75007	Amount of contribution (\$) 41 20	
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	4
2 FILER NAME BRADY BARNETT		3 Filer ID (Ethics Commission Filers)	
4 Date 4 8 25	5 Full name of contributor out-of-state PAC (ID# _____) SARAH AMOND	7 Amount of contribution (\$) 103 00	
6 Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75006			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

Date 4 8 25	Full name of contributor out-of-state PAC (ID# _____) TATJANA PROFFITT	Amount of contribution (\$) 51 50	
Contributor address, City, State, Zip Code [REDACTED] IRVING, TX, 75039			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 4 9 25	Full name of contributor out-of-state PAC (ID# _____) AMY TALBERT	Amount of contribution (\$) 20 60	
Contributor address, City, State, Zip Code [REDACTED] FARMERS BRANCH, TX, 75234			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 4 11 25	Full name of contributor out-of-state PAC (ID# _____) AARON SEITZ	Amount of contribution (\$) 10 30	
Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75006			
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	4
2 FILER NAME BRADY BARNETT		3 Filer ID (Ethics Commission Filers)	
4 Date 4 18 25	5 Full name of contributor DIDEM MIZE out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75006	7 Amount of contribution (\$)	25 75
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 4 21 25	Full name of contributor BRENDA ONTIVEROS out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75006	Amount of contribution (\$)	20 60
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4 8 25	Full name of contributor MAX CASTILLO out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75007	Amount of contribution (\$)	40 00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4 8 25	Full name of contributor KATIE GUDGEL out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code CARROLLTON, TX, 75006	Amount of contribution (\$)	40 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 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	4
2 FILER NAME BRADY BARNETT		3 Filer ID (Ethics Commission Filers)	
4 Date 4 4 25	5 Full name of contributor BRADY BARNETT out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 100 00	
6 Contributor address, _____ City, State, Zip Code CARROLLTON, TX, 75006			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)	
	Contributor address, _____ City, State, Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)	
	Contributor address, _____ City, State, Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)	
	Contributor address, _____ City, State, Zip Code		
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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2 2	
2 FILER NAME Brady Barnett		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 987 87	
5 Date 4 16 25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa & John Sutter	8 Amount of Contribution \$ 102 70	9 In-kind contribution description PRINTING
7 Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75006		Check if travel outside of Texas Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4 21 25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa & John Sutter	Amount of Contribution \$ 144 33	In-kind contribution description PRINTING
Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75006		Check if travel outside of Texas Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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 A2 2	
2 FILER NAME BRADY BARNETT		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4 9 25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RANGOLI MATHUR	8 Amount of Contribution \$ 740 84	9 In-kind contribution description ADVERTISING
7 Contributor address, City, State, Zip Code [REDACTED] CARROLLTON, TX, 75007		Check if travel outside of Texas Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address, City, State, Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements

Reset Form

Reset Page

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4	1	2 FILER NAME Brady Barnett	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 129 91
5 CREDIT CARD ISSUER	Name of financial institution Citi Master Card		
6 PAYMENT	(a) Amount Charged \$ 129 91	(b) Date Expenditure Charged 4 4 25	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name THE UPS STORE	(b) Payee address, City, State, Zip Code 2145 N JOSEY LN, CARROLLTON, TX, 75006	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) PRINTING		(b) Description FLYERS
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brady Barnett	Office Sought Trustee	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brady Barnett	Office Sought Trustee	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule G 1	2 FILER NAME Brady Barnett	3 Filer ID (Ethics Commission Filers)
4 Date 4 9 25	5 Payee name DFW DIRECT MARKETING	
6 Amount (\$) 2,222 50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code 931 CUSTER RD, RICHARDSON, TX, 75080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description MAILERS
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 4 4 25	Payee name THE UPS STORE	
Amount (\$) 129 91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 2145 N JOSEY LN, CARROLLTON, TX, 75006	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description FLYERS
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 4 9 25	Payee name WELLS FARGO BANK	
Amount (\$) 25 00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 420 Montgomery Street, San Francisco, CA 94104	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description WIRE TRANSFER FOR MAILERS
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED