

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: 13								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Lesley M. NICKNAME LAST SUFFIX Guilmart		OFFICE USE ONLY Date Received 10/27/2025 electronic @ 7:34am Date Hand-delivered or Date Postmarked electronic - email Receipt # Amount \$ Date Processed 10/27/2025 Date Imaged 10/27/2025								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 16635 Spring Cypress Rd. # 88 Cypress, TX 77429										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 927-4430										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Mariah M. NICKNAME LAST SUFFIX Dock										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 11627 Magnolia Crest Cove Court Cypress, TX 77433										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (805) 453-7270										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td>☐ January 15</td> <td>☐ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☐ July 15</td> <td>☒ 8th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>			☐ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)	☐ July 15	☒ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)
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☐ July 15	☒ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year Month Day Year 9 / 26 / 2025 THROUGH 10 / 25 / 2025										
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year 11 / 04 / 25 </td> <td style="width:70%;"> ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special </td> </tr> </table>			ELECTION DATE Month Day Year 11 / 04 / 25	ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special						
ELECTION DATE Month Day Year 11 / 04 / 25	ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special										
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) CFISD Board of Trustees, Pos.5								
14 NOTICE FROM POLITICAL COMMITTEE(S) ☒ Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table style="width:100%; border: none;"> <tr> <td style="width:20%; vertical-align: top;"> COMMITTEE TYPE ☒ GENERAL ☐ SPECIFIC </td> <td style="width:80%; border: 1px solid black; padding: 5px;"> COMMITTEE NAME Cy-Fair Strong Schools COMMITTEE ADDRESS PO Box 1222 Cypress, TX 77310 COMMITTEE CAMPAIGN TREASURER NAME Stacey DeMyer COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 1222 Cypress, TX 77310 </td> </tr> </table>			COMMITTEE TYPE ☒ GENERAL ☐ SPECIFIC	COMMITTEE NAME Cy-Fair Strong Schools COMMITTEE ADDRESS PO Box 1222 Cypress, TX 77310 COMMITTEE CAMPAIGN TREASURER NAME Stacey DeMyer COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 1222 Cypress, TX 77310						
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Lesley Guilmart</u>		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)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,128.09</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>21,319.67</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,358.63</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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 _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Lesley M. Guilmart and my date of birth is 12/20/1980
 My address is 16026 Lockdale Ln. Cypress TX 77429 USA
 (street) (city) (state) (zip code) (country)
 Executed in Harris County, State of Texas, on the 27th day of October, 20 25
 (month) (year)
Lesley M. Guilmart
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Lesley Guilmar***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,128.09
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,319.67
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 FUNDS	\$
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
2 FILER NAME Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/2025	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Tom Kennedy 6 Contributor address; City; State; Zip Code 20315 Scenic Woods Drive, Cypress, TX, 77433	7 Amount of contribution (\$) 26.82
7 Principal occupation / Job title (See Instructions) Teacher/Coach		8 Employer (See Instructions) CFISD
Date 10/1/2025	Full name of contributor ☐ out-of-state PAC (ID# _____) Travis McNeal Contributor address; City; State; Zip Code 10407 Bellerose Ln, Houston, TX, 77070	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Baker Hughes
Date 10/1/2025	Full name of contributor ☐ out-of-state PAC (ID# _____) Carol Hoyland Contributor address; City; State; Zip Code 12823 Rolling Valley Drive, Cypress, TX, 77429	Amount of contribution (\$) 26.82
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Hoyland Industrial Services, Inc.
Date 10/2/2025	Full name of contributor ☐ out-of-state PAC (ID# _____) Jacob Hernandez Contributor address; City; State; Zip Code 9523 Braun Crk, San Antonio, TX, 78254	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Advocacy & Public Health Specialist		Employer (See Instructions) Bexar County Medical Society
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 Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/2025	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Matthew Edgar 6 Contributor address; City; State; Zip Code 11606 Timberly Park Ln, Cypress,TX, 77433	7 Amount of contribution (\$) 53.12
7 Principal occupation / Job title (See Instructions) Investment Advisor		8 Employer (See Instructions) Edgar Investment Management
Date 10/4/2025	Full name of contributor ☐ out-of-state PAC (ID# _____) Kevin Hoffman Contributor address; City; State; Zip Code 15935 Sellers Road, Houston,TX, 77060	Amount of contribution (\$) 263.51
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) PVAMU
Date 10/4/2025	Full name of contributor ☐ out-of-state PAC (ID# _____) Julie Long Contributor address; City; State; Zip Code 13719 Pristine Lake Lane, Cypress,TX, 77429	Amount of contribution (\$) 132.02
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) CFISD
Date 10/4/2025	Full name of contributor ☐ out-of-state PAC (ID# _____) Bao Nguyen Contributor address; City; State; Zip Code 18614 Parkland Crossing, Cypress,TX, 77433	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) IJ		Employer (See Instructions) USDOJ
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**Lesley M. Guilmart****3** Filer ID (Ethics Commission Filers)**4** Date

10/5/2025

5 Full name of contributor☐ out-of-state PAC (ID# _____)

Ruby Dowling

7 Amount of contribution (\$)

53.12

6 Contributor address;

City;

State; Zip Code

13927 Cantrelle Manor Lane, Cypress, TX, 77429

7 Principal occupation / Job title (See Instructions)

Diagnostician

8 Employer (See Instructions)

CFISD

Date

10/8/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Aaron Dishman

Amount of contribution (\$)

50.00

Contributor address;

City;

State; Zip Code

16217 Saint Helier St., Houston, TX, 77040

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

unemployed

Date

10/12/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jennifer Slaughter

Amount of contribution (\$)

105.72

Contributor address;

City;

State; Zip Code

441 Amberwood Park Drive, Katy, TX, 77493

Principal occupation / Job title (See Instructions)

LCSW, psychotherapist

Employer (See Instructions)

self-employed

Date

10/15/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Tyler Armstrong

Amount of contribution (\$)

26.82

Contributor address;

City;

State; Zip Code

11718 Bass Lake Ct, Cypress, TX, 77433

Principal occupation / Job title (See Instructions)

Advisor

Employer (See Instructions)

UT Tyler

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.

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1 Total pages Schedule A1:**2** FILER NAME**Lesley M. Guilmart****3** Filer ID (Ethics Commission Filers)**4** Date

10/17/2025

5 Full name of contributor☐ out-of-state PAC (ID# _____)

Leadership for Education Equity

7 Amount of contribution (\$)

3000.00

6 Contributor address;

City;

State; Zip Code

25 Broadway, 13th floor, New York, NY 10004

7 Principal occupation / Job title (See Instructions)

PAC

8 Employer (See Instructions)

PAC

Date

10/17/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Denise Van Dam

Amount of contribution (\$)

53.12

Contributor address;

City;

State; Zip Code

15222 Chimney Hill Circle, Houston,TX, 77095

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

unemployed

Date

10/17/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ann Moore

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

13410 Greenwood Manor Dr, Cypress,TX, 77429

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self

Date

10/17/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Laura Shepard

Amount of contribution (\$)

11.04

Contributor address;

City;

State; Zip Code

17919 Western Pass Lane, Houston,TX, 77095

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

KatyISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Luisa Villalpando 6 Contributor address; City; State; Zip Code 10107 Rustic Bend CT, Houston,TX, 77064	7 Amount of contribution (\$) 5.78
7 Principal occupation / Job title (See Instructions) Teacher		8 Employer (See Instructions) Alief ISD
Date 10/21/2025	Full name of contributor ☐ out-of-state PAC (ID# _____) Karen Fitzgerald Contributor address; City; State; Zip Code 16314 Tahoe Drive, Jersey Village,TX, 77040	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 10/22/2025	Full name of contributor ☐ out-of-state PAC (ID# _____) James Arnold Contributor address; City; State; Zip Code 19302 Haystream Drive, Katy,TX, 77449	Amount of contribution (\$) 53.12
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 10/25/2025	Full name of contributor ☐ out-of-state PAC (ID# _____) Debra Rieke Contributor address; City; State; Zip Code 8315 Lake Crystal Drive, Houston,TX, 77095	Amount of contribution (\$) 32.08
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Lesley M. Guilmarf	3 Filer ID (Ethics Commission Filers)
4 Date 9/26/2025	5 Payee name Corsair Communications	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 8244 Boone Trce. Nashville TN 37221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description digital advertizing
	(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 Candidate / Officeholder name Office sought Office held		
Date 10/14/2025	Payee name GDA Wins	
Amount (\$) \$11,221.98	Payee address; City; State; Zip Code 3430 Connecticut Ave. NW # 11813 Washington, DC 20008	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer design, printing, & shipping
	☐ 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 Candidate / Officeholder name Office sought Office held		
Date 10/14/2025	Payee name Amegy Bank	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 12334 Barker Cypress Rd. Cypress, TX 77429	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description wire transfer fee
	☐ 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 Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	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 F1:		2 FILER NAME Lesley M. Guilmart		3 Filer ID (Ethics Commission Filers)	
4 Date 10/22/25		5 Payee name Copes creative			
6 Amount (\$) \$150.00		7 Payee address; City; State; Zip Code 3409 Mill Stream Lane, SW Marietta, GA 30060			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense		(b) Description mailers		
	(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					
Date 10/25/25		Payee name Alamo mailing company ~~Mr. Lesley M. Guilmart~~			
Amount (\$) \$4,850.00		Payee address; City; State; Zip Code 13114 Lookout Run, San Antonio, TX 78232			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) postage expense		Description mailer shipping		
	☐ 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					
Date 10/25/25		Payee name Donor Box			
Amount (\$) \$33.31		Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria VA 22307			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description contribution fees		
	☐ 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					
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Lesley M. Guilmart	3 Filer ID (Ethics Commission Filers)
4 Date 10/25/25	5 Payee name Pay Pal	
6 Amount (\$) \$39.38	7 Payee address; City; State; Zip Code 2211 North 1st St., San Jose, CA, 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description contribution fees
	(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		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (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		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (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		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (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		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		