CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Date Received NAME ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** SantaFe. Th 77510 MAILING **ADDRESS** Change of Address EXTENSION PHONE NUMBER AREA CODE Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** (409)392397-PHONE Receipt # MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME SHEEK NICKNAME Date Imaged STATE ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN **TREASURER** 77510 11901 -11th st. Santa Fo ADDRESS (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN **TREASURER** PHONE (409) 9 25-3615 15th day after campaign 9 REPORT TYPE Runoff 30th day before election treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) **Exceeded Modified** July 15 8th day before election Reporting Limit 10 PERIOD COVERED 06/05/ THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Description Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1stal L. Hoelscher		16 Filer ID (Ethics Commission Filers)
UVITU			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CON PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONI	OF LOANS, OR	\$ 75,00
74	2. TOTAL POLITICAL CONTRIBUTIO (OTHER THAN PLEDGES, LOANS, OR		\$ 75,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	NDITURE.	\$ · Q
	4. TOTAL POLITICAL EXPENDITURE	s	\$ 1979,97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS NO OF REPORTING PERIOD	IAINTAINED AS OF THE LAS	* 1218.06
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL C LAST DAY OF THE REPORTING PERI		*3040,00
	wear, or affirm, under penalty of perjury, that the juired to be reported by me under Title 15, Election		and correct and includes all information
		hydal J.	Householder
Ī			
Í			
	Disease securitate	ithau autian halass	
	Please complete	either option below	-
(4) Affidavit			
(1) Affidavit			
NOTARY STAMP/SEAL	1. 1. 1. 1.	od	me Thill
Sworn to and subscribed	11/0/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	this the	day of
22	which, witness my hand and seal of office.		
	A Nortalie Av	nett	City Secretary
Signature of officer administe	ring oath Printed name of officer adm	inistering oath	Title of officer administering oath
	OR		
(2) Unsworn Declaration	on		
(-)			
My name is		, and my date of birth is	
My address is			
	(street)	(city) (s	tate) (zip code) (country)
Executed in	County, State of, on	the day of (month	, 20
		Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Chrystal L. Hoelscher	20 Filer ID (Ethics Cor	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	s	\$ 75.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		\$3040.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$1821.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ _
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	AL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$ 158.03
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS T	O A BUSINESS OF C/OH	\$ 💍
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 🔿
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRI	BUTIONS RETURNED	\$ 0

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAME Chrystal L. Hoelscher			3 Filer ID (Ethics Commission Filers)	
	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 75.00	
5 Date			8 Amount of 9 In-kind contribution Contribution \$ description	
	7 Contributor address; City; State;		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of In-kind contribution description	
	Contributor address; City; State;	Zip Code	1 1 1 Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	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 THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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

If the requested information is not applicable, be not morate this page to the vaparity					
The I	1 Total pages Schedule E:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	ystal L. Hoelsche ITEMIZED LOANS	.5.	\$ (
			9 Loan Amount (\$)		
5 Date of loan 6 5 23	7 Name of lender out-of-state F Chrystal Hoelscl		4D.00		
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate		
Institution?	11901-11th St. Sa	ntafe TX77510	11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	A 12 1 C 1		
Teache	er	CVG TELEVI	des Catholic School		
14 Description of Colla	ateral	Check if personal fun account (See Instruct	ds were deposited into political lions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
6/6/23	Chrystal Hoelsch		2000,00		
Is lender	Lender address; City;	State; Zip Code	Interest rate		
a financial Institution?	11901-114hSt. Santa	Fe TX 77510	Maturity date		
Y (N)					
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Teach	er	Dur Lady of Low	rdes Catholic School		
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)		
none	Name of supporter		Amount Guaranteed (\$)		
GUARANTOR INFORMATION	Name of guarantor	35	,		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (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.					
1 10.15	the second of the second secon	-			

SCHEDULE E **LOANS**

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZED LOANS			\$			
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)			
7/5/23	Chrystal Hoelscher		1000.00			
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate			
Institution?	11901-11th St. Sounta	re TX 77510	11 Maturity date			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	6			
Teacher		Our Lady of Lourdes	Catholic School			
14 Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ons)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	40.0	State; Zip Code				
,	18 Guarantor address; City;	State, Zip Code				
not applicable						
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state l	PAC (ID#:)	Loan Amount (\$)			
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate			
Institution?			Maturity date			
	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	ateral	— Check if personal fund	ds were deposited into political			
none		account (See Instruct	ions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code	4			
not applicable						
Principal Occupati	on (See Instructions)	Employer (See Instructions)				
if le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					
11 14 16						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Accounting/Banking Fees Consulting Expense Food/Beverage Expense P Consulting Expense Gift/Awards/Memorials Expense P		Office Ove Polling Ex pense Printing Ex Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	Ti	ne Instruction Guid	e explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Chryst 5 Payee name	al Lynn	Hoelsel	nie (3 Filer ID (Ethic	es Commission Filers)
6/8/23		Signs				
6 Amount (\$)	7 Payee addres			City;	State;	Zip Code
1223.23	2212	Palmer	Hwy	Texas C	ty tx	1759D
8	(a) Category (Se	e Categories listed at the	e top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adver	ising		Signs		
	(c) Chec	k if travel outside of Texas.	, Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	е	Office sought		Office held
Date	Payee name					
6/14/23	TNT	Signs				
Amount (\$)	Payee addres	ss;		City;	State;	Zip Code
351.81	2212	Pelmer	Hwy Te	kasCity	TX	77590
	Category (Se	Categories listed at the	top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Adver	tising		Signs	<i>a</i>	
	Che	ck if travel outside of Texas	. Complete Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/ Officeholder nam	е	Office sought		Office held
D-1-	Payee name					
6/26/23		me De	oct			
Amount (\$)	Payee addre	ss;		City;	State;	Zip Code
51.83	140 N	, By Pass	35	Alvin	TX	77511
0.100	Category (Se	e Categories listed at the	e top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advert	nsin g		Posts fo	or sign	5
	Che	ck if travel outside of Texas	s, Complete Schedule T.	Check if Aust	tin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/OI		/ Officeholder nar	ne	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	3(a)
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Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loain Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Contributions/Durations (New Contributions of New Contributions of New Contributions of New Contributions (New Contributions of New Contributions of New Contributions of New Contributions (New Contributions of New Contributions of New Contributions of New Contributions of New Contributions (New Contributions of New Contributions of New Contributions of New Contributions (New Contribut				
Credit Card Payment	The Instruction Guide explains how to o	complete this form.	a cur ID (faking Commission Filers)	
7 10ton F-0	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
204	Chrystal Lyna Hoclsch	re/		
4 Date.	5 Payee hame Tractor Supply		T. O. da	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
2.48	13410 FM 1764 Rd	SuntaF	e TX 77510	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising.	Posts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, T.X; officeholder fiving expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/10/23	Tractor Supply		State: Zip Code	
Amount (\$)	Payee address;	City;	,	
20.74	13410 FM 1764 Rd.	Santa Fe	e TX 77510	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Posts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	Payee name			
lo[11] 23	Tractor Supply	_		
Amount (\$)	Payee address;	City;	State; Zip Code	
17,94	13410 FM MW Rd.	Santa Fe	TX 77510	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Posts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
Complete ONLY 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) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Travel In District Food/Beverage Expense Consulting Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME De Ischer 4 Date Zip Code 6. Amount (\$) 216 N. By Pass 35 110.91 Alvin (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Brochures Printing OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Ganta Fe Independent School District Printshop 6/29/23 Payee address; Amount (\$) 41133 Weir path Ave, Santa Fe TX 54.10 **PURPOSE** Printing OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Tractor Suppli 6/26/23 Zip Code Amount (\$) Santa Fe TX 13410 FM 1764 Rd. 4.96-Category (See Categories listed at the top of this schedule) Description PURPOSE Posts Hdvertising EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

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	Committee 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)
Credit Card Payment	The instruction Guide explains	how to complete this form.	The state of the s
1 Total pages Schedule F1;	2 FILER NAME Chrystal Lynn Ho	elscher	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee hame) Office Depot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
60.62	210 N. Bypa5535	Alvin	TX 77511
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Printing.	Broch	ures
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Pinto.	Payee name		
6/5/23	Office Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
17.32	210 N. Bypass 35	Alvin	TX 77511
	Category (See Categories listed at the top of this so		
PURPOSE OF EXPENDITURE	Printing	Broch	ures
	Check if travel outside of Texas, Complete Schedule T. Check if Aus		tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	4		
Date	Payee name	, N	
Bate			
Amount (\$)	Payee address;	City;	State; Zlp Code
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	stin. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
		OF THIS SCHEDING E AS ME	EDED
	ATTACH ADDITIONAL COPIES	.OL 1419 904ED0FE W2 4E	

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)					
Accounting/Banking Fees Office Overhead/Rental Exp Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract La		Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense	
	The instruction Guide explain	s now to complete this form.			
1 Total pages Schedule G:		pelscher	3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
6/5/23	Office Depot				
6 Amount (\$) 17.32 Reimbursement from political contributions intended	210 N. Bypa 55 35	Alvin	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description			
PURPOSE OF EXPENDITURE	Printing	Business	s Cards		
	(c) Check if travel putside of Texas, Complete Sch	edule T. Check if Austin,	, TX, officeholder living e	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
1 6/6/23	Office Depot				
Amount (\$) 121,24 Reimbursement from political contributions intended	Payee address; 210 N. Bypa55 35	Alvin	State;	Zip Code	
Iffierided	Category (See Categories listed at the top of this so	thedule) Description			
PURPOSE OF EXPENDITURE	Printing	Broch	ires_		
EXPENDITORE	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
6/14/23	Office Depot				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended	Payee address; 210 N. By p a 55 35	Alvin	TX	77511	
PURPOSE	Category (See Categories listed at the top of this so				
OF EXPENDITURE	Printing	Broch	ires		
EN ENDITORE	Check if travel outside of Texas. Complete Sch	nedule T. 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					
ı					