

# 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:

10

**OFFICE USE ONLY**

Date Received

**RECEIVED**

APR 06 2022

City Secretary  
Port Aransas, TX

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

4-6-2022

Date Imaged

4-6-2022

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Wendy

W

NICKNAME

LAST

SUFFIX

Moore

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

664 Shoreline Circle

Port Aransas, Tx 78373

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 361 )

442 - 8700

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Wendy

W

NICKNAME

LAST

SUFFIX

Moore

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

664 Shoreline Circle

Port Aransas, Tx 78373

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 361 )

442 - 8700

9 REPORT TYPE

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)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

01

19

2022

THROUGH

03

28

2022

11 ELECTION

ELECTION DATE

Month

Day

Year

05

07

2022

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayor of Port Aransas

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

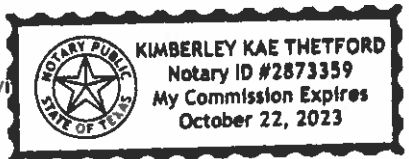
FORM C/OH  
COVER SHEET PG 2

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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,175.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,452.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 722.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/ SEAL

Sworn to and subscribed before me by Wendy Walker Moore this the 6<sup>th</sup> day of April, 2022, to certify which, witness my hand and seal of office.  
Kimberley Kae Thetford Kimberley Kae Thetford  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_  
 My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME Wendy W Moore		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,175.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,452.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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 Wendy W Moore		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Wilson and Susan Wilson	7 Amount of contribution (\$)  \$100
6 Contributor address; City; State; Zip Code 3700 Island Mooring Pkwy, #18 Port Aransas, Tx 78373		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 02/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie Zahn and Linda Zahn	Amount of contribution (\$)  \$250
Contributor address; City; State; Zip Code Po box 941 Port Aransas, Tx 78373		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 02/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jana Snow and Paul Snow	Amount of contribution (\$)  \$500
Contributor address; City; State; Zip Code Po Box 3015 Port Aransas, Tx 78373		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 02/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth Owens and Kelly Owens	Amount of contribution (\$)  \$500
Contributor address; City; State; Zip Code 551 La Costa Cay Port Aransas, Tx 78373		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1: <b>4</b>	2 FILER NAME <b>Wendy W Moore</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/28/2022</b>	5 Payee name <b>Texas Sign Express</b>
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6 Amount (\$) <b>\$2,219.13</b>	7 Payee address; City; State; Zip Code <b>423 W Avenue G, Port Aransas, TX 78373</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(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	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/9/2022</b>	Payee name <b>Kingmaker</b>
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Amount (\$) <b>\$1500.00</b>	Payee address; City; State; Zip Code <b>PO Box 18218 Corpus Christi, Tx 78418</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Data Services</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <b>3/9/2022</b>	Payee name <b>Dreamers and Walkers</b>
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Amount (\$) <b>\$3500.00</b>	Payee address; City; State; Zip Code <b>PO Box 18218 Corpus Christi, Tx 78418</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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 <b>4</b>
2 FILER NAME <b>Wendy W Moore</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/24/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wendy W Moore</b>	7 Amount of contribution (\$)  <b>\$1500</b>
6 Contributor address; City; State; Zip Code <b>664 Shoreline Circle Port Aransas, Tx 78373</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>03/04/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glenn Martin and Judy Martin</b>	Amount of contribution (\$)  <b>\$500</b>
Contributor address; City; State; Zip Code <b>1000 N. Station St. # 508 Port Aransas, Tx 78373</b>		

Principal occupation / Job title (See Instructions)	Employer(SeeInstructions)
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Date <b>03/07/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Oscar Robinson</b>	Amount of contribution (\$)  <b>\$2000</b>
Contributor address; City; State; Zip Code <b>1408 Wathen Ave, Austin 78703 Port Aransas, Tx 78373</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>03/08/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wendy W Moore</b>	Amount of contribution (\$)  <b>\$2000</b>
Contributor address; City; State; Zip Code <b>664 Shoreline Circle Port Aransas, Tx 78373</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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: <b>4</b>
2 FILER NAME <b>Wendy W Moore</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/08/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wendy W Moore</b>	7 Amount of contribution (\$)  <b>\$3000</b>
	6 Contributor address; City; State; Zip Code <b>664 Shoreline Circle Port Aransas, Tx 78373</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>03/11/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alex Harris</b>	Amount of contribution (\$)  <b>\$250</b>
	Contributor address; City; State; Zip Code <b>2138 St. Hwy 286 CC 78415 Port Aransas, Tx 78373</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/23/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Hall</b>	Amount of contribution (\$)  <b>\$150</b>
	Contributor address; City; State; Zip Code <b>Po Box 23 Port Aransas, Tx 78373</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/23/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rob Bujan</b>	Amount of contribution (\$)  <b>\$150</b>
	Contributor address; City; State; Zip Code <b>239 Warren St. Hudson, NY 12534 Port Aransas, Tx 78373</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <b>4</b>
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2 FILER NAME <b>Wendy W Moore</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/23/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Patt Wallace and Ben Wallace</b>	7 Amount of contribution (\$) <b>\$1000</b>
6 Contributor address; City; State; Zip Code <b>101 N. Shoreline Blvd, Ste 600 Port Aransas, Tx 78373</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>03/23/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Wendy W Moore</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address; City; State; Zip Code <b>664 Shoreline Circle Port Aransas, Tx 78373</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>03/24/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Durham and Nancy Durham</b>	Amount of contribution (\$) <b>\$2000</b>
Contributor address; City; State; Zip Code <b>3715 Pelican Point Port Aransas, Tx 78373</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>03/25/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Richard Smith</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>Port Aransas, Tx 78373</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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	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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Wendy W Moore</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/15/2022</b>	<b>5</b> Payee name <b>Texas Sign Express</b>	
<b>6</b> Amount (\$) <b>\$2,760.38</b>	<b>7</b> Payee address: City: State: Zip Code <b>423 W Avenue G, Port Aransas, TX 78373</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/15/2022</b>	Payee name <b>American Bank</b>	
Amount (\$) <b>\$6.75</b>	Payee address: City: State: Zip Code <b>216 S Alister St, Port Aransas, TX 78373</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>3/23/2022</b>	Payee name <b>PayPal Fees</b>	
Amount (\$) <b>\$0.58</b>	Payee address: City: State: Zip Code <b>2211 N 1st St San Jose, CA 95131 United States</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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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	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: <b>3</b>	2 FILER NAME <b>Wendy W Moore</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/25/2022</b>	5 Payee name <b>PayPal Fees</b>
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6 Amount (\$) <b>\$4.85</b>	7 Payee address: <b>2211 N 1st St San Jose, CA 95131 United States</b>	City:	State:	Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(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	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/28/2022</b>	Payee name <b>Vista Print</b>
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Amount (\$) <b>\$306.34</b>	Payee address: <b>100 Hayden Avenue Lexington, MA 02421 United States</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <b>03/28/2022</b>	Payee name <b>Texas Sign Express</b>
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Amount (\$) <b>\$3154.41</b>	Payee address: <b>423 W Avenue G, Port Aransas, TX 78373</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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