

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 MS	FIRST JENNIFER	MI J	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div> APR 06 2022 Office of City Secretary City of Sugar Land, TX
	NICKNAME	LAST LANE	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	
Change of Address	[REDACTED]			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked @ 3:30 pm MS
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST JOHN	MI	Receipt #
	NICKNAME	LAST BURCHFIELD	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			Date Processed
(Residence or Business)	[REDACTED]			Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	[REDACTED]			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 1 / 15 / 2022		THROUGH	Month Day Year 4 / 7 / 2022
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 2022		ELECTION TYPE Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) AT LARGE POS. 2		13 OFFICE SOUGHT (if known) AT LARGE POS. 2	
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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	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

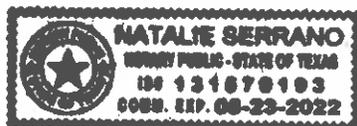
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,165.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 25.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,094.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,390.14
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.

Jennifer Lane
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jennifer Lane this the 10th day of April

20 22, to certify which, witness my hand and seal of office.

Natalie Serrano Signature of officer administering oath
Natalie Serrano Printed name of officer administering oath
Notary Public 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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8115.00
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	\$ 4094.94
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	\$ 50.00

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

JENNIFER J. LANE

3 Filer ID (Ethics Commission Filers)

4 Date

3/15/22

5 Full name of contributor

out-of-state PAC (ID# _____)

JOHN BURCHFIELD

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address:

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/15/22

Full name of contributor

out-of-state PAC (ID# _____)

MARY MACHA

Amount of contribution (\$)

\$ 300.00

Contributor address:

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/29/22

Full name of contributor

out-of-state PAC (ID# _____)

VERNON BEYER

Amount of contribution (\$)

\$ 5,000.00

Contributor address:

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/22

Full name of contributor

out-of-state PAC (ID# _____)

STEWART JACOBSON

Amount of contribution (\$)

\$ 300.00

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.

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 JENNIFER J. LANE		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/22	5 Full name of contributor out-of-state PAC (ID# _____) DOUGLAS CALAME 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$ 40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/30/22	Full name of contributor out-of-state PAC (ID# _____) TAYLOR LANDIN CAMPAIGN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/22	Full name of contributor out-of-state PAC (ID# _____) Sarah Ciancarelli Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/22	Full name of contributor out-of-state PAC (ID# _____) Precision Cardiovascular Diagnostics Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 250.00
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:

2 FILER NAME

JENNIFER J. LANE

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/22

5 Full name of contributor

Harish Tajoo

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address:

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/30/22

Full name of contributor

Charles Sutton

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address:

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/22

Full name of contributor

Michael Siwierka

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 250.00

Contributor address:

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/22

Full name of contributor

Classic Hair

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 500.00

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.

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

JENNIFER J. LANE

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/22

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

Bridget Yeung

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Fort Bend Financial

Date

3/30/22

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

Dean Hrbacek

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/22

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

Jo Ann Eagleton

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/22

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

Dave Rosenthal Campaign

Amount of contribution (\$)

\$ 75.00

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.

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 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:	2 FILER NAME JENNIFER J. LANE	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date 3/17/22	5 Payee name Big Texas Designs
--------------------------	--

6 Amount (\$) \$500.00	7 Payee address: [REDACTED]	City:	State:	Zip Code
----------------------------------	--------------------------------	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website
	(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	Office held
--	-------------------------------	---------------	-------------

Date 3/17/22	Payee name NBD DESIGNS			
Amount (\$) \$710.99	Payee address: [REDACTED]	City:	State:	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	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	Office held
--	-------------------------------	---------------	-------------

Date	Payee name BURT LEVINE - TEXAS CAMPAIGNS			
Amount (\$) \$250.00	Payee address: [REDACTED]	City:	State:	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Signs
	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	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Form

Reset Page

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 <i>Jennifer J. Lane</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date <i>3/31/22</i>	5 Payee name <i>Burt LEVINE - Texas Campaigns</i>
-----------------------	---

6 Amount (\$) <i>\$ 250⁰⁰</i>	7 Payee address: [Redacted] City: State: Zip Code
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description <i>Signs</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>3/30/22</i>	Payee name <i>Art Museum</i>
---------------------	------------------------------

Amount (\$) <i>\$ 515⁰⁰</i>	Payee address: [Redacted] City: State: Zip Code
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Reception 3/30/22</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>3/31/22</i>	Payee name <i>Jennifer Kneseck</i>
---------------------	------------------------------------

Amount (\$) <i>\$ 200⁰⁰</i>	Payee address: [Redacted] City: State: Zip Code
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Administrative</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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 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 <i>Jennifer J. Lane</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date <i>3/31/22</i>	5 Payee name <i>Big Texas Designs</i>
-----------------------	---------------------------------------

6 Amount (\$) <i>\$500.00</i>	7 Payee address; City; State; Zip Code
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Website</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>3/30/22</i>	Payee name <i>Debi Beauregard</i>
---------------------	-----------------------------------

Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	Description <i>Photography</i>
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>4/4/22</i>	Payee name <i>Sugar Land Lions Club</i>
--------------------	---

Amount (\$) <i>\$66.24</i>	Payee address; City; State; Zip Code
----------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift</i>	Description <i>Easter Eggs for annual egg hunt</i>
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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 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 <i>Jennifer J. Lane</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/4/22</i>	5 Payee name <i>NBD Graphics</i>	
6 Amount (\$) <i>550.34</i>	7 Payee address: _____ City: _____ State: _____ Zip Code _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp.</i>	(b) Description <i>Signs</i>
	(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	Office sought Office held
Date <i>4/5/22</i>	Payee name <i>NBD Graphics</i>	
Amount (\$) <i>49.58</i>	Payee address: _____ City: _____ State: _____ Zip Code _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	Description <i>Signs</i>
	<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
Date <i>4/6/22</i>	Payee name <i>NBD Graphics</i>	
Amount (\$) <i>377.79</i>	Payee address: _____ City: _____ State: _____ Zip Code _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	Description <i>Signs</i>
	<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

Reset Form

Reset Page