

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>James</b>	MI <b>P</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>1-17-2023</b> <i>ump</i> <b>1:00pm</b>
	NICKNAME <b>Jim</b>	LAST <b>Westerheid</b>	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
	<b>2714 Clublake Trail</b>		<b>McKinney TX 75072</b>	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 214 )</b>	PHONE NUMBER <b>585-0053</b>	EXTENSION	Date Hand-delivered or Date Postmarked
				Receipt #      Amount \$
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>James</b>	MI <b>G</b>	Date Processed
	NICKNAME <b>Jim</b>	LAST <b>Herblin</b>	SUFFIX	Date Imaged
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
<b>901 Main Street, Suite 600</b>		<b>Dallas</b>	<b>Texas</b>	<b>75202</b>
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <b>( 214 )</b>	PHONE NUMBER <b>979-2303</b>	EXTENSION	
<b>9</b> REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month <b>07</b>	Day <b>01</b>	Year <b>2022</b>	THROUGH      Month <b>12</b> Day <b>31</b> Year <b>2022</b>
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE	
	Month <b>05</b>	Day <b>06</b>	Year <b>2023</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
<b>12</b> OFFICE	OFFICE HELD (if any)  <b>None</b>		<b>13</b> OFFICE SOUGHT (if known) <b>McKinney ISD Trustee, Place 6</b>	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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.			
	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**

<b>15 C/OH NAME</b> James P. Westerheid		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 223.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,896.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 480.74
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,204.23
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,687.08
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,110.62

**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

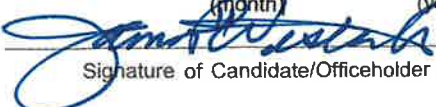
OR

**(2) Unsworn Declaration**

My name is James P. Westerheid, and my date of birth is September 8, 1947.

My address is 2714 Clublake Trail, McKinney, TX, 75072, USA.  
(street) (city) (state) (zip code) (country)

Executed in Collin County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, 2023.  
(month) (year)

  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19 FILER NAME</b> James P. Westerheid		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,673.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 2,800.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,723.49
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME <b>James P. Westerheid</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  <b>8.08.2022</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Keith Houser</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>2713 Clublake Tr. McKinney TX 75072</b>	<b>7</b> Amount of contribution (\$)  <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>NAP</b>		<b>9</b> Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) <b>IT</b>		Employer (See Instructions)
Date  <b>9.16.2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Eastlack</b> <hr/> Contributor address; City; State; Zip Code <b>432 Panama Ave Long Beach CA 90814</b>	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>NAP</b>		Employer (See Instructions)
Date  <b>9.20.2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joel Brandstetter</b> <hr/> Contributor address; City; State; Zip Code <b>22202 Hideaway Ln Quinlaw TX 75474</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>NAP</b>		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 James P. Westerheid		3 Filer ID (Ethics Commission Filers)
4 Date 9.26.2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Beeby 6 Contributor address; City; State; Zip Code 2302 Forest Hills McKinney TX 75072	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) NAP		9 Employer (See Instructions)
Date 9.30.2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike McCurdy Contributor address; City; State; Zip Code 6951 Virginia Pkwy McKinney TX 75071	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) NAP		Employer (See Instructions)
Date 12.05.2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Montes Contributor address; City; State; Zip Code 701 Addie Ln McKinney TX 75071	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) IT Mgr		Employer (See Instructions)
Date 12.07.2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon Moore Contributor address; City; State; Zip Code 2112 Savanah Dr McKinney TX 75070	Amount of contribution (\$) 123.00
Principal occupation / Job title (See Instructions) NAP		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>James P. Westerheid</b>		3 Filer ID (Ethics Commission Filers)
4 Date  12.19.2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julia Schmoker</b> <hr/> 6 Contributor address; City; State; Zip Code <b>9259 CR 466 Princeton TX 75407</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Sales</b>		9 Employer (See Instructions)
Date  9.30.2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lou Baylog</b> <hr/> Contributor address; City; State; Zip Code <b>2702 Colonial Cir McKinney TX 75072</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>NAP</b>		Employer (See Instructions)
Date  10.20.2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Witney Kenny</b> <hr/> Contributor address; City; State; Zip Code <b>1704 Freedom Dr McKinney TX 75070</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>NAP</b>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  <hr/> Contributor address; City; State; Zip Code  	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# LOANS

# SCHEDULE E

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME <b>James P. Westerheid</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 310.62</b>
<b>5</b> Date of loan <b>9/30/2022</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>James P. Westerheid</b>	<b>9</b> Loan Amount (\$) <b>1,000.00</b>
<b>6</b> Is lender a financial institution? <b>Y (N)</b>	<b>8</b> Lender address; City; State; Zip Code <b>2714 Clublake Trail McKinney TX 75072</b>	<b>10</b> Interest rate <b>0</b>
		<b>11</b> Maturity date <b>Varies</b>
<b>12</b> Principal occupation / Job title (See Instructions) <b>NAP</b>		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> <b>10.3.2022</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>James P. Westerheid</b>	<b>Loan Amount (\$)</b> <b>600.00</b>
<b>Is lender a financial institution?</b> <b>Y (N)</b>	<b>Lender address; City; State; Zip Code</b> <b>2714 Clublake Trail McKinney TX 75072</b>	<b>Interest rate</b> <b>0</b>
		<b>Maturity date</b> <b>Varies</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>NAP</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME <b>James P. Westerheid</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan <b>12/15/2022</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>James P. Westerheid</b>	<b>9</b> Loan Amount (\$) <b>1,200</b>
<b>6</b> Is lender a financial institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	<b>8</b> Lender address; City; State; Zip Code  <b>2714 Clublake Trail McKinney TX 75072</b>	<b>10</b> Interest rate <b>0</b>
		<b>11</b> Maturity date <b>Varies</b>
<b>12</b> Principal occupation / Job title (See Instructions) <b>NAP</b>		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate <b>0</b>
		Maturity date
Principal occupation / Job title (See Instructions) <b>NAP</b>		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (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  
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME James P. Westerheid	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/26/2022	<b>5</b> Payee name Vista Print	
<b>6</b> Amount (\$) 544.32	<b>7</b> Payee address; 275 Wyman St.	City; State; Zip Code Waltham MA 02451
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description Copies
	<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 09/15/2022	Payee name Julie Harvell	
Amount (\$) 1,000.00	Payee address; 3263 Apple Blossom Dr.	City; State; Zip Code Frisco TX 75033
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Education Analysis
	<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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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

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### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME James P. Westerheid	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11.21.2022	<b>5</b> Payee name Keepers Press Yard Signs	
<b>6</b> Amount (\$) 549.00	<b>7</b> Payee address; 520 Loma Vista	City; Heath State; TX Zip Code; 75032
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description Signs
	<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 11.26.2022	Payee name Vista Print	
Amount (\$) 630.17	Payee address; 275 Wyman St.	City; Waltham State; MA Zip Code; 02451
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Copies
	<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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED