

# 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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Dr.</b></div> <div>FIRST <b>Ann</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Snyder</b></div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="text-align: right; color: blue; font-style: italic;">10-05-23 01:04 RCVD</div> <div style="text-align: center; color: blue; font-style: italic; font-size: 2em;">EC</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked  <div style="text-align: center; color: blue; font-style: italic;">10-05-23</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="display: flex;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <b>17 Topside Rd</b></div> <div>APT / SUITE #;</div> <div>CITY; <b>The Woodlands, Tx</b></div> <div>STATE; <b>77381</b></div> <div>ZIP CODE</div> </div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>( 713 )</b></div> <div>PHONE NUMBER <b>305-2931</b></div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Dr.</b></div> <div>FIRST <b>Scott</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Young</b></div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <b>6 N Player Crest Circle</b></div> <div>APT / SUITE #;</div> <div>CITY; <b>The Woodlands, Tx</b></div> <div>STATE; <b>77382</b></div> <div>ZIP CODE</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>( 281 )</b></div> <div>PHONE NUMBER <b>705-5385</b></div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year  <b>07 / 16 / 2023</b> </div> <div>THROUGH</div> <div> Month      Day      Year  <b>10 / 06 / 2023</b> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month      Day      Year  <b>11 / 07 / 2023</b> </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) <b>Chairman</b>	13 OFFICE SOUGHT (if known) <b>The Woodlands Township Position 6</b>									
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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>		<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)	\$ 19,700.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,221.19
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17048.92
<b>OUTSTANDING LOAN TOTALS</b>	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.

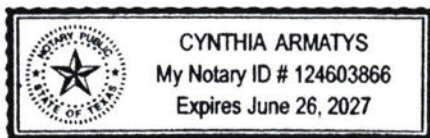


Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL



Sworn to and subscribed before me by Ann K. Snyder this the 5<sup>th</sup> day of October,

2023, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Cynthia Armatys  
Printed name of officer administering oath

Executive Assistant  
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**

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,700.00
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	\$ 5,221.19
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:
2 FILER NAME <b>Ann K. Snyder</b>		3 Filer ID (Ethics Commission Filers)
4 Date  <b>09/25/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Stuart and Jennifer Barrett</b> <hr/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> <b>Spring, Tx 77381</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  <b>9/19/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Margaret Woodward Molleston</b> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> <b>Spring, Tx 77380</b>	Amount of contribution (\$)  <b>\$1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  <b>9/05/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ralph Alexander</b> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> <b>, The Woodlands, Tx 77382</b>	Amount of contribution (\$)  <b>\$1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  <b>9/14/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>George Lindahl III</b> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> <b>, The Woodlands, Tx 77380</b>	Amount of contribution (\$)  <b>\$1,000.00</b>
Principal occupation / Job title (See Instructions)		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>Ann K. Snyder</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/08/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edmund W. and Beverly K. Robb</b>	7 Amount of contribution (\$)  <b>\$300.00</b>
	6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/10/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Debra and Steven Sukin</b>	Amount of contribution (\$)  <b>\$500.00</b>
	Contributor address; City; State; Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div> <b>The Woodlands, Tx 77381</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/01/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Garcia Group Real Estate INC</b>	Amount of contribution (\$)  <b>\$300.00</b>
	Contributor address; City; State; Zip Code <b>25511 Budde Rd STE 3602, Spring, Tx 77380</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/2/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ron Mitterlstaedt</b>	Amount of contribution (\$)  <b>\$2500.00</b>
	Contributor address; City; State; Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div> <b>The Woodlands, Tx 77380</b>	
Principal occupation / Job title (See Instructions)		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>Ann K. Snyder</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/19/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Evan Berlin</b> 6 Contributor address; City; State; Zip Code [REDACTED], Conroe, Tx 77385	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/19/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sally Bacon</b> Contributor address; City; State; Zip Code [REDACTED], The Woodlands, Tx 77381	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/28/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Linda and Mark Smith</b> Contributor address; City; State; Zip Code [REDACTED], The Woodlands, Tx 77380	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/29/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Andrew Freeman</b> Contributor address; City; State; Zip Code [REDACTED], The Woodlands, Tx 77381	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		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>Ann K. Snyder</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/25/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>G. J. Snyder, II</b> 6 Contributor address; City; State; Zip Code [REDACTED] Spring Tx 08/25/2023	7 Amount of contribution (\$) <b>\$1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>08/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Timothy J. Welbes</b> Contributor address; City; State; Zip Code [REDACTED] The Woodlands, Tx 77381	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/17/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John and Patricia Futcher</b> Contributor address; City; State; Zip Code [REDACTED] The Woodlands, Tx 77380	Amount of contribution (\$) <b>\$10,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/29/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TREPAC/Texas Association of Realtors</b> Contributor address; City; State; Zip Code <b>P.O. Box 2246, Austin, Tx 78768</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Principal occupation / Job title (See Instructions)		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.		



# 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 Ann K. Snyder		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/21/2023		<b>5</b> Payee name Ad White MKTG & Design			
<b>6</b> Amount (\$) \$500.00		<b>7</b> Payee address; City; State; Zip Code 33300 Egypt Ln STE H200, Magnolia, Tx 77354			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising INV#20192		<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					
Date 09/20/2023		Payee name Ad White MKTG & Design			
Amount (\$) \$211.89		Payee address; City; State; Zip Code 33300 Egypt Ln STE H200, Magnolia, Tx 77354			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising #20193		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					
Date 09/20/2023		Payee name Ad White MKTG & Design			
Amount (\$) \$2236.00		Payee address; City; State; Zip Code 33300 Egypt Ln STE H200, Magnolia, Tx 77354			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising INV #20194		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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# 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 Ann K. Snyder		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/13/2023		<b>5</b> Payee name Community Impact			
<b>6</b> Amount (\$) \$2250.00		<b>7</b> Payee address; City; State; Zip Code 3600 E. Palm Valley BLVD Box #3, Round Rock, Tx 78665			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising INV #197796		<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					
Date 10/3/2023		Payee name Woodforest Bank			
Amount (\$) \$23.30		Payee address; City; State; Zip Code 10555 Kuykendahl Rd, The Woodlands, Tx 77382			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Banking Fee (EOM Fee)		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					
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					
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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED