APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

		1 Total pages filed:			
See	1 lotal pages med.				
2 CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY			
NAME	mrs. Erica Kollaya	Filer ID #			
	NICKNAME LAST SUFFIX	PRESERVE			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE ZOU MILENTZ ST Columbus TX 78934	DEC 0.5 2019			
4 CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$			
PHONE	(713) 409 3572	Date Processed			
5 OFFICE HELD (if any)		Date Imaged			
6 OFFICE SOUGHT (if known)	Tax Accessor	LAST SUFFIX			
7 CAMPAIGN TREASURER NAME	Msmrsmr first mi nickname Mr. Bradley	collara:			
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): AT/SUITE #; CITY; STATE;	zip cothe JUS 78934 TX			
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 814 1734				
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the T	exas Government Code.			
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.				
	l am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.				
	Suakollera 12.5.19				
	Signature of Candidate	Date Signed			
	GO TO PAGE 2				

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME

12 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

- •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
- •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
 - -- Candidates for the office of state chair of a political party may NOT choose modified reporting. •-

I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to

Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: http://204.65.203.6/filinginfo/QuickFileAReport.php

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX ZIP CODE 4 CANDIDATE/ ADDRESS / PO BOX: OZOZ **OFFICEHOLDER** MAILING **ADDRESS** Change of Address EXTENSION AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN TREASURER \mathcal{M}^{\prime} Date Processed NAME SUFFIX NICKNAME Date Imaged ZIP GODE STATE; APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) EXTENSION **8 CAMPAIGN TREASURER** (281)814PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded \$500 limit Final Report (Attach C/OH - FR) July 15 8th day before election Month Day 10 PERIOD Month COVERED 01/15/2020 109/2019 THROUGH **ELECTION TYPE** ELECTION DATE 11 ELECTION Primary Runoff Other Description Day Special Y3 /03 General 20D 13 OFFICE SOUGHT (IF known) Colorado County OFFICE HELD (if any) 12 OFFICE **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)			
16 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	x_{ij}			
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ \$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$300.00			
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$			
	4. TOTAL POLITICAL EXPENDITURES \$ ZZYT.					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
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. Notary ID #11799707 My Commission Expires May 8, 2023 Signature of Candidate of Officeholder						
AFFIX NOTARY STAR		r . la la .	48.			
Sworn to and subse		by the said Erica Kolleia	, this the			
day of Conuc	14150 3030	to certify which, witness my hand and seal of office.	1 local			
Signature of office	administering oath	Printed name of officer administering oath	Title of officer administering oath			

	EXPENI	XTURE CATEGORII	:2 LOH ROX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Obnations Made By Condidate/Officeholder/Political Codt Card Payment	Event Expense Fees Food/Beverage i Git/Awards/Mer Committee Legal Services	Office Expense Pollin norials Expense Printin	Repsyment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
organ caru cayingin	The Instruct	ion Guide explains how	to complete this form.	
1 Total pages Schedule G: 2	ELER NAME EVICOL KI	Mara		3 Filer ID (Ethics Commission Filers)
4 Date 129.19	Payee name	Country	Republi	ian Party
750:00	Payee address;	City; State; Zip Code	!	\bigcup
Reimbursement from political contributions intended				
8 PURPOSE (a	Category (See Categories list	ed at the top of this schedule)	(b) Description	=
OF	T		1 =	de of Texas: Complete Schedule T.
EXPENDITURE	Tees		Check if Austin, 1	X, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officehol	der name	Office sought	Office held
Date	Payee name			
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Amount (\$)	Payee address;	City; State; Zip Code		
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PURPOSE OF	~	_		ide of Texas, Complete Schedute T.
EXPENDITURE	prestroyof	txpense		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office lo	lder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made (Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awarde/Memorials Exp Legal Services The Instruction Guide	Office C Polling I bense Prinding Salaries	peyment/Reknbursement verhead/Rental Expense Expense Expense //Wages/Contract Labor complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2-FILER NAI	a Kolla	1a		3 Filer ID (Ethics Commission Filers)
4 Date 2.9.19	5 Payee nam	a Print	ر ا		
6 Amount (\$)	7 Payee add	ress; City; St	ate; Zip Code		
Reimbursement from political contributions intended	Vist	aprint.c	D)		
8 PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b) Description	
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12.20.209	The	atizan			
Amount (\$)	Payee add	ress; City; St	ate; Zip Code	•	
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	Category (See Categories listed at the to	p of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Adver	fis ina Fue	ensc		le of Texas. Complete Schedule T. X. officeholder flying expense
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	ATTA	CH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NEED	DED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Sanking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment	Committee Legal Services	Office Expense Pollin Imorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense gs/Wages/Contract Labor to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a calegory not listed above)
3 of 5	2 FILER NAME ENCO KU 5 Payee name	layai		3 Filer ID (Ethics Commission Filers)
6 Amount (\$) Guide Contributions intended	7 Payee address;	City; State; Zip Code	unbus to	78934
8 PURPOSE OF EXPENDITURE 9 Complete QNLY if direct expenditure to benefit C/	(a) Category (See Categories list Advict Sing Candidate / Official)	Fipense	! ===	e of Texes. Complete Schedule T. C, officeholder living expense Office held
Date 12.11.2019	Payee name FLOI EX O	Fact		
Amount (\$) 2354\ Reimbursement from political contributions intended	Payee address;	City; State; Zip Code	ty Tx T	OZM
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Date O G G C C C C C C C C C C C C C C C C C	Payee name Fed Tx DF Y Payee address; 430 S.M	City; State; Zip Code	ty Ti Mu	\mathcal{D}
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorisis Expense Legal Services The Instruction Guide expla	Losn Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
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Date 1.11.2020	Payee nar	ne V M			
Amount (\$) (\$.3) Pleimbursement from political contributions intended	Payee ad		Zip Code Col Umb	5 TX 78 934	
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Complete ONLY if direct expenditure to benefit C/		late / Officeholder hame	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Oscations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Solarise/Manse/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Cliner (International Continues)

Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Services	3	Salaries	Mages/Contract Labor	Other (enter a category not listed above)
Cisua Caro rayinsia		The Instruc	ction Guide exp	lains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NA	1/1/				3 Filer ID (Ethics Commission Filers)
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4 Date	> Payee na	· O	O_{i}			
12.5.2019	VLST	arru	<u> </u>	51 - Mada		
6 Amount (\$)	7 Payee ad		City; State;	Zip Code		
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8	(a) Category	(See Categories I	isted at the top of thi	is schedule)	(b) Description	
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Reimburgement from political contributions intended						
	Category	(See Categories	listed at the top of t	his schedule)	(b) Description	
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EXPENDITURE					Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		date / Officel	nolder name		Office saught	Office held
	ATT	ACH ADDIT	IONAL COPIE	S OF THIS	SCHEDULE AS NEE	EDED

MONE	FARY POLITICAL CONTRIBUTIONS	SCHEDULE A1				
The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME	a kollara	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)				
1231.19	Kentigham laufirm 6 Contributor address; City; State; Zip Code 7 Myors Are Schuluburg	300.00				
	11 Lyons Are Schulenburg					
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)				
Date	Full name of contributor	Amount of contribution (\$)				
	Contributor address; City; State; Zip Code	·-				
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
	Contributor address; City; State; Zip Code					
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)				
Date	Full name of contributor	Amount of contribution (\$)				
	Contributor address; City; State; Zip Code					
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

-	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2. Total pages filed:
3 CANDIDATE/ OFFICEMOLDER	MS MES MR FIRST	MI	OFFICE USE ONLY
NAME	Enca Kallo	yasuffix	Oate Received
4 SANDIDATE	ADDRESS / PO BOX; APT / SUITE #;	CITY: STATE: ZIP CODE	DECEIVE
OFFICEHOLDER MAILING ADDRESS Change of Address	Za Milentz S	78934	FEB 03 2020
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (13 409 3512	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) BYCHELLY K NICKNAME LAST	Collage Suffix	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S		STATE: ZIP CODE 7X 78934
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 814 473	EXTENSION	<u></u>
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH 2	03 / 2020
11 ELECTION	ELECTION DATE Month Day Year Primary 03/03 / 2020 General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (# KIN	essor Collector
	GO TC	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	12 1	ſ ·	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU	RES MADE BY POLITICAL COMMITTEES TO		
POLITICAL COMMITTEE(S)		NDATE / ORDICEHOLDER. THESE EXPENDITURES MAY HAVE SEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.			
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL.	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$ 2600.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$				
	4. TOTAL POLITICAL EXPENDITURES \$3,372.71				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT		true and correct and includes all infor under Title 15, Election Code.	rjury, that the accompanying report is mation required to be reported by me		
*	JOYCE M. GUTHN My Notary ID # 364 Expires December 9	12268	idate of Officeholder		
AFFIX NOTARY STAN	MP/SEALABOVE		4		
Sworn to and subso	7 in	by the said <u>Erica Kollaja</u> to certify which, witness my hand and seal of office.	, this the		
June 14.6.	othna~	Joyce M. Guthmann	NOTARY		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	COVER S	SHEET PG 3
19	FILER NAME 20 Filer ID (Ethics Cor Eva Kollaya	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	: 7600.00
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	\$1876.76
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	\$1445.92
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	a Vallance	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
1.2900	Carl Burry Halle 6 Contributor address: City; State; Zip Code	2,500.00
	1127 Caroleta Ranchea 78/12	
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
120000	Vance R. Eliot! Contributor address: City: State; Zip Code	100.00
Principal occur	pation / Job title (See Instructions) Employer (See Instru	lections)
FINGPA CCC	pation 7 Job III.o (God Indiadalor)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address: City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Fuil name of contributor out-of-state PAC (IDE:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS if contributor is out-of-state PAC, please see instruction guide for additional	NEEDED I reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction G	sa Expense	Loan Repaym Office Overhe Polling Exper Printing Expe Salaries/Wag	ert/Reimbursement ad/Rental Expense ise nae es/Contract Labor	Travel In District Travel Out Of Dis	quipment & Related Expense	
1 Total pages Schedule F1:	2 FILER N		000			3 Filer ID (Et	hics Commission Filers)	
4 Date	5 Payeena	(dom	19(1	n d	tia Cit	·70 A		
6 Amount (\$)	7 Payee ac	idress;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	City;	State;	Zip Code	
144.00	PO BO	ox 548 y (See Categories listed:	C	medula)	(b) Description	TK	78934	
8 PURPOSE OF EXPENDITURE	Adve	Check if travel outside of the	Figur	18e-	Newsy	OCON FO	3 iving expense	
9 Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder n	ame		Office sought		Office held	
Date 1.30.2000 Amount (\$)	Payee na	. Win	var (Non	City	State	Zip Code	
64.80	700	w.M	ain s	5t '	wina	r Tx	78962	
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed a	<u> </u>	اريم	Description Check if A	Stin, TX, officeholder	Add	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder n	ame		Office sought		Office held	
Date	Payeer	i Marie	<u> </u>					
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

EXPENDITURE CATEGORIES FOR BOX 8(a)								
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EXPENDITURE CATEGORIES FOR BOX 8(a)								
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