



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 9

|   |   |
|---|---|
| <b>13 C / OH NAME</b> Campos Lopez, Fabiola | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00000039 |
|---|---|

|   |  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
|---|--|--------------------------|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|--|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
| <table border="1" style="width:100%"> <tr> <td style="width:20%"><b>COMMITTEE TYPE</b></td> <td style="width:80%"><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table> | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>    | <input type="checkbox"/> GENERAL | <b>COMMITTEE ADDRESS</b> | <input type="checkbox"/> SPECIFIC | <b>COMMITTEE CAMPAIGN TREASURER NAME</b> |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |  |  |  |
|   | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>    |                                  |                          |                                   |  |  |   |  |  |  |  |
|   | <input type="checkbox"/> GENERAL   | <b>COMMITTEE ADDRESS</b> |                                  |                          |                                   |  |  |   |  |  |  |  |
|   | <input type="checkbox"/> SPECIFIC  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  |  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>   |  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |

|                                |   |    |          |
|--------------------------------|---|----|----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 9,575.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00     |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 2,553.05 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 7,225.54 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00     |

**17 AFFIDAVIT**

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.

Fabiola Campos Lopez  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 9

|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Campos Lopez, Fabiola    |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00000039 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 9,575.00   |
| 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 FROM POLITICAL CONTRIBUTIONS        | \$ 2,520.85   |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$ 32.20  |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                  |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/9   |
| <b>2</b> FILER NAME<br>Campos Lopez, Fabiola                                      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000039 |
| <b>4</b> Date<br>10/17/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>ANDERSON, BLAKE<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>509 LINDA<br><br>EL PASO, TX 79922 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>EXOVA DIAGNOSTICS |   | <b>9</b> Employer (See Instructions)<br>OFFICIAL         |
| Date<br>10/21/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>ESCUDERO, EDWARD<br><hr/> Contributor address; City; State; Zip Code<br>34 GOODWIN DR<br><br>EL PASO, TX 79902              | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>CEO                        |   | Employer (See Instructions)<br>HIGH DESERT CAPITAL       |
| Date<br>10/17/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>FERNANDEZ, MIGUEL<br><hr/> Contributor address; City; State; Zip Code<br>411 RIM ROAD<br><br>EL PASO, TX 79902              | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)<br>CEO                        |   | Employer (See Instructions)<br>TRANSTELCO                |
| Date<br>10/17/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>FOX, STEVE<br><hr/> Contributor address; City; State; Zip Code<br>11165 GATEWAY WEST<br><br>EL PASO, TX 79935               | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>CEO                        |   | Employer (See Instructions)<br>FOX AUTO TEAM             |
| Date<br>10/15/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>FRANCIS, FREDERICK<br><hr/> Contributor address; City; State; Zip Code<br>601 N. MESA SUITE 1200<br><br>EL PASO, TX 79901   | Amount of Contribution (\$)<br><br>\$2,500.00            |
| Principal occupation / Job title (See Instructions)<br>EXECUTIVE CHAIRPERSON      |   | Employer (See Instructions)<br>WESTSTAR BANK             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/9              |
| <b>2</b> FILER NAME<br>Campos Lopez, Fabiola                                 |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000039            |
| <b>4</b> Date<br>10/21/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>HOUGHTON, TED<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>210 N. CAMPBELL<br><br>EL PASO, TX 79901 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00              |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>PRINCIPAL    |   | <b>9</b> Employer (See Instructions)<br>HOUGHTON FINANCIAL PARTNERS |
| Date<br>10/15/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>HUNT, WOODY<br><hr/> Contributor address; City; State; Zip Code<br>P.O.BOX 12667<br><br>EL PASO, TX 79913                       | Amount of Contribution (\$)<br><br>\$2,500.00                       |
| Principal occupation / Job title (See Instructions)<br>EXECUTIVE CHAIRPERSON |   | Employer (See Instructions)<br>HUNT COMPANIES                       |
| Date<br>10/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>LOPEZ, CHRISTIAN<br><hr/> Contributor address; City; State; Zip Code<br>7854 ENCHANTED RIDGE DR<br><br>EL PASO, TX 79911        | Amount of Contribution (\$)<br><br>\$25.00                          |
| Principal occupation / Job title (See Instructions)<br>WSP                   |   | Employer (See Instructions)<br>MANAGER                              |
| Date<br>10/21/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>SPIER, PETER<br><hr/> Contributor address; City; State; Zip Code<br>4939 MEADOWLARK DRIVE<br><br>EL PASO, TX 79922              | Amount of Contribution (\$)<br><br>\$50.00                          |
| Principal occupation / Job title (See Instructions)<br>PRESIDENT             |   | Employer (See Instructions)<br>AVANTA RESIDENTIAL                   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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:<br>Sch: 1/3 Rpt: 6/9       | <b>2</b> FILER NAME<br>Campos Lopez, Fabiola   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000039   |
| <b>4</b> Date<br>10/21/2024                                  | <b>5</b> Payee name<br>DIARIO DE EL PASO   |  |
| <b>6</b> Amount (\$)<br>\$400.00                             | <b>7</b> Payee address; City; State; Zip Code<br>1801 TEXAS<br><br>EL PASO, TX 79901           |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MEDIA ANNOUNCEMENT             |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/21/2024   | Payee name<br>GO DIRECT MAIL MARKETING   |  |
| Amount (\$)<br>\$1,802.70                                    | Payee address; City; State; Zip Code<br>8400 BOEING DR.<br><br>EL PASO, TX 79925               |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MAILERS ADDRESSING AND POSTAGE |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/21/2024   | Payee name<br>LOWES  |  |
| Amount (\$)<br>\$5.59  | Payee address; City; State; Zip Code<br>11950 ROJAS DR<br><br>EL PASO, TX 79936                |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>YARD SIGNS MATERIAL            |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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:<br>Sch: 2/3 Rpt: 7/9       | <b>2</b> FILER NAME<br>Campos Lopez, Fabiola   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000039   |
| <b>4</b> Date<br>10/21/2024                                  | <b>5</b> Payee name<br>LOWES   |  |
| <b>6</b> Amount (\$)<br>\$97.26                              | <b>7</b> Payee address; City; State; Zip Code<br>11950 ROJAS DR<br><br>EL PASO, TX 79936       |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>YARD SIGNS WOODEN STAKES |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/17/2024   | Payee name<br>PAYPAL ACCOUNT   |  |
| Amount (\$)<br>\$74.93                                       | Payee address; City; State; Zip Code<br>2211 NORTH 1SR STREET<br><br>SAN JOSE, CA 95131        |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PROCESSING FEES          |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/21/2024   | Payee name<br>PAYPAL ACCOUNT   |  |
| Amount (\$)<br>\$60.72                                       | Payee address; City; State; Zip Code<br>2211 NORTH 1SR STREET<br><br>SAN JOSE, CA 95131        |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PROCESSING FEES          |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

|  |  |  |
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| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 8/9 | <b>2</b> FILER NAME<br>Campos Lopez, Fabiola | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000039 |
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|                             |                                |
|-----------------------------|--------------------------------|
| <b>4</b> Date<br>10/15/2024 | <b>5</b> Payee name<br>WALMART |
|-----------------------------|--------------------------------|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>\$74.65 | <b>7</b> Payee address; City; State; Zip Code<br>10727 GTWY BLVD W.<br><br>EL PASO, TX 79935 |
|---------------------------------|--|

|                                 |  |   |
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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>PRINTER INK | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PRINTER INK |
|---------------------------------|--|---|

|   |                             |               |             |
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| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                              |
|--------------------|------------------------------|
| Date<br>09/30/2024 | Payee name<br>WEST STAR BANK |
|--------------------|------------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>\$5.00 | Payee address; City; State; Zip Code<br>8340 GATEWAY EAST<br><br>EL PASO, TX 79907 |
|-----------------------|--|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MONTHLY BANK ACCOUNT FEE |
|-------------------------------|---|--|

|  |                             |               |             |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### 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 G:<br>Sch: 1/1 Rpt: 9/9 | <b>2</b> FILER NAME<br>Campos Lopez, Fabiola | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000039 |
|---|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>10/02/2024 | <b>5</b> Payee name<br>GOOGLE WORKSPACE FEE |
|-----------------------------|---|

|  |   |
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| <b>6</b> Amount (\$)<br>\$7.68<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>1600 AMPHITHEATRE<br><br>MOUNTAIN VIEW, CA 94043 |
|--|---|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>EMAIL ACCT USE |
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| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>10/01/2024 | Payee name<br>SQUARE SPACE WEBSITE |
|--------------------|------------------------------------|

|  |   |
|--|---|
| Amount (\$)<br>\$24.52<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>225 VARICK 12TH FLOOR<br><br>NEW YORK, NY 10014 |
|--|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>WEBSITE SUBSCRIPTION |
|-------------------------------|---|--|

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

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