

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 FIRST MI Mr. Reginal Joshua Y	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Josh Marr		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Date Received	
	NICKNAME LAST SUFFIX	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
9 REPORT TYPE	<input 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year / / / / / /		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Don't California My Texas PAC COMMITTEE ADDRESS 2834 Elliot Road, Sherman, TX 75092 COMMITTEE CAMPAIGN TREASURER NAME Christine Whitmore COMMITTEE CAMPAIGN TREASURER ADDRESS 2834 Elliot Road, Sherman, TX 75092	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Reginal Joshua Y Marr		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 39,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,177.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,495.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 300.00

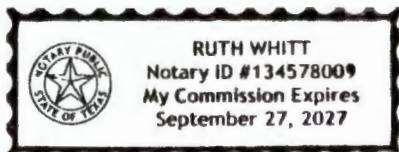
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joshua Marr this the 20th day of May, 2024, to certify which, witness my hand and seal of office.

[Signature] Ruth Whitt Notary Public
Signature of officer administering oath Printed name of officer administering oath 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_____.

Signature of Candidate/Officeholder (Declarant)

3RANS UN CO-ELECTIONS
2024 MAY 20 PM 1:55:45

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Reginal Joshua Y Marr		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,250.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 11,000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 28,095.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 82.49
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 1 of 6
2 FILER NAME Reginal Joshua Y Marr		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forrest Marr	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 526 Deleon St. Denison TX 75020		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammy Fritcher	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 8029 Marathon Dr. Plano TX 75024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Kalbfleisch	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 180 Melrose Cir. Denison TX 75020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Akins	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2551 Old Dorchester Rd. Sherman TX 75092		
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 of 6
2 FILER NAME Reginal Joshua Y Marr		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naif Risk	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 445 Riddles Rd. Sherman TX 75092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallon Farms	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code P.O. Box 100 Tom Bean TX 75489		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Munson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 301 W. Woodard St. Denison TX 75021		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malachi 310 Construction	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 409 S. Central Expwy. Anna TX 75409 Sts 107-201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 6
2 FILER NAME Reginal Joshua Y Marr		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Benton	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code P.O. Box 849 Van Alstyne TX 75495		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Ellis	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. Box 159 Tom Bean TX 75489		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mimmie Cox	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. Box 347 Tom Bean TX 75489		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Rasor	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1800 Lovers Leap Ln. Van Alstyne TX 75495		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 4 of 6
2 FILER NAME Reginal Joshua Y Marr		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnna Nitcholas-Ivey	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 89 Judy Dr. Sherman TX 75090		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoyt Ivey	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 89 Judy Dr. Sherman TX 75090		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Buddenbaum	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1264 Mackey Rd. Howe TX 75459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross Wells	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 10205 Farmington Rd. Van Alstyne TX 75495		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 5 of 6
2 FILER NAME Reginal Joshua Y Marr		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Conservative Project PAC	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code 10900 Research Blvd. Austin TX 78759 Ste 160C PMB 3194		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammy Fritcher	Amount of contribution (\$) \$15,000.00
Contributor address; City; State; Zip Code 8029 Marathon Dr. Plano TX 75024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Cavender	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. Box 385 Howe TX 75459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Anderson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. Box 112 Howe TX 75459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 6
2 FILER NAME Reginal Joshua Y Marr		3 Filer ID (Ethics Commission Filers)
4 Date 5/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob Taylor	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code P.O. Box 766 Gunter TX 75058		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1 of 2	
2 FILER NAME Reginal Joshua Y Marr		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 2/27/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grayson County Conservatives PAC	8 Amount of Contribution \$ \$5,000.00	9 In-kind contribution description Printed and Mailed Voter Guide
7 Contributor address; City; State; Zip Code 3164 Harrell Rd. Howe TX 75459		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Kalbfleisch	Amount of Contribution \$ \$500.00	In-kind contribution description Printed Voter Guide
Contributor address; City; State; Zip Code 180 Melrose Cir. Denison TX 75020		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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GRAYSON CO ELECTIONS
2024 MAY 20 PM 1:56:38

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2 of 2	
2 FILER NAME Reginal Joshua Y Marr		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 5/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grayson County Conservatives PAC	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description Printed Voter Guide
7 Contributor address; City; State; Zip Code 3164 Harrell Rd. Howe TX 75459		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 5/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don't California My Texas PAC	Amount of Contribution \$ \$5,000.00	In-kind contribution description Printed and Mailed Voter Guide
Contributor address; City; State; Zip Code 2834 Elliot Rd. Sherman TX 75092		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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	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: 1 of 8	2 FILER NAME Reginal Joshua Y Marr	3 Filer ID (Ethics Commission Filers)
4 Date 1/26/2024	5 Payee name Grayson County Republican Party (CEC)	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code P.O. Box 3122 Sherman TX 75091	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Lincoln-Reagan Event
	(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 3/4/2024	Payee name Harbor Freight	
Amount (\$) \$4.96	Payee address; City; State; Zip Code 3201 N US HWY 75 #103 Sherman TX 75090	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Materials for Campaign Signs
	<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 3/5/2024	Payee name Cornerstone Payment Systems	
Amount (\$) \$4.83	Payee address; City; State; Zip Code 2001 Euclid Ave. Bristol VA 24201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Gateway CC Processing Fees
	<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

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 of 8	2 FILER NAME Reginal Joshua Y Marr	3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2024	5 Payee name Harbor Freight	
6 Amount (\$) \$9.92	7 Payee address; City; State; Zip Code 3201 N US HWY 75 #103 Sherman TX 75090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Materials for Campaign Signs
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/15/2024	Payee name Grayson County Republican Party	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 3122 Sherman TX 75091	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Recount Petition - County Comm Pct1
	<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 4/3/2024	Payee name Eventbrite - 2024 Howe Founders	
Amount (\$) \$33.85	Payee address; City; State; Zip Code 535 Mission St., 8th Floor San Francisco CA 94105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Howe Founder's Day Vendor Space
	<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

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: 3 of 8	2 FILER NAME Reginal Joshua Y Marr	3 Filer ID (Ethics Commission Filers)
4 Date 4/9/2024	5 Payee name Harbor Freight	
6 Amount (\$) \$29.76	7 Payee address; City; State; Zip Code 3201 N US HWY 75 #103 Sherman TX 75090	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Materials for Campaign Signs
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/9/2024	Payee name Tractor Supply Co.	
Amount (\$) \$146.70	Payee address; City; State; Zip Code 3201 N US HWY 75 #101 Sherman TX 75091	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Materials for Campaign Signs
	<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 4/16/2024	Payee name North Texas Print Solutions	
Amount (\$) \$1,906.02	Payee address; City; State; Zip Code 2077 Switzer Rd. Sanger TX 76266	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Print and Mail Campaign Mailers
	<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

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: 4 of 8	2 FILER NAME Reginal Joshua Y Marr	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2024	5 Payee name Paramax Inc.	
6 Amount (\$) \$313.93	7 Payee address; City; State; Zip Code P.O. Box 2671 Sherman TX 75091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Rack Cards
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/20/2024	Payee name JFG Design	
Amount (\$) \$286.46	Payee address; City; State; Zip Code 11016 Scotsmeadow Dr. Dallas TX 75218	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Art Design for Campaign Mailers
	<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 4/22/2024	Payee name Paramax Inc.	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P.O. Box 2671 Sherman TX 75091	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Signs
	<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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 2024 APR 20 PM 2:57:09

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)

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|--|-------------------------------|--------------------------------|--|
| 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: 5 of 8	2 FILER NAME Reginal Joshua Y Marr	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2024	5 Payee name Harbor Freight	
6 Amount (\$) \$4.96	7 Payee address; 3201 N US HWY 75 #103	City; State; Zip Code Sherman TX 75090
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Materials for Campaign Signs
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/25/2024	Payee name First United Bank	
Amount (\$) \$10.00	Payee address; P.O. Box 130	City; State; Zip Code Durant OK 74702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Wire Transfer Fee
	<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 4/28/2024	Payee name Paramax Inc.	
Amount (\$) \$1,931.60	Payee address; P.O. Box 2671	City; State; Zip Code Sherman TX 75091
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Signs
	<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

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: 6 of 8	2 FILER NAME Reginal Joshua Y Marr	3 Filer ID (Ethics Commission Filers)
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4 Date 4/29/2024	5 Payee name Harbor Freight
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6 Amount (\$) \$7.56	7 Payee address; 3201 N US HWY 75 #103	City; Sherman	State; TX	Zip Code 75090
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Materials for Campaign Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/30/2024	Payee name Lowe's/Synchrony Bank
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Amount (\$) \$82.49	Payee address; P.O. Box 669807	City; Dallas	State; TX	Zip Code 75266
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description April Statement for Campaign
	<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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Date 4/30/2024	Payee name Paramax Inc.
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Amount (\$) \$83.46	Payee address; P.O. Box 2671	City; Sherman	State; TX	Zip Code 75091
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Hang Tags
	<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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RAYSON GO ELECTIONS
 024 MAY 20 PM 1:57:22

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)

- | | | | |
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| 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: 7 of 8	2 FILER NAME Reginal Joshua Y Marr	3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2024	5 Payee name Cornerstone Payment Systems	
6 Amount (\$) \$3.50	7 Payee address; City; State; Zip Code 2001 Euclid Ave. Bristol VA 24201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Gateway CC Processing Fees
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/9/2024	Payee name North Texas Print Solutions	
Amount (\$) \$2,081.72	Payee address; City; State; Zip Code 2077 Switzer Rd. Sanger TX 76266	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Print and Mail Campaign Mailers
	<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 5/9/2024	Payee name KXII	
Amount (\$) \$13,872.00	Payee address; City; State; Zip Code 4201 N. Texoma Pkwy. Sherman TX 75090	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Television Commercial
	<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

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: 8 of 8	2 FILER NAME Reginal Joshua Y Marr	3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2024	5 Payee name North Texas Print Solutions	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 2077 Switzer Rd. Sanger TX 76266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Print and Mail Campaign Mailers
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/17/2024	Payee name North Texas Print Solutions	
Amount (\$) \$581.72	Payee address; City; State; Zip Code 2077 Switzer Rd. Sanger TX 76266	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Print and Mail Campaign Mailers
	<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	
PURPOSE OF EXPENDITURE	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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RAYDON OO ELECTIONS 021 MAY 20 PM 1:57:37

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Reginal Joshua Y Marr	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 Date 4/9/2024	6 Payee name Lowe's Home Centers, LLC	
7 Amount (\$) \$82.49	8 Payee address; 2801 N US HWY 75	City; State; Zip Code Sherman TX 75090
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Materials for Campaign Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	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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