

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

11

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

FILED FOR RECORD
KAUFMAN COUNTY TEXAS
2022 JAN 18 AM 9:41
LAURA A. BUCHHEIT
COUNTY CLERK
BY: [Signature]

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

JAKIE

MI

NICKNAME

LAST

ALLEN

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

ART

MI

NICKNAME

LAST

BROWNING

SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 625

SCURRY

TX

75158

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 704-7284

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

1 / 1 / 21

THROUGH

Month

Day

Year

12 / 31 / 21

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 1 / 22

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

COUNTY Judge

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

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 FILER NAME JAKIE ALLEN	3 Filer ID (Ethics Commission Filers)
4 Date 01-27-22	5 Payee name RENPRO GRAPHICS	
6 Amount (\$) 1920.00	7 Payee address; PO BOX 773	City; State; Zip Code TERRELL TX 75160
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SIGNS	(b) Description ADVERTISING
	(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	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
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

JAKIE ALLEN

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)

\$ 8975.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8975.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 2 782.26

4. TOTAL POLITICAL EXPENDITURES

\$ 2682.26

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 8975.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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.

Jakie Allen
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jakie Allen this the 18th day of January.

20 [Signature] to certify which, witness my hand and seal of office.

Signature of officer administering oath: Jacklyn Salazar Printed name of officer administering oath: Jacklyn Salazar Title of officer administering oath: Deputy Clerk

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8975.00
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	\$ 2682.26
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 25.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1952.26
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	\$

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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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:	2 FILER NAME <i>JAKIE ALLEN</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>12-2-21</i>	6 Payee name <i>TERRELL Chamber of Commerce</i>	
7 Amount (\$) <i>25.00</i>	8 Payee address; <i>P O BOX 97</i>	City; State; Zip Code <i>TERRELL TEX 75160</i>
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) <i>CHRISTMAS PARADE</i>	(b) Description
	(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <i>JAKIE ALLEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-29-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Wilson</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 6 FORNEY TX 75726</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>Self</i>
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TIM KOLEZAR</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>6462 CR 4095 KAUFMAN TX 75142</i>		
Principal occupation / Job title (See Instructions) <i>ELECTRONICS</i>		Employer (See Instructions)
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES R THOMPSON</i>	Amount of contribution (\$) <i>1000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>8590 CR 159 KAUFMAN TX 75142</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jon Capps</i>	Amount of contribution (\$) <i>500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>610 S. MAIN ST. CRAWFORD TX 75114</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>JAKIE ALLEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-29-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES DELLER</i> 6 Contributor address; City; State; Zip Code <i>15124 CR 4018 KEMM TX 75143</i>	7 Amount of contribution (\$) <i>100.⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LAMAR CARTER</i> Contributor address; City; State; Zip Code <i>605 N. KAUFMAN ST Seaboville TX 75155</i>	Amount of contribution (\$) <i>500.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Self</i>
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ART BROWNING</i> Contributor address; City; State; Zip Code <i>P.O. Box 625 SCURRY TX 75150</i>	Amount of contribution (\$) <i>1000.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Self</i>
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TERRY BARBER</i> Contributor address; City; State; Zip Code <i>P.O. Box 744 TERRELL TX 75160</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>COMMISSIONER</i>		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:
2 FILER NAME <i>JAKIE SIEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-29-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARSHALL PARK</i>	7 Amount of contribution (\$) <i>200.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1418 CHANCELLOR KAUFMAN TX 75142</i>		
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRENCE WOOD</i>	Amount of contribution (\$) <i>200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>302 TOWER CR TERRELL TX 75160</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KEITH BELL</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>12290 FM 740 FORNEY TX 75726</i>		
Principal occupation / Job title (See Instructions) <i>STATE REP</i>		Employer (See Instructions)
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT DOBBS</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>607 MULBERRY ST FORNEY TX 75126</i>		
Principal occupation / Job title (See Instructions) <i>INSURANCE MANAGER</i>		Employer (See Instructions)

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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:
2 FILER NAME <i>JARIE ALLEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-29-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES MORA</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 601328 DALLAS TX 75360</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>Self</i>
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DARACII GROOMS</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>
Contributor address; City; State; Zip Code <i>308 S. CENTER FORNEY TX 75126</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Self</i>
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RODNEY EVANS</i>	Amount of contribution (\$) <i>75⁰⁰</i>
Contributor address; City; State; Zip Code <i>5376 FAI 987 KAUFMAN TX 75142</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DANNY KIRBIE</i>	Amount of contribution (\$) <i>200⁰⁰</i>
Contributor address; City; State; Zip Code <i>125 WFFINB CR d. CRAWFORD TX 75114</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Self</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>JAKIE ALLEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-29-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LANE GORDEN</i>	7 Amount of contribution (\$) <i>1000.</i>
6 Contributor address; City; State; Zip Code <i>P.O. BOX 2125 TERRELL TEX 75160</i>		
8 Principal occupation / Job title (See Instructions) <i>CONGRESSMAN</i>		9 Employer (See Instructions)
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rodney Lawson</i>	Amount of contribution (\$) <i>100.</i>
Contributor address; City; State; Zip Code <i>307 N. KAUFMAN ST. KAUFMAN TX 75142</i>		
Principal occupation / Job title (See Instructions) <i>OWNER TIGER BOOKING</i>		Employer (See Instructions)
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TIM JORDAN</i>	Amount of contribution (\$) <i>1000.</i>
Contributor address; City; State; Zip Code <i>124 N. 175 CRANDALL TX 75114</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Self</i>
Date <i>11-29-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Matlock</i>	Amount of contribution (\$) <i>300.</i>
Contributor address; City; State; Zip Code <i>101 FM 3039 Commerce TX 75159</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>JAKIE ALLEN</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-18-21</i>	5 Payee name <i>KAUFMAN COUNTY Republican PARTY</i>	
6 Amount (\$) <i>750.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>KAUFMAN TX 75142</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Filing fee</i>	(b) Description
	(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 <i>11-18-21</i>	Payee name <i>Rusted Rail Golf Club</i>	
Amount (\$) <i>1932.26</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1602 US 175 CRANDALL TEX 75114</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	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
Date <i>10-7-21</i>	Payee name <i>AMERICAN NAT'L BANK</i>	
Amount (\$) <i>100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>104 Regal Dr. FORNEY TEX 75126</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>BANKING</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED