## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# RECEIVED FOR FILING DALLAS COUNTFORM C/OH ELECTION COVER SHEET PG 1

The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Com 2022 JAN	129 TORMO4: 126				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Billy	W.	OFFICE USE ONLY				
INAIVIL	NICKNAME	LAST Clark	SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 468		Cedar Hill TX 75106					
Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 725-2750	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$				
TREASURER NAME		Barre`	B.	Date Processed				
INAME	NICKNAME	LAST	SUFFIX					
		Hairston		Date Imaged				
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	SUITE #. CITY.	STATE: ZIP CODE				
TREASURER ADDRESS	2629 S. Peni	nsula Dr. #1006	Grand Prairie	TX 75054				
(Residence or Business)								
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION					
TREASURER PHONE	(214) 918-6404							
	(2,1)	010 0404						
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD	Month	Day Year	Month	Day Year				
COVERED	7 /	/ 1 / 21	THROUGH 12	/ 31 / 21				
11 ELECTION	ELECTION DAT	TE	ELECTION TYPE					
	Month Day	Year Primary						
	3 / 1	22 General	Description Special					
	8 / 1 /	22						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)					
			Dallas County Jud	lge				
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS						
Additional Pages	GENERAL							
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME					
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS					
		GO TO	PAGE 2					
		30.0						

#### CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 2 **CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00 **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS 3,434.70 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ 0.00**TOTALS** 2,631.97 4. TOTAL POLITICAL EXPENDITURES \$ CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 802.79 BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6 \$ 0.00LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code 3 Signature of Candidate or Officeholder Please complete either option below: П Deatrice E Kirk My Commission Expires 03/23/2023 ID No. 128563794 Sworn to and subscribed before me by (2) Unsworn Declaration , and my date of birth is My name is \_ My address is (country) (zip code) (state) (street) \_ , on the \_ day of County, State of \_\_\_\_ Executed in (month) Signature of Candidate/Officeholder (Declarant)

# RECEIVED FOR FILING DALLAS COUNTY MONETARY POLITICAL CONTRIBUTION SECTIONS DEPARTMENT SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report. 4: 30

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date 7/2/21	5 Full name of contributor  Robin Jarrett  6 Contributor address:  City: State: Zip Code  320 Po St. Cedar Hill TX 75104	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID# )	Amount of contribution (\$)
11314	Graham Glaser Contributor address: City: State: Zip Code 3829 NW 65th St. OKC OK 73116	25,
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)
7/30/21	Stephanie Knowles  Contributor address, City, State, Zip Code	Amount of contribution $(\$)$
Principal occup	1514 Quail Ridge Codar Hill TX 75104 ation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (IDH:)  Metrick Green	Amount of contribution (\$)
S) TIAI	2004 Chey Chase Dr. Harrisburg PA 17110	25000
Retired	ation / Job title (See Instructions)  Employer (See Instructions)	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DESCRIPTIONE A1

If the requested information is not applicable, DO NOT include this page in the report. 9 PM 4: 30

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
)   12   21	5 Full name of contributor  Norman lidrore  6 Contributor address;  City; State: Zip Code  1001 Surrey Or.  75115	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
7 = 11-51	Contributor address: City: State: Zip Code  8552 Steeple Ridge Ds. N. Richland Kills 76182  pation / Job title (See Instructions)  Employer (See Instructions)	100.00
Timelpar occup	Employer (See instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
119/31	Contributor address: City: State: Zip Code  3206 Oak Bounk A. Adinto TX 76016	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
141121	Contributor address: City; State. Zip Code  1800 MLK Blvo. 4102 WAO TX 76704	10,00
Principal occup	pation / Job title (See Instructions)  Employer (See Instruct	ions)
	,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

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DALLAS COUNTY
ELECTIONS DEPASCHEDULE A1

If the requested information is not applicable, DO NOT include this page 2002 9 APP PM 4: 30

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date 9 23 21	5 Full pame of contributor  JAbbar Thomas  6 Contributor address:  City: State: Zip Code	7 Amount of contribution (\$)
	938 Kirnwoos Dr. DAILAS TX 75232	500.00
Λ .	uction  9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
9/23/21	HAZEL-ANN MCLEAN  Contributor address: City. State. Zip Code  3100 Ohio Dr. #333 Frisco TX 75035	50.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instruc	ttions)
Date	Full name of contributor  Nevin Hawkins	Amount of contribution (\$)
9/23/21	Contributor address; City: State: Zip Code  2624 Wild Grove LN. LANGISTER TX 75146	50.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor  De Anna Green	Amount of contribution (\$)
9/23/21	Contributor address; City; State; Zip Code P.O., Box 2083 Cypress TX 77410	100.00
1	pation / Job title (See Instructions)  Employer (See Instructions)  Age Age 1	I ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	

DALLAS COUNTY
ELECTIONS DEPARTMENA1

If the requested information is not applicable, DO NOT include this page in the 2022 AN 19 PM 4: 30

e Instruction Guide explains how to com	nplete this	form.	1 Total pages Schedule A1
			3 Filer ID (Ethics Commission Filers)
Bion Bewett 6 Contributor address; Ci	ity:		7 Amount of contribution (\$)
upation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Zoltan Papp Contributor address: Ci	ity;		Amount of contribution (\$) $500$ , $\infty$
pation / Job title (See Instructions)		Employer (See Instru	ctions)
Georgy Morris Contributor address; City 1556 DAHOdil Trl. Pl	ty;	State. Zip Code TX 75093	20.
		Employer (See Instru	
Chap Dunston Contributor address: Cit 2459 Southwell Rd. Da	ty;	State; Zip Code	250,∞
pation / Job title (See Instructions)		Employer (See Instru	ctions)
	5 Full name of contributor  Bjorn Bewett 6 Contributor address; C  734 Longford Dr. South  upation / Job title (See Instructions)  Full name of contributor  Contributor address.  Contributor address; C  Full name of contributor  Contributor address; C  4556 Daffod; Tol.  upation / Job title (See Instructions)  Full name of contributor  Contributor address; Ci  pation / Job title (See Instructions)  Full name of contributor  Contributor address; Ci  Apation / Job title (See Instructions)  Contributor address; Ci  Contributor address; Ci	5 Full name of contributor  Bion Bewett 6 Contributor address; City;  734 Longford Dr. Southlake  upation / Job title (See Instructions)  Full name of contributor  Contributor address, City;  11603 Flintwood Ct. Houston  pation / Job title (See Instructions)  Full name of contributor  Contributor address; City;  4556 Deffod; Trl. Plano  upation / Job title (See Instructions)  Full name of contributor  Contributor address; City;  4556 Deffod; Trl. Plano  upation / Job title (See Instructions)  Chap Dinston  Contributor address; City;  Contributor address; City;	5 Full name of contributor  Bion Bewett 6 Contributor address; City: State: Zip Code  724 Longford Dr. Southlake TX 76092  upation / Job title (See Instructions)  Full name of contributor  Contributor address: City: State: Zip Code  11603 Flintwood C4, Houston TX 77024  pation / Job title (See Instructions)  Full name of contributor  Full name of contributor  Contributor address: City: State: Zip Code  17556 Deffod: Tr. Plano TX 7033  upation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor  Contributor address: City: State: Zip Code  17556 Deffod: Tr. Plano TX 75033  upation / Job title (See Instructions)  Employer (See Instructions)  Contributor address: City: State: Zip Code  Chap Dinstructions  Contributor address: City: State: Zip Code  Contributor address: City: State: Zip Code

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS HEDUCE (A)1

If the requested information is not applicable, DO NOT include this page in the report JAN 19 PM 4: 30

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#.	7 Amount of contribution (\$)
12/4/21	6 Contributor address; City; State: Zip Code	100,00
	733 Fieldstone Do. Hewith TX 76643	
	pation / Job title (See Instructions)  Filer Chief  Hewith Police	
Date	Full name of contributor pul-of-state PAC (ID#)	Amount of contribution (\$)
12/16/21	Contributor address: City. State. Zip Code	474.70
	2907 Book fout St Dallas TX 75201	
Principal occup	pation / Job title (See Instructions)  Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#.	Amount of contribution (\$)
12/28/21	Non Dennis  Contributor address; City; State; Zip Code	50,00
. ,	3010 LBJ FWY DALLAS TX 75234	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc-	ctions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
12/29/21	Nicoaka Holder Contributor address; City; State; Zip Code	25 ∞
11/2/1/2/	326 Holder Rd. Riesel TX 76682 Deation / Job title (See Instructions)  Employer (See Instru	Q 3,
Principal occup	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 additiona	NEEDED I reporting requirements.

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEFINITY
SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report 19 PM 4: 30
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC (ID#)	7 Amount of contribution (\$)
12/29/21	DAMPEL MINOR  6 Contributor address; City; State Zip Code  2328 Lee St. WAW TX 76711	25.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	itions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
12/29/21	Desinee Patterson RAMINEZ  Contributor address: City: State. Zip Code  3901 Lost Creek Dr. Plano TX 75074	50.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
12/29/21	Duke Triph Contributor address; City; State Zip Code  21719 Balsan Brook La KATY TX 77450	100.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instruc	etions)
Date	Full name of contributor  Out-of-state PAC (ID#)  Adrian Jackson	Amount of contribution (\$)
12/29/21	Contributor address; City; State; Zip Code  462 Firenze Cit. Biloxi M5 39531	50,00
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS Not contributor is out-of-state PAC, please see Instruction guide for additional	

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ELECTIONS D'SCHEDULE A1

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The	Instruction Guide explains how to comp	plete this	form.	1 Total pages Schedule A1
2 FILER NAME Billy Clark	\			3 Filer ID (Ethics Commission Filers)
4 Date	7	of-state PAC (	ID#:)	7 Amount of contribution (\$)
12/31/21	Jerry Blake 6 Contributor address; City 11908 N. 140 Lu Syr	orise	State: Zip Code  AZ 85379	50,∞
8 Principal occup	pation / Job title (See Instructions)	(	Employer (See Instruct	ions)
Date	Full name of contributor			Amount of contribution (\$)
12/31/21	Rhowa Wilkinson-Jaya Contributor address: City 808 W. Longsome Dove TCL A	<b>X</b> .5.		200,00
	ation / Job title (See Instructions)	1111120	Employer (See Instruct	ions)
Date	Full, name of contributor out-of			Amount of contribution (\$)
14/31/21	Lenyka Howard Contributor address, City 14321 Alderminster PF			50,00
Principal occup	ation / Job title (See Instructions)	0	Employer (See Instruct	tions)
Date	Full name of contributor out-of	of-state PAC (	ID#:	Amount of contribution (\$)
	Contributor address; City;		State. Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
		1		
	\(\frac{1}{\chi}\)			
	ATTACH ADDITIONAL C			

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPAISCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. PM 1: 30

		EXPENDIT	URE CATEG	ORIES FOR B	OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		e Tran Trav Trav Othe	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
	T_		Guide explains	s how to complete	e this form			
1 Total pages Schedule F1.	2 FILER NA Billy Clark					3 Fi	ler ID (Eth	ics Commission Filers)
12 31 21		es, lac.						
6 Amount (\$)	7 Payee ad	dress;			City		State;	Zip Code
189.31	510	Townsens	s St.	SA	n Fran	રાંડહ	CA	94103
8	(a) Category	/ (See Categories liste	d at the top of this s	schedule) (b) D	escription			
PURPOSE OF EXPENDITURE	Fees			Cam	a wing	onation	Processi	ins Service Fee
	(c)	Check if travel outside of	Texas. Complete Sc	hedule T	Check r	Austin, TX,	officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder	name	Of	ffice sougl	nt		Office held
Date	Payee na	me						
12/30/21	TBM	6						
Amount (\$)	Payee ad	dress:			City:		State;	Zip Code
7 20		. –				<del></del> .	<b>~</b> `	
500,=	4425 1	firport to	NY	(ruin)	S	1X	. 160	040
PURPOSE OF EXPENDITURE	Advert:	Gee Categories listed  SiNS EXFE  Check if travel outside of	N26	thedule) Del	ps:46	Dezigh	ma: wte	
OF	Advert:	sins Expe	NS& Texas. Complete Sc	chedule) Del	ps:46	Dezigh Austin, TX. o		
OF EXPENDITURE  Complete ONLY if direct	Advert: Candida Payee na	Check if travel outside of	NS& Texas. Complete Sc	chedule) Del	Pescription  DS:#e (	Dezigh Austin, TX. o		ing expense
Complete ONLY if direct expenditure to benefit C/OF	Advert: Candida Payee na	Check if travel outside of ate / Officeholder	NS& Texas. Complete Sc	chedule) Del	Pescription  DS:#e (	Dezigh Austin, TX. o		ing expense
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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

DALLAS COUNTY
ELECTIONS DEPARSCHEDULE F1

RECEIVED FOR FILING

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting 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 3 Filer ID (Ethics Commission Filers) Billy Clark 4 Date 5 Payee name 12/15/2021 Bank of America 6 Amount (\$) 7 Payee address City State Zip Code 35.90 156 W. Beltline Rd. Cedar Hill TX75104 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Monthly Account Analysis Fee Fees **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Bank of America 11/15/2021 Amount (\$) State Zip Code Payee address: City 35.75 Cedar Hill TX75104 156 W. Beltline Rd. Description Category (See Categories listed at the top of this schedule) PURPOSE Fees Monthly Account Analysis Fee OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 10/15/2021 Bank of America Amount (\$) Payee address; City: State Zip Code 156 W. Beltline Rd. Cedar Hill TX 75104 41.80 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fees Monthly Account Analysis Fee **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS COSCHEDULE F1
ELECTIONS DEPARTMENT

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

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		EXPENDITURE CATEG	ORIES F	OR BOX 8(a)	117 M 4:	30		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Office Overhead/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Legal Services  Legal Services  Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salanes/Wages/Contract Labor  The Instruction Guide explains 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)				
		The Instruction Guide explains	s now to co	omplete this form.				
1 Total pages Schedule F1:	2 FILER N Billy Clark				3 Filer ID (Ethic	cs Commission Filers)		
4 Date	5 Payee na	<sup>ame</sup> America						
6 Amount (\$)	7 Payee ad			City;	Zip Code			
V. A.	/ Tayee ac	301633,			State:	Z.p 0000		
37,40	156 W. I	Beltline Rd.		Cedar Hill	TX	75104		
8	(a) Categor	y (See Categories listed at the top of this s	chedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fees			Monthly Accou	ınt Analysis	Fee		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder livir	ng expense		
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held		
Date	\ Payee na	ame						
8/16/21		America						
Amount (\$)	Payee ad	ddress;		City:	State;	Zip Code		
36,65	156 W.	Beltline Rd.		Cedar Hill	TX	75104		
	Category	/ (See Categories listed at the top of this so	chedule)	Description				
PURPOSE	Fees			Monthly Account Analysis Fee				
OF	1 003			Widning Accou	ulit Allalysis	1 66		
EXPENDITURE								
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder livii	ng expense		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
7/15/21	Bank of	America						
Amount (\$)	Payee a	ddress;		City:	State;	Zip Code		
35.34	156 W. E	156 W. Beltline Rd. Cedar Hill				75104		
	Category	(See Categories listed at the top of this so	chedule)	Description				
PURPOSE OF EXPENDITURE	Fees			Monthly Accou	nt Analysis	Fee		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder livir	ig expense		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							