

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**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	MRS	Margaret					
	NICKNAME	LAST	SUFFIX	Date Received			
		O'Brien					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	PO BOX 571265		Dallas	TX	75357		
Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered or Date Postmarked		
	(972)	897-6427			2022 OCT 1 PM 1:08		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt # Amount \$			
	Ms	Stefanie					
	NICKNAME	LAST	SUFFIX	Date Processed			
		McGregor		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
(Residence or Business)	1201 Elm Street, Ste 1700			Dallas	TX	75270	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(214)	939-4428					
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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
	7	1	22		9	29	22
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	Primary	Runoff	Other Description	
	11	8	22	<input checked="" type="checkbox"/> General	Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	Justice of the Peace 2-1			Justice of the Peace 2-1			
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.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

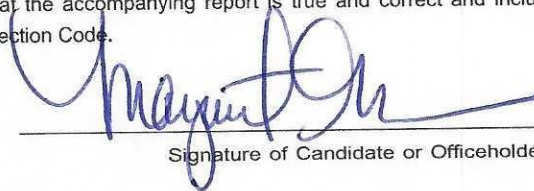
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Margaret O'Brien		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,645.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,950 ⁸³
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,674 ⁶⁵
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 43,000.00

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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

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

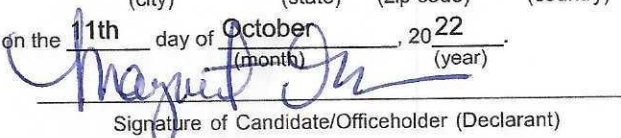
OR

(2) Unsworn Declaration

My name is Margaret O'Brien, and my date of birth is Nov. 15, 1972.

My address is PO BOX 671265, Dallas, TX, 75357, USA.
(street) (city) (state) (zip code) (country)

Executed in DALLAS County, State of TX, on the 11th day of October, 2022.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME Margaret O'Brien		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 19,645.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 43,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4,956.99
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 650.00
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 343.84
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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: 3
2 FILER NAME SEE ATTACHED EXCEL SPREADSHEET		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) total 19,645⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor 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 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 out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

Date	Name/Address	Campaign Donation	Amount	PayPal Fee	Total	Occupation
7/12/22	John Combs 2313 Sylvan Dr Garland, TX 75040	Subscription Payment	\$ 50.00	\$ (1.94)	\$ 48.06	Retired
8/11/22	Israel Suster 1316 Village Creek Dr, Ste 500 Plano, TX 75039	Donation Payment	\$ 500.00		\$ 500.00	Attorney
8/12/22	John Combs 2313 Sylvan Dr Garland, TX 75040	Subscription Payment	\$ 50.00	\$ (1.94)	\$ 48.06	Retired
8/19/22	Thomas Shaw 9304 Forest Lane, Ste 252 Dallas, TX 75243	Donation Payment	\$ 500.00	\$ (14.94)	\$ 485.06	Attorney
8/22/22	Simon Greenstone Panatier 1201 Elm Street, Ste 3400 Dallas, TX 75270	Donation Payment	\$ 1,000.00	\$ (29.39)	\$ 970.61	Attorney
8/22/22	Geoffrey Henley 2520 Fairmount St, Ste 200 Dallas, TX 75201	Donation Payment	\$ 1,500.00	\$ (43.84)	\$ 1,456.16	Attorney
8/22/22	David Anderson 2850 N Harwood St, Ste 1100 Dallas, TX 75201	Mobile Payment	\$ 500.00	\$ (14.95)	\$ 485.05	Attorney
8/23/22	Jeff Bryan Swiss Avenue Dallas, TX 75214	General Payment	\$ 200.00	\$ (5.98)	\$ 194.02	Retired
8/25/22	Grant Gerleman 15455 Dallas Pkwy, Ste 540 Addison, TX 75001	Donation Payment	\$ 250.00	\$ (7.72)	\$ 242.28	Attorney
8/25/22	Christopher Ayres 8140 Walnut Hill Ln, Ste 830 Dallas, TX 75231	Donation Payment	\$ 500.00	\$ (14.94)	\$ 485.06	Attorney
8/25/22	Amos Waranch 5720 LBJ Freeway, Ste 550 Dallas, TX 75240	Donation Payment	\$ 50.00	\$ (1.94)	\$ 48.06	Attorney
8/25/22	Isaac Lidji 10440 N Central Expwy, Ste 1240 Dallas, TX 75231	Donation Payment	\$ 1,000.00	\$ (29.39)	\$ 970.61	Attorney
8/25/22	Ramez Shamieh 1111 W Mockingbird Lane, Ste 1160 Dallas, TX 75247	Donation Payment	\$ 1,000.00	\$ (29.39)	\$ 970.61	Attorney
8/25/22	Stephen Malouf 12720 Hillcrest Rd, Ste 1045 Dallas, TX 75230	Donation Payment	\$ 300.00	\$ (9.16)	\$ 290.84	Attorney
8/26/22	Sean Modjarrad 212 W Spring Valley Rd Richardson, TX 75081	Donation Payment	\$ 500.00	\$ (14.94)	\$ 485.06	Attorney
8/26/22	Jeff Weinstein 518 W Tyler Street Athens, TX 75751	Donation Payment	\$ 500.00	\$ (14.94)	\$ 485.06	Attorney
8/29/22	Teamsters Union	Donation Payment	\$ 250.00		\$ 250.00	Union

	1007 Jonelle St Dallas, TX 75217					
8/29/22	Shamoun & Norman, LLP	Donation Payment	\$ 2,500.00		\$ 2,500.00	Attorney
	1800 Valley Lane, Ste 200 Farmers Branch, TX 75234					
8/29/22	Yellow & Blue Properties	Donation Payment	\$ 500.00		\$ 500.00	Property Mgmt
Date	4521 Belclaire Ave Dallas, TX 75205					
8/29/22	Bailies Building & Loan	Donation Payment	\$ 500.00		\$ 500.00	Property Mgmt
	4521 Belclaire Ave Dallas, TX 75205					
9/1/22	Ben ABBOTT	Donation Payment	\$ 2,500.00	\$ (72.74)	\$ 2,427.26	Attorney
	PO BOX 472266 Garland, TX 75047					
9/2/22	Adam LeCrone	Donation Payment	\$ 250.00	\$ (7.72)	\$ 242.28	Attorney
	123 N Crockett St, Ste 200 Sherman, TX 75090					
9/8/22	Grady M Gruber	Donation Payment	\$ 500.00	\$ (14.94)	\$ 485.06	Attorney
	300 Crescent Court, Ste 400 Dallas, TX 75201					
9/12/22	Apartment Assoc Greater Dallas	Donation Payment	\$ 1,500.00		\$ 1,500.00	Organization
	5728 LBJ Freeway, #100 Dallas, TX 75240					
9/12/22	John Combs	Subscription Payment	\$ 50.00	\$ (1.94)	\$ 48.06	Retired
	2313 Sylvan Dr Garland, TX 75040					
9/12/22	Brittanie TERRELL	Donation Payment	\$ 100.00	\$ (3.38)	\$ 96.62	Mediator/Attorney
	3318 Capstone Ln Garland, TX 75043					
9/15/22	Garland Area Democratic Club	Donation Payment	\$ 500.00		\$ 500.00	Club/Group
	2313 Sylvan Dr Garland, TX 75040					
9/15/22	Sharon Rodebaugh	Donation Payment	\$ 20.00		\$ 20.00	Retired
	Seafield Lane Rowlett, TX 75089					
9/23/22	Michael Mitchell	Donation Payment	\$ 250.00	\$ (7.72)	\$ 242.28	Attorney
	10440 N Central Expwy, Ste 1100 Dallas, TX 75231					
9/26/22	Carol Montgomery	Donation Payment	\$ 25.00		\$ 25.00	Retired
	1922 Crockett St Garland, TX 75042					
9/26/22	Jeffrey Beltz Law Firm	Donation Payment	\$ 500.00		\$ 500.00	Attorney
	9696 Skillman St, Ste 255 Dallas, TX 75243					
9/26/22	Crain Brogdon Rogers LLP	Donation Payment	\$ 300.00		\$ 300.00	Attorney
	3400 Carlisle St, Ste 200 Dallas, TX 75204					
9/26/22	Godwin Bowman	Donation Payment	\$ 1,000.00		\$ 1,000.00	Attorney
	1201 Elm Street, Ste 1700 Dallas, TX 75270					
			\$ 19,645.00	\$ (343.84)		

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Margaret O'Brien		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/03/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) SELF	9 Loan Amount (\$) 3,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code PO BOX 571265 Dallas TX 75357	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) REAL ESTATE BROKER/OWNER		13 Employer (See Instructions) SELF
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 06/28/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) SELF	Loan Amount (\$) 40,000.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code PO BOX 571265 DALLAS TX 75357	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) REAL ESTATE BROKER/OWNER		Employer (See Instructions) SELF
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <i>total</i> <i>\$4956.99</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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
	Check if travel outside of Texas. Complete Schedule T. 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
	Check if travel outside of Texas. Complete Schedule T. 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

Date	Name	Expense Detail	Address	Amount
8/5/22	AFL-CIO Ad	Ad	1408 N Washington #240 Dallas, TX 75204	\$ 75.00
8/11/22	Edwards & Patterson	Signs	203 S Beltline Rd Irving, TX 75060	\$ 722.03
8/18/22	DallasCountyDemParty	Mail Campaign	1414 Washington St Dallas, TX 75204	\$ 500.00
9/7/22	Edwards & Patterson	Signs	203 S Beltline Rd Irving, TX 75060	\$ 968.71
9/7/22	Edwards & Patterson	Signs	203 S Beltline Rd Irving, TX 75060	\$ 759.75
9/8/22	Edwards & Patterson	Cut Banner	203 S Beltline Rd Irving, TX 75060	\$ 25.00
9/16/22	Bankem Printing	Cards	2357 S Collins Rd Arlington, TX 76014	\$ 1,300.00
9/21/22	Edwards & Patterson	Signs	203 S Beltline Rd Irving, TX 75060	\$ 506.50
9/23/22	LH/WR Dem Club Chili Supper	Sponsor	PO Box 180598 Dallas, TX 75218	\$ 100.00
				\$ 4,956.99

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: 1	2 FILER NAME Margaret O'Brien	3 Filer ID (Ethics Commission Filers)
4 Date 9-29-22	5 Payee name Peerly	
6 Amount (\$) 650.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 2232 Dell Range Rd, Ste 287 Cheyenne, WY 82009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Text Messages
	(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 (\$) <small>Reimbursement from political contributions intended</small>	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 (\$) <small>Reimbursement from political contributions intended</small>	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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: <i>1</i>	2 FILER NAME Margaret O'Brien	3 Filer ID (Ethics Commission Filers)
4 Date <i>7-1-22</i>	5 Payee name PayPal	<i>See Excel spreadsheet</i>
6 Amount (\$) <i>Total \$34384</i>	7 Payee address; 12312 Port Grace Blvd	City: LaVista State: NE Zip Code: 68128

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FEES	(b) Description (See instructions regarding type of information required.) SEE EXCEL SPREADSHEET ATTACHED FOR DETAILS- ALL PAYPAL DONATION FEES
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Date	Payee name
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Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED