# 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: Ms | FIRST: Deanna | MI: M

NICKNAME | LAST: Hammond | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

Change of Address

ADDRESS / PO BOX: 1200 E Davis St | APT / SUITE #: Suite 115 PMB 137 | CITY: Mesquite | STATE: Texas | ZIP CODE: 75149

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: ( 214 ) | PHONE NUMBER: 444-6994 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mrs | FIRST: Sonya | MI

NICKNAME | LAST: Lilly | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 101 Main Park Lane | APT / SUITE #: | CITY: Duncanville | STATE: Texas | ZIP CODE: 75137

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: ( 225 ) | PHONE NUMBER: 802-7927 | EXTENSION

**OFFICE USE ONLY**

Date Received

2025 OCT 26 PM 4:03

FILED

COUNTY CLERK DALLAS COUNTY, TEXAS

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**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 | | Month | Day | Year |
|---|---|---|---|---|---|---|---|
| | 10 | 1 | 26 | THROUGH | 10 | 26 | 26 |

**11 ELECTION**

ELECTION DATE: Month 11 / Day 3 / Year 26

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any): Dallas County Constable PCT 2

**13** OFFICE SOUGHT (if known)

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

Additional Pages

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

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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 | **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) | $ 1,222.01 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | **4.** | **TOTAL POLITICAL EXPENDITURES** | $ 959.65 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 799.16 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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.

D Hammond

Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

Laura Luna
My Commission Expires
10/12/2028
Notary ID 132722776

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Deanna Hammond this the 26th day of October, 20 26, to certify which, witness my hand and seal of office.

Laura Luna — Signature of officer administering oath
Laura Luna — Printed name of officer administering oath
notary — 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_____.
(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. | ■ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 1,222.01 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | | SCHEDULE E: LOANS | $ |
| 5. | ■ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 959.65 |
| 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. | | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ |
| 10. | | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 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: 1

**2** FILER NAME
Deanna Hammond

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor (out-of-state PAC (ID#:_____)) | **7** Amount of contribution ($) |
|---|---|---|
| 10/05/2026 | LaMeaka Tapley<br>**6** Contributor address; City; State; Zip Code<br>14817 Bridle Bend Dr. Balch Springs Texas 75180 | 104.70 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| Sr. Business Development | Premier Twenty One Consulting |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| 10/15/2026 | Karen Copeland<br>Contributor address; City; State; Zip Code<br>405 Parakeet Drive Desoto Texas 75115 | 25.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Scheduling Manager | UT Southwestern |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| 10/19/2026 | CWA - Cope PCC<br>Contributor address; City; State; Zip Code<br>5016 Groom Lane Dallas Texas 75227 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| 10/26/2026 | Michael Orozco<br>Contributor address; City; State; Zip Code<br>5016 Groom Lane Dallas Texas 75227 | 104.70 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Constable | Dallas County |

**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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 1 of 5 | Deanna Hammond | |

| 4 Date | 5 Payee name |
|---|---|
| 10/19/2026 | Bankem Printing |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 173.20 | 2357 S. Collins St<br>Check if individual's residence address. | Arlington | TX | 76014 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Printing Expense | Campaign Push Cards |
| | (c) Check if travel outside of Texas. Complete Schedule T. | 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 | Payee name |
|---|---|
| 10/19/2026 | QuikTrip |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 95.00 | 5825 Broadway Blvd<br>Check if individual's residence address. | Garland | TX | 75043 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Travel In District | Gas |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

| Date | Payee name |
|---|---|
| 10/19/2026 | Taco Casa |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 15.53 | 6118 Broadway Blvd.<br>Check if individual's residence address. | Garland | TX | 75043 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Food/Beverage Expense | Food for campaign team |
| | Check if travel outside of Texas. Complete Schedule T. | 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 2 of 5 | Deanna Hammond | |

| 4 Date | 5 Payee name |
|---|---|
| 10/20/2026 | Mr. Cajuns |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 40.05 | 9620 Lake June Rd. | Dallas | TX | 75217 |
| | Check if individual's residence address. | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Food/Beverage Expense | Food for campaign team |
| | (c) Check if travel outside of Texas. Complete Schedule T. | 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 | Payee name |
|---|---|
| 10/20/2026 | Home Depot |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 99.07 | 12005 Elam Rd. | Balch Springs | TX | 75180 |
| | Check if individual's residence address. | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Other - Supplies | T-Posts |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

| Date | Payee name |
|---|---|
| 10/20/2026 | QuikTrip |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 16.46 | 12631 Lake June Rd. | Balch Springs | TX | 75180 |
| | Check if individual's residence address. | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Travel In District | Gas |
| | Check if travel outside of Texas. Complete Schedule T. | 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 3 of 5 | Deanna Hammond | |

| 4 Date | 5 Payee name |
|---|---|
| 10/20/2026 | Signage Systems |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 207.84 | 7900 Ferguson Rd. | Dallas | TX | 75228 |

Check if individual's residence address.

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | Campaign Signs |

(c) Check if travel outside of Texas. Complete Schedule T. 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 | Payee name |
|---|---|
| 10/21/2026 | Tractor Supply |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 22.48 | 1740 N. Belt Line Rd | Mesquite | TX | 75149 |

Check if individual's residence address.

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Other - Supplies | T-Posts |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

| Date | Payee name |
|---|---|
| 10/21/2026 | QuikTrip |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 78.00 | 12631 Lake June Rd. | Balch Springs | TX | 75180 |

Check if individual's residence address.

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Travel In District | Gas |

Check if travel outside of Texas. Complete Schedule T. 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 4 of 5 | Deanna Hammond | |

**Expenditure 1**

| 4 Date | 5 Payee name | | | |
|---|---|---|---|---|
| 10/22/2026 | Wal Mart Supercenter | | | |
| **6 Amount ($)** | **7 Payee address;** | **City;** | **State;** | **Zip Code** |
| 43.02 | 12300 Lake June Rd. | Balch Sprigs | TX | 75180 |
| | Check if individual's residence address. | | | |

**8 PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Contributions/Donation | Candy for Annual DCP2 Trunk or Treat |

(c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

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

**Expenditure 2**

| Date | Payee name | | | |
|---|---|---|---|---|
| 10/22/2026 | NABCJ | | | |
| **Amount ($)** | **Payee address;** | **City;** | **State;** | **Zip Code** |
| 52.00 | PO Box 20011 | Durham | NC | 27707 |
| | Check if individual's residence address. | | | |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Fees | Annual Membership Dues |

Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

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

**Expenditure 3**

| Date | Payee name | | | |
|---|---|---|---|---|
| 10/24/2026 | CoCo Shrimp | | | |
| **Amount ($)** | **Payee address;** | **City;** | **State;** | **Zip Code** |
| 19.06 | 1240 E. Belt Line Rd. | Richardson | TX | 75081 |
| | Check if individual's residence address. | | | |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Food/Beverage Expense | Food for Poll Worker |

Check if travel outside of Texas. Complete Schedule T. | 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|---|---|
| 5 of 5 | Deanna Hammond | | | |

| 4 Date | 5 Payee name | | | |
|---|---|---|---|---|
| 10/24/2026 | Whataburger | | | |
| **6** Amount ($) | **7** Payee address; | City; | State; | Zip Code |
| 23.34 | 2500 Lakeview Pkwy<br>Check if individual's residence address. | Rowlett | TX | 75088 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Food/Beverage Expense | Food for Poll Worker |
| | (c) Check if travel outside of Texas. Complete Schedule T. | 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 | Payee name | | | |
|---|---|---|---|---|
| 10/24/2026 | QuikTrip | | | |
| Amount ($) | Payee address; | City; | State; | Zip Code |
| 62.21 | 4901 Lakeview Pkwy<br>Check if individual's residence address. | Rowlett | TX | 75089 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Travel In District | Gas/Fuel |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

| Date | Payee name | | | |
|---|---|---|---|---|
| 10/24/2026 | Stripe | | | |
| Amount ($) | Payee address; | City; | State; | Zip Code |
| 12.39 | 354 Oyster Point Blvd<br>Check if individual's residence address. | South San Francisco | CA | 94080 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Fees | Fees for payouts - Oct 1-26, 2026 |
| | ✓ Check if travel outside of Texas. Complete Schedule T. | 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**