

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 <u>Mrs</u>	FIRST <u>Kevin</u>	MI <u>MU</u>
	NICKNAME	LAST <u>Farrar</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	<u>2080 Cannon Dr Mansfield TX 76063</u>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(817)</u>	<u>319-4032</u>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mrs</u>	FIRST <u>Leigh Ann</u>	MI
	NICKNAME	LAST <u>Tipping</u>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<u>1021 Pebble Beach Dr Mansfield TX 76063</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(682)</u>	<u>472-0161</u>	
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 checked="" 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
	<u>04</u>	<u>23</u>	<u>21</u>
	THROUGH		Month Day Year
			<u>05 / 27 / 21</u>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<u>6</u>	<u>5</u>	<u>21</u>
			<input type="checkbox"/> Primary <input checked="" 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)
			<u>Mansfield ISD School Board Place 4</u>
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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<input type="checkbox"/> Additional Pages			

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)	\$ 2674.14
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2350.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 497.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

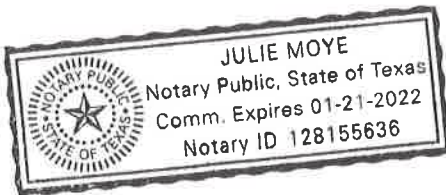
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Keziah Farrar

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Keziah Valdes Farrar this the 28th day of May, 2021, to certify which, witness my hand and seal of office.

Julie Moye Signature of officer administering oath
Julie Moye Printed name of officer administering oath
Board Coordinator 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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2674.14
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		\$ 2350.34
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
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		\$

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>Keriah Valdes Fenar</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-29-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dana Arrington</i>	7 Amount of contribution (\$) <i>206.28</i>
	6 Contributor address; City; State; Zip Code <i>10 Dobree Ct. Mansfield TX 76063</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5-2-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Ross</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>1725 Abaco dr Mansfield TX 76063</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5-2-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lauren Brady</i>	Amount of contribution (\$) <i>51.80</i>
	Contributor address; City; State; Zip Code <i>4206 Foxborough Trl. Arlington TX 76001</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5-2-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debi Doncho</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>7116 Hinton dr Mansfield TX 76063</i>	
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 FILER NAME Keriah Valdes Fajnar		3 Filer ID (Ethics Commission Filers)
4 Date 5-2-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie McClony 6 Contributor address; City; State; Zip Code 4601 Periwinkle Mansfield TX 76003	7 Amount of contribution (\$) 26.06
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5-2-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Short Contributor address; City; State; Zip Code 304 W Kimball St. Mansfield TX 76003	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5-3-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander Cook Contributor address; City; State; Zip Code 1309 Winkler Ave Apt 436 Killeen TX 76542	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5-1-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Taylor Contributor address; City; State; Zip Code 1202 St. Andrews Ct. Mansfield TX 76003	Amount of contribution (\$) 100.00
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:
2 FILER NAME <i>Keiriah Farrar</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5-7-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>The Childrens Academy</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>1770 Country Club Dr. Mansfield TX 76063</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5-13-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen Self</i>	Amount of contribution (\$) <i>103.30</i>
Contributor address; City; State; Zip Code <i>1600 Piccadilly Ct. Mansfield TX 76063</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5-13-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen Dotson</i>	Amount of contribution (\$) <i>26.06</i>
Contributor address; City; State; Zip Code <i>1600 Piccadilly Ct.</i> <i>2108 Kingsbury Rd</i> <i>Mansfield TX 76063</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5-13-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanette Bertucci</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1417 Harbourtown Mansfield TX 76063</i>		
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:
2 FILER NAME Keriah Valdes Fournier		3 Filer ID (Ethics Commission Filers)
4 Date 5-13-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhonda Haukey	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 1110 meadow crest mansfield TX 76063		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5-13-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenna R Caumar	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3 mystic ct mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5-13-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Broseh	Amount of contribution (\$) 103.30
Contributor address; City; State; Zip Code 1624 Piccadilly Ct mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5-14-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Snouffer	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4200 Waterford Glen mansfield TX 76063		
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:
2 FILER NAME <i>Keziah Valdes Farrar</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5-15-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angela Dean</i>	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code <i>107 misty mesa mansfield TX 76063</i>		<i>25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5-15-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann Poe</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>5744 Ehsynw Ft. Worth TX 76119</i>		<i>26.06</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5-16-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margaret DuBois</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>1026 clubhouse dr mansfield TX 76063</i>		<i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5-17-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tonia Jackson</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>1500 coastline in mansfield TX 76063</i>		<i>206.28</i>
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;
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beards Towing</i>	7 Amount of contribution (\$)
<i>5-25-21</i>	6 Contributor address; City; State; Zip Code <i>PO Box 737 Kennedale TX 76060</i>	<i>1000.00</i>
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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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:	2 FILER NAME Keriah Valdes Fumar	3 Filer ID (Ethics Commission Filers)
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4 Date 5-18-21	5 Payee name Williams Signs
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6 Amount (\$) 202.97	7 Payee address; 3933 E California Pkwy #C Forest Hill TX	City;	State;	Zip Code 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description 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
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Date 5-18-21	Payee name Print Place
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Amount (\$) 377.73	Payee address; www.printplace.com	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description hangers
	<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 5-20-21	Payee name Team Tarrant
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Amount (\$) 1000.00	Payee address; 7106 Lighthouse Rd Arlington TX	City;	State;	Zip Code 76002
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contribution/donation made by candidate/officeholder/political committee	Description 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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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 FILER NAME <i>Kenah Valdes Famar</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5-25-21</i>	5 Payee name <i>Tarrant Campaign Services</i>
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6 Amount (\$) <i>405.94</i>	7 Payee address: <i>1510 Vauneywood Trl Mansfield TX 76063</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>put out/move signs</i>
	(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
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Date <i>5-27-21</i>	Payee name <i>Williams Signs</i>
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Amount (\$) <i>319.88</i>	Payee address: <i>3933 E California Pkwy #C Forest Hill TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>signs</i>
	(c) <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
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Date <i>5-27-21</i>	Payee name <i>Pay pal</i>
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Amount (\$) <i>43.84</i>	Payee address: <i>2211 N 1st st. San Jose CA 95131</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>fees from donations</i>
	(c) <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
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