

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>Laura</u> MI: <u>A</u> NICKNAME: _____ LAST: <u>Nodolf</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1205 Bedford Midland Tx 79701</u>	Date Received FEB 24 2020	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(432)</u> PHONE NUMBER: <u>770-8122</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Devin</u> MI: _____ NICKNAME: _____ LAST: <u>Phiffer</u> SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>708 W. Scharbauer Midland Tx 79705</u>	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(432)</u> PHONE NUMBER: <u>570-1450</u> EXTENSION: _____		
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 THROUGH Month Day Year <u>1 / 21 / 2020</u> <u>2 / 22 / 2020</u>		
11 ELECTION	ELECTION DATE: Month Day Year <u>3 / 3 / 2020</u>	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Midland County District Attorneys Office</u>	13 OFFICE SOUGHT (if known) <u>Midland County District Attorney</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

\$

9550.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

14798.13

CONTRIBUTION
BALANCE

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

\$

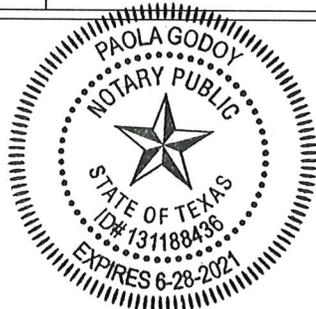
1372.78

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Laura A Nodolif, this the 24 day of February, 2020, 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

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	\$ 9550.00
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	\$ 14798.13
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Laura A. Nodolf

3 Filer ID (Ethics Commission Filers)

4 Date

1-18-2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Anthony Branco

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

2206 Beely Midland Tx 79705

\$ 500⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-28-2020

Full name of contributor out-of-state PAC (ID#: _____)

Natalie + Schwartz

Amount of contribution (\$)

Contributor address; City; State; Zip Code

505 N. Lorraine, Midland Tx 79701

\$ 1000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-3-2020

Full name of contributor out-of-state PAC (ID#: _____)

Paige Summer

Amount of contribution (\$)

Contributor address; City; State; Zip Code

904 Keystone Midland Tx 79705

\$ 100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-3-2020

Full name of contributor out-of-state PAC (ID#: _____)

Manny Lujan

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1004 Latham Midland Tx 79701

\$ 500⁰⁰

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Laura A Nodolf

3 Filer ID (Ethics Commission Filers)

4 Date

2-3-2020

5 Full name of contributor

Lourcy Sams

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250⁰⁰

6 Contributor address;

Neble N W. Midland Tx 79701

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-10-2020

Full name of contributor

Ferry and Jack Wilkinson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

#25 Saddle Club Dr Midland Tx 79705

City;

State;

Zip Code

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-15-2020

Full name of contributor

Randee and Monroe Rathbone

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

6876 Island Circle Midland Tx 79707

City;

State;

Zip Code

\$1000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-16-2020

Full name of contributor

Daniel and Christian Gray

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

1214 Country Club Midland, Tx 79701

City;

State;

Zip Code

\$2000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Laura A Nodolf

3 Filer ID (Ethics Commission Filers)

4 Date

2-16-2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Leah Robertson

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address; City; State; Zip Code

2607 Lockheed Midland Tx 79701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-18-2020

Full name of contributor out-of-state PAC (ID#: _____)

Russell Jones

Amount of contribution (\$)

\$1000⁰⁰

Contributor address; City; State; Zip Code

3401 Alicia Ct. Midland Tx 79701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-9-2020

Full name of contributor out-of-state PAC (ID#: _____)

Howard Flowers

Amount of contribution (\$)

\$1000⁰⁰

Contributor address; City; State; Zip Code

2005 Shell Midland Tx 79705

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-20-2020

Full name of contributor out-of-state PAC (ID#: _____)

Dimothy M. Dunn

Amount of contribution (\$)

\$1000⁰⁰

Contributor address; City; State; Zip Code

P.O. Box 52268 Midland Tx 79701

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Laura A. Wodoff

3 Filer ID (Ethics Commission Filers)

4 Date

2-20-2020

5 Full name of contributor

Susannah Prucka

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100

6 Contributor address;

5913 Lane Ct. Midland Tx 79701

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-21-2020

Full name of contributor

Clifton Dubois

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

117 College Midland Tx 79701

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-2020

Full name of contributor

Rebecca B Buffum

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500

Contributor address;

1001 Shell Midland Tx 79705

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 4	2 FILER NAME Laura A. Nodolt	3 Filer ID (Ethics Commission Filers)
4 Date 1.31.2020	5 Payee name JCA Radio	
6 Amount (\$) \$2019.60	7 Payee address; City; State; Zip Code 1320 8th St. Ste 207 Odessa Tx 79761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Radio ads
	(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 2.1.2020	Payee name Bean & Grape		
Amount (\$) \$6.21	Payee address; City; State; Zip Code 3211 W. Wadley Midland Tx 79705		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Coffee for Meet + Greet	
	<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 2.17.2020	Payee name PayPal		
Amount (\$) \$7.55	Payee address; City; State; Zip Code 2211 N. First St. San Jose CA 95131		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Campaign donation funds transfer	
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <i>4</i>	2 FILER NAME <i>Laura A. Nodelf</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-19-2020</i>	5 Payee name <i>PayPal</i>	
6 Amount (\$) <i>\$29.30</i>	7 Payee address; City; State; Zip Code <i>221 N. First St. San Jose CA 95131</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Campaign donation Funds Transfer</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2-17-2020</i>	Payee name <i>RWEL</i>	
Amount (\$) <i>\$650⁰⁰</i>	Payee address; City; State; Zip Code <i>310 W. Wall Ste 104 Midland Tx 79701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Radio Ads</i>
	<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>1-30-2020</i>	Payee name <i>PayPal</i>	
Amount (\$) <i>\$3.20</i>	Payee address; City; State; Zip Code <i>221 N. First St. San Jose CA 95131</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Campaign donation Funds Transfer</i>
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 4	2 FILER NAME Laura A Nodolf	3 Filer ID (Ethics Commission Filers)
4 Date 1-21-2020	5 Payee name Facebook	
6 Amount (\$) \$441.30	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Online Ads
	(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

Date 1-27-2020	Payee name Moravi Software, Inc.	
Amount (\$) \$86.35	Payee address; City; State; Zip Code 13207 Cantina Dr. St. Louis Mo 63141	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Video Editing Software for ads
	<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

Date 1-31-2020	Payee name Vista Prints	
Amount (\$) \$2539.82	Payee address; City; State; Zip Code 245 Wyman St. Waltham MA 02451-1200	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Direct Mail
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 4	2 FILER NAME Dawna A. Nodolf	3 Filer ID (Ethics Commission Filers)
4 Date 1-30-2020	5 Payee name PayPal	
6 Amount (\$) \$14.80	7 Payee address; City; State; Zip Code 3211 N. First St. San Jose CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Campaign donation funds transfer
	(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

Date 2-20-2020	Payee name SDB Creative Group		
Amount (\$) \$9,000.00	Payee address; City; State; Zip Code 415 W. Wall St 625a Midland TX 79701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Television & Social Media	
	(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

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED