

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 Date Received JAN 09 2024 <i>B. Smock</i> Date <u>Hand-delivered</u> or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
		Steven		
	NICKNAME	LAST	SUFFIX	
		Villela		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	P.O. BOX 10721 Midland, TX 79702			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(432)	235-4792		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
		Steven		
	NICKNAME	LAST	SUFFIX	
		Villela		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	1422 Rankin Hwy., Midland, TX 79701			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(432)	235-4792		
9 REPORT TYPE	<input checked="" 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 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	Month Day Year
	8	1	23	THROUGH 12 31 23
11 ELECTION	ELECTION DATE			ELECTION TYPE
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	3	5	23	
12 OFFICE	OFFICE HELD (if any)		Midland County Commissioner Precinct 3	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> 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 Steven Villela		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)	\$ 15,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 769.90
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,036.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,063.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

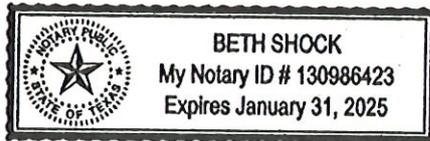
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Steven Villela

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Steven Villela this the 8th day of January

20 24, to certify which, witness my hand and seal of office.

Beth Shock

Beth Shock

Notary Public, State of Texas

Signature of officer administering oath

Printed name of officer administering oath

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 Steven Villela		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,100.00
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	\$ 2,341.24
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 695.35
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: 1-4
2 FILER NAME Steven Villela		3 Filer ID (Ethics Commission Filers)
4 Date 8/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith & Sheryl Stretcher	7 Amount of contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 5000 Chapel Hill Dr. Midland TX 79705	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 8/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Cuevas Jr.	Amount of contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code PO Box 50607 Midland TX 79710	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Jumburito Inc.
Date 9/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda & Jimmy Smith	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 6210 Beretta Ct. Granbury TX 76049	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Jimmy Smith, CCIM
Date 9/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Covington	Amount of contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code PO Box 1311 Midland TX 79702	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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: 2-4
2 FILER NAME Steven Villela		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy & Carla Smith 6 Contributor address; City; State; Zip Code 3709 S County Road 1096 Midland TX 79706	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 9/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Donnelly Contributor address; City; State; Zip Code PO Box 3488 Midland TX 79702	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Landman		Employer (See Instructions) The Eastland Oil Company
Date 9/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen H. DeShaw Contributor address; City; State; Zip Code 5205 N County Road 1255 Midland, TX 79707	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) DeShaws Landscaping Construction
Date 9/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Jon Spiers Contributor address; City; State; Zip Code 3313 Cason St., Housto TX 77005	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney/Surgeon		Employer (See Instructions) Spiers Group
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 3-4
2 FILER NAME Stevn Villela		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalton Donaldson 6 Contributor address; City; State; Zip Code PO Box 51990 Midland TX 79710	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Landman		9 Employer (See Instructions) Purvis Operating Co.
Date 10/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don & Gwyn Sparks Contributor address; City; State; Zip Code 2600 Mockingbird Lane Midland TX 79705	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Petroleum Engineer		Employer (See Instructions) Discovery Operating Inc.
Date 10/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A. Garza Contributor address; City; State; Zip Code 1800 S. Angelina Marie Pharr TX 78577	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice-President		Employer (See Instructions) Bebo Dist.
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda L. Smith Contributor address; City; State; Zip Code 107 The Villas Odessa TX 79765	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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: 4-4
2 FILER NAME Steven Villela		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. & Mitzi Purvis 6 Contributor address; City; State; Zip Code PO Box 10727 Midland TX 79702	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Self
Date 11/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Bennett Contributor address; City; State; Zip Code 5505 Charles Merle Austin TX 78747	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 12/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Angelo Jr. Contributor address; City; State; Zip Code 3106 Stanolind Ave. Midland TX 79705	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Petroleum Engenear		Employer (See Instructions) Discovery Exploration
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Gayla Mabee Contributor address; City; State; Zip Code 6 Desta Dr. Suite 5500 Midland TX 79705	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Mabee Ranch
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 1-3		2 FILER NAME Steven Villela		3 Filer ID (Ethics Commission Filers)	
4 Date 8/14/23		5 Payee name AXIOM			
6 Amount (\$) 916.27		7 Payee address; City; State; Zip Code 800 W 47th St. Ste 200, Kansas City, MO 64112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Website		
	(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 9/7/23		Payee name Uprinting			
Amount (\$) 185.28		Payee address; City; State; Zip Code 8000 Haskell Ave. Van Nuys, CA 91406			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Palm Cards		
	<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 10/16/23		Payee name The Rocket Science Group, LLC			
Amount (\$) 73.55		Payee address; City; State; Zip Code 675 Ponce de Leon Ave. Suite 5000, Atlanta Ga 30308			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Mailchimp		
	<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

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: 2-3	2 FILER NAME Steven Villela	3 Filer ID (Ethics Commission Filers)
4 Date 11/15/23	5 Payee name The Rocket Science Group, LLC	
6 Amount (\$) 73.55	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave. Suite 5000, Atlanta Ga 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailchimp
	(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 11/20/23	Payee name Midland County Republican Party	
Amount (\$) 750.00	Payee address; City; State; Zip Code 407 E. Illinois Ave. Midland TX 79701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Ballot Filling Fee
	<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 12/15/23	Payee name The Rocket Science Group, LLC	
Amount (\$) 75.95	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. Suite 5000, Atlanta Ga 30308	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailchimp
	<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

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: 3-3	2 FILER NAME Steven Villela	3 Filer ID (Ethics Commission Filers)
4 Date 12/30/23	5 Payee name Capital One	
6 Amount (\$) 695.32	7 Payee address; City; State; Zip Code 1680 Capital One Dr. McLean, VA 22102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Credit Card Payment
	(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 (\$)	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 (\$)	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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1-1	2 FILER NAME Steven Villela		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 364.97
5 Date 8/3/23	6 Payee name Uprinting		
7 Amount (\$) 98.72	8 Payee address; City; State; Zip Code 8000 Haskell Ave. Van Nuys CA 91406		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Stickers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/3/23	Payee name Uprinting		
Amount (\$) 89.37	Payee address; City; State; Zip Code 8000 Haskell Ave. Van Nuys CA 91406		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Stickers
	<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