

# 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: **10**

**OFFICE USE ONLY**

Date Received

**RECEIVED**

**JAN 15 2021**

9:20am

**CITY SECRETARY**

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr

Justin

S

NICKNAME

Beller

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

711 W White

McKinney TX 75069

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

564 6783

0

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr

Robert

S

NICKNAME

Robbie Clark

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

913 Summer Lane

McKinney

TX 75071

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

533 8913

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

11 / 19 / 20

THROUGH

Month

Day

Year

12 / 31 / 20

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 1 / 21

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Justin Beller 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) | \$ 0        |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,684.57 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$ 29.41    |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 837.31   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1,133.28 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 500      |

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.

*Justin Beller*  
Signature of Candidate or Officeholder

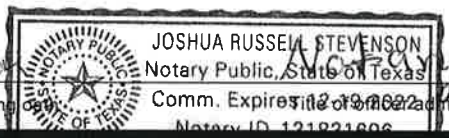
Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Justin Beller this the 15 day of January, 2021, to certify which, witness my hand and seal of office.

*Joshua Stevenson* Signature of officer administering oath  
 Printed name of officer administering oath: Joshua Stevenson  
 Comm. Expires 12/29/22  
 Notary ID: 121821606



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<br><i>Justin Beller</i> | 20 Filer ID (Ethics Commission Filers) |
|---------------------------------------|--|

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            | \$ <i>1,500.00</i> |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              | \$ <i>184.57</i>   |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                 |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS  | \$ <i>500.00</i>   |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    | \$ <i>837.31</i>   |
| 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: <b>1/4</b>           |
| 2 FILER NAME<br><b>Justin Beller</b>  |  | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><b>11/23/20</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Brian Montzey</b>  | 7 Amount of contribution (\$)<br><br><b>100</b> |
| 6 Contributor address; City; State; Zip Code<br><b>6813 Norman Rockwell McKinney TX 75071</b>   |  |   |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                   |
| Date<br><b>11/23/20</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Patrick Cloutier</b> | Amount of contribution (\$)<br><br><b>100</b>   |
| Contributor address; City; State; Zip Code<br><b>3114 Saint Germain McKinney TX 75070</b>       |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date<br><b>11/23/20</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Brian Cho</b>        | Amount of contribution (\$)<br><br><b>5</b>     |
| Contributor address; City; State; Zip Code<br><b>5915 Ardover Dr Apt 24 The Colony TX 75056</b> |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date<br><b>11/23/20</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Katherine Betts</b>  | Amount of contribution (\$)<br><br><b>100</b>   |
| Contributor address; City; State; Zip Code<br><b>311 N College McKinney TX 75069</b>            |  |   |
| 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: <b>2/4</b>      |
| 2 FILER NAME <b>Justin Beller</b>  |  | 3 Filer ID (Ethics Commission Filers)      |
| 4 Date<br><b>11/24/20</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Elizabeth Michel</b> | 7 Amount of contribution (\$)<br><b>10</b> |
| 6 Contributor address; City; State; Zip Code<br><b>6205 Eaglestone McKinney TX 75070</b> |  |  |
| 8 Principal occupation / Job title (See Instructions)                                    |  | 9 Employer (See Instructions)              |
| Date<br><b>11/25/20</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>B.H Campbell</b>       | Amount of contribution (\$)<br><b>100</b>  |
| Contributor address; City; State; Zip Code<br><b>7208 Ripley McKinney TX 75071</b>       |  |  |
| Principal occupation / Job title (See Instructions)                                      |  | Employer (See Instructions)                |
| Date<br><b>12/12/20</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>John Beller</b>        | Amount of contribution (\$)<br><b>250</b>  |
| Contributor address; City; State; Zip Code<br><b>1054 Cypress Ln Cove City AR 72521</b>  |  |  |
| Principal occupation / Job title (See Instructions)                                      |  | Employer (See Instructions)                |
| Date<br><b>12/18/20</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lucas Henry</b>        | Amount of contribution (\$)<br><b>100</b>  |
| Contributor address; City; State; Zip Code<br><b>1107 N Church McKinney TX 75069</b>     |  |  |
| Principal occupation / Job title (See Instructions)                                      |  | Employer (See Instructions)                |

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# 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: <u>3/4</u>       |
| 2 FILER NAME <u>Justin Beller</u>  |   | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br><u>12/22/20</u>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Roslyn Miller</u> | 7 Amount of contribution (\$)<br><u>100</u> |
| 6 Contributor address; City; State; Zip Code<br><u>2911 Winchester Melissa TX 75454</u>      |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)               |
| Date<br><u>12/22/20</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Sam Beller</u>      | Amount of contribution (\$)<br><u>500</u>   |
| Contributor address; City; State; Zip Code<br><u>1549 Blessie Loop The Villages FL 32162</u> |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                 |
| Date<br><u>12/23/20</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Karen Vanstam</u>   | Amount of contribution (\$)<br><u>25</u>    |
| Contributor address; City; State; Zip Code<br><u>417 Wilson McKinney TX 75069</u>            |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                 |
| Date<br><u>12/23/20</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Brian Montzey</u>   | Amount of contribution (\$)<br><u>100</u>   |
| Contributor address; City; State; Zip Code<br><u>6813 Norman Rockwell McKinney TX 75071</u>  |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                 |

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# 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: <span style="font-size: 1.2em;">4/4</span>   |
| 2 FILER NAME<br><span style="font-size: 1.2em;">Justin Beller</span>   |  | 3 Filer ID (Ethics Commission Filers)                                   |
| 4 Date<br><span style="font-size: 1.2em;">12/24/20</span>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><span style="font-size: 1.2em;">Elizabeth Mickel</span> | 7 Amount of contribution (\$) <span style="font-size: 1.5em;">10</span> |
| 6 Contributor address; City; State; Zip Code<br><span style="font-size: 1.2em;">6205 Eaglestone McKinney TX 75070</span> |  |   |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)   |

|   |   |                             |
|---|---|-----------------------------|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code          |   |                             |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions) |

|   |   |                             |
|---|---|-----------------------------|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code          |   |                             |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions) |

|   |   |                             |
|---|---|-----------------------------|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code          |   |                             |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions) |

|  |  |
|--|--|
|  |  |
|--|--|

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 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <u>1</u>                                     |   |
| 2 FILER NAME <u>Justin Beller</u>   |   | 3 Filer ID (Ethics Commission Filers)                                   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                       |   | \$  |   |
| 5 Date<br><u>Various</u>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Amanda Beller</u> |   | 8 Amount of Contribution \$<br><del>184.57</del><br><u>184.57</u> |
|   | 7 Contributor address; City; State; Zip Code<br><u>711 W White McKinney Tx 75069</u>                      |   |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><u>Teacher</u> |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><u>Lovejoy ISD</u> |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)            |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)             |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                 |   |   |   |

|  |   |   |                                  |
|--|---|---|----------------------------------|
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$   | In-kind contribution description |
|  | Contributor address; City; State; Zip Code                                      |   |                                  |
|  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |   | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |                                  |
| Contributor's principal occupation (FOR JUDICIAL)                        |   | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |                                  |
| Contributor's employer/law firm (FOR JUDICIAL)                           |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |                                  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |   |                                  |

|  |  |
|--|--|
|  |  |
|--|--|

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**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: <u>1</u>  |
| 2 FILER NAME<br><u>Justin Beller</u>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan<br><u>11/30/20</u>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Justin Beller</u> | 9 Loan Amount (\$)<br><u>500</u>  |
| 6 Is lender a financial Institution?<br><u>Y (N)</u>                               | 8 Lender address; City; State; Zip Code<br><u>711 W White McKinney TX 75069</u>                 | 10 Interest rate<br><u>0%</u>   |
|  |   | 11 Maturity date<br><u>TBD</u>  |
| 12 Principal occupation / Job title (See Instructions)<br><u>Banker</u>            |   | 13 Employer (See Instructions)<br><u>Independent Financial</u>  |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none           |   | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> 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   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)                           | Loan Amount (\$)  |
| Is lender a financial Institution?<br><u>Y N</u>                                   | Lender address; City; State; Zip Code   | Interest rate   |
|  |   | Maturity date   |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)   |
| Description of Collateral<br><input type="checkbox"/> none                         |   | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)               |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> 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 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.

|  |                                      |  |
|--|--------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>1 | <b>2</b> FILER NAME<br>Justin Beller | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|--------------------------------------|--|

|                           |                                  |
|---------------------------|----------------------------------|
| <b>4</b> Date<br>11/30/20 | <b>5</b> Payee name<br>Signarama |
|---------------------------|----------------------------------|

|                                |  |
|--------------------------------|--|
| <b>6</b> Amount (\$)<br>525.01 | <b>7</b> Payee address;<br>1502 W University,<br>McKinney TX 75069 |
|--------------------------------|--|

|                                    |   |   |
|------------------------------------|---|---|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br>Signs   |
|                                    | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                  |                         |
|------------------|-------------------------|
| Date<br>12/17/20 | Payee name<br>Signarama |
|------------------|-------------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>312.30 | Payee address;<br>1502 W University,<br>McKinney TX 75069 |
|-----------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Printing Expense | Description<br>Signs  |
|                               | <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;<br>City; State; Zip Code |
|-------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED