# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Decell	MI -	OFFICE USE ONLY
NAME	NICKNAME	E step	SUFFIX	Date Received RECEIVED 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	2009 Tim Braham		2:45 pm 2
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (917)	PHONE NUMBER  694 - Z3	EXTENSION SO	Date Hand-delivered or Date Postmarked    10 2024   Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	2 LAST	MI SUFFIX	Date Processed 16 3024  Date Imaged 116 3024
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (	NO PO BOX PLEASE; APT / S Z7ZO 3 lue	SUITE#, CITY, Blud TX 77833	STATE; ZÎP COĎE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before d	niologopo deservir d	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 1 / 2.3	THROUGH ( Z	Day Year / 31 / 23 Mys 44 (19)
11 ELECTION	Month Day	Year Primary	Runoff Other Description  Special	Security of the distance of the second second
12 OFFICE	OFFICE HELD (if any)	NONE	13 OFFICE SOUGHT (If known	County Distrat Allowey
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		The Late of the second of the late of the
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	A section of the sect
1180	178	COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
O superior	offen smolels on	GO ТО	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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 70.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5015.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$_ 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3710.77
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA     OF REPORTING PERIOD	* \$ 754.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0 -
(1) Affidavit	Please complete either option below:	are of Chiceriolder
(1) Allidavit		
NOTARY STAMP/SEA		
Sworn to and subscribed 20, to certify	before me by this the  which, witness my hand and seal of office.	day of,
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	E MANUAL
(2) Unsworn Declaration	on	
My name is 1	K Ester and my date of birth is	112/42
My address is 2009	Emberling C+ Brenham TK	77833
.0	(street) (city) (state)	
Executed in Mashin	County, State of Texas, on the May of Signal (month)	(year)
	Signature of Candidate/C	Officeholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER NAME	Derek Estep	20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULES NAME OF SC	BUBTOTALS	The state of	SUBTOTAL AMOUNT
1. sc	HEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4445.00
2 sc	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 550.d
3. sc	HEDULE B: PLEDGED CONTRIBUTIONS		\$ -0-
4. SC	HEDULE E: LOANS		\$ -0-
5. sc	HEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 3710.77
6. sc	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$-0-
7. sc	HEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ -0 -
8. sc	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -0 -
9. SC	HEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$-0-
10. SCH	HEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ -0 -
11. SCI	HEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ -0 -
12. SC	HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$ -0 -

#### SCHEDULE A1

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

2 FILER NAME	
Derek Eship	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
10-2-73 6 Contributor address; City: State; Zip Code 27/1 E. Cheli-Lant, Brank 4 m, Tx 77833  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	\$120.60
Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#)  LATTIC Coston	Amount of contribution (\$)
Contributor address; City; State; Zip Code  2100 Timber Inc Cf, Brenham, 37873	\$50.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#)  /O-3-23	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1011 Sencrest Lane, Folly Beach, Sc 29439	#250.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10-12-73 Contributor address; City; State; Zip Code  1107 Wist Wist: 11 Dr., Clesure, TX 76033	\$250.00
76033	

### 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:
Dorek Estep	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor  out-of-state PAC (ID#)  10- Z4-Z3  6 Contributor address;  City; State; Zip Code	7 Amount of contribution (\$)
2308 Ralston Cr., Bronkam, Tx 77833	\$100.00
Principal occupation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:)  Clot College	Amount of contribution (\$)
10-29-23 Contributor address; Contributor address; Contributor address; Contributor address; EA + LAND, TX 76448	\$50.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
10.30-23 Contributor address; City; State; Zip Code 4429 Pitches Lw., Brankon, TX 77833	\$500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#)  12-Z1-Z3 SAND: Ph: 11:0.5	Amount of contribution (\$)
12-Z1-Z3 Contributor address; City; State; Zip Code  1834 Melan; 2 Way, Palan Harbor, FL 344 83	4 100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)

### 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 Desek Estap	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor  8-74-73  6 Contributor address;  City; State; Zip Code  27/2 Chase St., Beenham, Tx 77838	7 Amount of contribution (\$)  \$\\$ Zoo. OO
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8-24-23 Adam Meech  Contributor address; City; State; Zip Code  7326 Ben Tap Lane, 77835	\$ 100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)  9-4-73	Amount of contribution (\$)
Gontributor address; City; State; Zip Code  Wylz, TX  15 26 Canyon Creek Rd., 75098	\$25.60
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	//
Date Full name of contributor out-of-state PAC (ID#:)  A CLAM 6755NEC	Amount of contribution (\$)
9-30-73 A Clam Gressier  Contributor address; City; State; Zip Code  508 Charles Lewis St., Branham, Tx  77833	\$50.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)

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 f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Durek Estop		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
9-18-23	6 Contributor address; City;	N. P. C.	# 25.00
	405 N. Baylor, Bren		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	for My
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
10-4-23	Contributor address; City;	State; Zip Code	#200-00
	2576 Strangmeier Re	77822	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Loft 10	
Date 10-4-73	Full name of contributor  SAND: & Lynwood  Contributor address;  City;  1205 FM 390 E, Frank	Kalf State; Zip Code	Amount of contribution (\$)  \$ 250 - 60
Principal occup	pation / Job title (See Instructions)	Ref. (See Instruction	ons)
Date 10-4-23	Full name of contributor  Out-of-state PAC (I  Clames W: IX: A Se  Contributor address; City;  ZZOO Rindle Cf, Bi	State; Zip Code	Amount of contribution (\$)  #100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Se/F	ons)

#### SCHEDULE A1

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

2 FILER NAME  Defet I Step  4 Date  5 Full name of contributor  6 Contributor address;  6 Contributor address;  City: State; Zip Code  1440 H: Albon Valley, Braham, 1477831  8 Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City: State; Zip Code  1440 H: Albon Valley, Braham, 1477831  Amount of title (See Instructions)  Date  Full name of contributor  Contributor address;  City: State; Zip Code  10398 Fm 2447 Chappell H: 11 74476  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#	
Date  Full name of contributor  Out-of-state PAC (ID#	pages Schedule A1:
Shripm Gaddy 6 Contributor address; City: State; Zip Code  1440 H: Alson Valley, Brandam, Tx77832  8 Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City: State; Zip Code  10398 Fm 2447 Chappell H: 1/7426  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#: Amount of Contributor out-of-state PAC (ID#: Amount of Contributor address; City State; Zip Code  2735 Jadisan Oak, McLinney  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#: Amount of Contributor out-of-state PAC (ID#: Amount of Contributor out-of-state PAC (ID#: Amount of Contributor out-of-state PAC (ID#: Amount of Contributor)  Date  Full name of contributor  Out-of-state PAC (ID#: Amount of Contributor)  Date  Full name of contributor  Out-of-state PAC (ID#: Amount of Contributor)  Out-of-state PAC (ID#: Amount of Contributor)  Date  Full name of contributor  Out-of-state PAC (ID#: Amount of Contributor)  Out-of-state PAC (ID#: Amount of Contributor)	ID (Ethics Commission Filers)
Contributor address; City; State; Zip Code  10398 Fm 2447 Chappell Hill, 74 77476  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount  O4-73 Contributor address; City State; Zip Code 75071  2725 Jnd: an Dak Melinney  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	unt of contribution (\$)
Date  Full name of contributor  Out-of-state PAC (ID#	unt of contribution (\$)
Contributor address; City State; Zip Code  2725 Indian Dak McLinney,  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#	ine I
Sail Makal	sunt of contribution (\$)
Contributor address; City; State; Zip Code  31 Z W . Vulkan St., Brankan Ti  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ount of contribution (\$)

# 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	Decell Estep	3 Filer ID (Ethics Commission Filers)
4 Date	6 Contributor address; City; State; Zi 3560 Bluebonnet BW Blendam;	p Code
8 Principal occu	pation / Job title (See Instructions)  9 Employe	Rofinstructions)
Date	Full name of contributor out-of-state PAC (ID#	Allount of contabation (4)
10-4-23	Contributor address; City; State; Z	
Principal occup	1055 35 Sowm:11 129, Brank on, 5. pation / Job title (See Instructions) Employee	r (See Instructions) Rotine
Date 10-4-73	Contributor address; City; State; Zi	#300.00
Dringing Local	BOO W. BI: AT wood, Branky, Topation / Job title (See Instructions) Employe	77833
Tilliopal occu	Tanana and the control of the contro	Rotired
Date \6-23	Full name of contributor  CONIND  Contributor address;  City;  State; Zi  Contributor Address;  State; Zi	\$25.00
Principal occu		(See Instructions)

### 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 POLEIL ESTEP	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor  out-of-state PAC (ID#	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct Afformation)	[20] (1) [1] [1] [1] (1] [2] (1] [2] (1] (2] (2] (2] (2] (2] (2] (2] (2] (2] (2
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address; City; State; Zip Code  405 M. Baylor, Branlan, 7x77833  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instruct  A#0	ions)
Date  Full name of contributor  Decek Estep  Contributor address;  City; State; Zip Code  Record Am Tx  2009 Timber I. Me Lt, 74833	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)

# 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:
2 FILER NAME Derek ESAP	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$
6 Full name of contributor out-of-state PAC (ID#:	In-kind contribution description  Solution   In-kind contribution description    Solution   In-kind contribution description    Solution   In-kind contribution description    Solution   In-kind contribution    Solution   In-ki
Principal occupation 7 300 title (FOR NON-3001CIAL)(See Instructions)	II Employer (FOR NON-ODDIONE) (Coo mandatoria)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	16 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 out-of-state PAC (ID#:  Contributor address; City; State;	Amount of Contribution \$ In-kind contribution description  Zip Code  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)	
ATTACH ADDITIONAL COPIES OF TH	NO SCHEDIN E AS MEEDED

# 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 Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District **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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Zip Code 2758 FM 389, Blanker, Tx 7783 #693.75 (a) Category (See Categories listed at the top of this schedule) 8 Campsign Kick off event **PURPOSE** Food of Beverage OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Revolution Printing 11-29-23 Amount (\$) Payee address: 9439 FM 1371, Chappell 211, 7x 77426 \$ 375.00 Category (See Categories listed at the top of this schedule) **PURPOSE** magnific signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name BISD Softball Fundraiser City: State; 12-7-23 Amount (\$) \$150.00 575 AHE his Dr. Brenham, 7x 77873 Category (See Categories listed at the top of this schedule) Description Confibetion **PURPOSE** Contibation EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

# 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

Event Expense Fees Food/Beverage Expense Gitt/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)

Total pages Schedule F1:	2 FILER NAME DURCK IStep	3 Filer ID (Ethics Commission Filers)
D-t-		
12-9-23	BIOND I+	Graph: X
Amount (\$)	7 Payee address;	City; State; Zip Code
1,200.00	2507 Becker 2	Dr.; Breeken Tx 37853
	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Printing	Campain Sins
	(c) 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	
11-17-23	Washington 1	City; State; Zip Code
Amount (\$)	Payee address;	City; State; Zip Code
#1250.00	100 W. MA:n, E	Sionhar, TX 77833
THE PERSON NAMED IN PRO-	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Filig Fre For 2074 Election
	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	
8/29/23	BANK OF SI	show
Amount (\$)	Payee address;	City; State; Zip Code
母 37.50	PU BOX 606, Br.	onham, Tx 77833
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Checks BiCappion
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

# 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
Candidated Departs

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Political CreditCard Payment	Committee Legal Services Salaries/V  The Instruction Guide explains how to committee	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	Level L Ste	3 Filer ID (Ethics Commission Filers)
4 Date 12-3123	5 Payee name	gymn Sewices
6 Amount (\$) \$ 59.02	7 Payee address; 354 Oys-ler Post	City; State; Zip Code South San Francisco, of Blod, CA 94080
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  on Inc Donations -  7/1/73-12/3/127
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T.  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
	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	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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		