

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

3 CANDIDATE / OFFICEHOLDER NAME

MRS / MESS / MR FIRST: BREG MI: M
NICKNAME: CAPERS LAST: SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE:

2001 SHAW Rd CLEVELAND, TEX 77328

Change of Address

Date filed / Date received / Date estimated

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (281) PHONE NUMBER: 797-1750 EXTENSION:

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MIS / MRS / MR FIRST: JAY MI: M
NICKNAME: CAPERS LAST: SUFFIX:

Date Filed

Date Imaged

RECEIVED

JUL 15 2024

SAN JACINTO COUNTY
ELECTION ADMINISTRATOR

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:

2001 SHAW Rd CLEVELAND Tex 77328

8 CAMPAIGN TREASURER PHONE

AREA CODE: (832) PHONE NUMBER: 407-4203 EXTENSION:

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: 2 Day: 26 Year: 24 THROUGH Month: 7 Day: 15 Year: 24

11 ELECTION

ELECTION DATE: Month: Day: Year: ELECTION TYPE: Primary Runoff Other Description General Special

12 OFFICE

OFFICE HELD (if any)

SHERIFF OF SAN JACINTO CO.

13 OFFICE SOUGHT (if known)

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.

Additional Pages

COMMITTEE TYPE

- GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME

Greg Capers

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)

\$

35,641.15

EXPENDITURE TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

46,812.67

CONTRIBUTION BALANCE

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

\$

3,484.16

OUTSTANDING LOAN TOTALS

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

\$

0

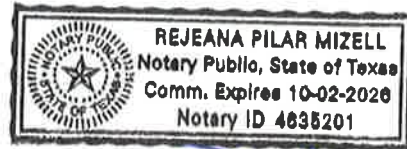
18 SIGNATURE

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Greg Capers this the 15 day of July

24 to verify which, witness my hand and seal of office

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(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 Greg CAPERS 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 816.15
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5046.86
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 1

2 FILER NAME GREG CAPERS

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 816.15

5 Date <u>3/1/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <u>Bianco Garcia @davpatrick.org</u>	8 Amount of Contribution \$ <u>\$816.15</u>	9 In-kind contribution description
7 Contributor address: City: State: Zip Code <u>CAPITAL AUSTIN TEXAS</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) LT. GOVERNMENT

11 Employer (FOR NON-JUDICIAL) (See Instructions)

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)

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

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 | Selection/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Travel/Car 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: **6** 2 FILER NAME: **GREG CAPERS** 3 Filer ID (Ethics Commission Filers):

4 Date: **2-24-24** 5 Payee name: **HEBERT'S Cajun Food & BBQ**

6 Amount (\$): **\$126.00** 7 Payee address: **Hwy 156 Cold Springs TEXAS**

8 PURPOSE OF EXPENDITURE: **EVENT EXPENSE** (b) Description: **EARLY VOTING**

(c) Check if travel outside of Texas. Complete Schedule F1 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: **2-26-24** Payee name: **WALMART**

Amount (\$): **\$60.76** Payee address: **831 Highway 59 Cleveland TX 77327**

PURPOSE OF EXPENDITURE: **EVENT EXPENSE** Description: **EARLY VOTING**

Check if travel outside of Texas. Complete Schedule F1 Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **2-26-24** Payee name: **JAMES CONEX**

Amount (\$): **\$49.89** Payee address: **9813 FM Bypass Humble TX**

PURPOSE OF EXPENDITURE: **EVENT EXPENSE** Description: **EARLY VOTING**

Check if travel outside of Texas. Complete Schedule F1 Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME **BREG CAPERS** 3 Filer ID (Ethics Commission Filers)

4 Date **2-27-24** 5 Payee name **M&D Ace Hardware**
 6 Amount (\$) **\$ 32.45** 7 Payee address **108 N. Washington** City **Cleveland** State **Tx** Zip Code **77327**

8 PURPOSE OF EXPENDITURE
 (a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description **Ball Cord 25PKB**
 (c) Check if travel outside of Texas. Complete Schedule T 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 **2-27-24** Payee name **SAN JACINTO STRUTTERS/NWFT**
 Amount (\$) **600.00** Payee address **231 Beverly Drive** City **Shepherd** State **Tx** Zip Code **77371**

PURPOSE OF EXPENDITURE
 Category (See Categories listed at the top of this schedule) **Event Expense** Description **FOR TABLE**
 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 **2-28-24** Payee name **At Donut ColdSpring**
 Amount (\$) **\$ 22.24** Payee address **201 Highway 150 Suite** City **ColdSpring** State **Tx** Zip Code **77331**

PURPOSE OF EXPENDITURE
 Category (See Categories listed at the top of this schedule) **Event Expense** Description **Food / Early Voting**
 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

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 |
| Presidential Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 2.28.24 5 Payee name Greg Capers The Hop

6 Amount (\$) \$50.00 7 Payee address City State Zip Code Highway 150 ColdSpring TX 77331

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) EVENT EXPENS (b) Description Food / WORKERS (c) Check if travel outside of Texas. Complete Schedule F 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 2.29.24 Payee name Hebert's Cajun Food

Amount (\$) \$135.13 Payee address City State Zip Code Highway 156 ColdSpring TX 77331

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) EVENT EXPENSE Description Food / WORKERS Check if travel outside of Texas. Complete Schedule F Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3-4-24 Payee name 445 W Southline ST

Amount (\$) \$38.00 Payee address City State Zip Code CR 2394 Cleveland TX 77327

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Description Fuel Check if travel outside of Texas. Complete Schedule F Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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 |
| Direct Cash Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>BREG CAPERS</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>WALMART</i>	
6 Amount (\$)	7 Payee address	City State Zip Code
<i>\$128.06</i>	<i>831 Highway 595</i>	<i>Cleveland Tx 77327</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Event Expense</i>	<i>Food / workers</i>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F1 <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	Payee name	
<i>3-7-24</i>	<i>SAN JACINTO Co Election Administrator</i>	
Amount (\$)	Payee address	City State Zip Code
<i>\$800.00</i>		<i>ColdSpring Tx 77331</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Event Expense</i>	<i>PETITION REQUESTING A RECORD</i>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F1 <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	
<i>1-4-24</i>	<i>SAN JACINTO Co Election Administrator</i>	
Amount (\$)	Payee address	City State Zip Code
<i>\$13.56</i>		<i>ColdSpring Tx 77331</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Fees</i>	<i>Public Records Change</i>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F1 <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

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME *B-Reg CAPERS* 3 ACCOUNT # (Ethics Commission Filers)

4 Date *1-10-24* 5 Payee name *SAR JACINTO Co Republican PARTY*

6 Amount (\$) *1000.00* 7 Payee address; City; State; Zip Code *Cold Spring TEXAS 77331*

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) *Advertising Expense* (b) Description (If travel outside of Texas, complete Schedule T) *Event Expense/TABLE*
 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 *1-10-24* Payee name *LnDe Side Building Supply*

Amount (\$) *64.96* Payee address; City; State; Zip Code *PO Box 429 Cold Spring, TX 77331*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Advertising Expense* Description (If travel outside of Texas, complete Schedule T) *Supply's*
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *2-3-24* Payee name *SAR JACINTO Co Republican PARTY*

Amount (\$) *1800.00* Payee address; City; State; Zip Code *Cold Spring, TX 77331*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *REGAN DINNER* Description (If travel outside of Texas, complete Schedule T) *Event Expense*
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *2-6-24* Payee name *Sign 2 Direct, Co*

Amount (\$) *1200.00* Payee address; City; State; Zip Code *Sign2direct@earthlink.net*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Advertising Expense* Description (If travel outside of Texas, complete Schedule T) *FIXES-16*
 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

SCHEDULE F/

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME *Greg CAPERS* 3 ACCOUNT # (Ethics Commission Filers)

4 Date *3-14-24* 5 Payee name *Amanda's Bites*

6 Amount (\$) *\$263.80* 7 Payee address; City; State; Zip Code
12991 Tx 156 ColdSpring Tx 77331

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) *Event Expense* (b) Description (If travel outside of Texas, complete Schedule T) *Lunch for workers*
 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 *3-15-24* Payee name *American Legion 629*

Amount (\$) *\$170.00* Payee address; City; State; Zip Code
Camilla, Tex

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Event Expense* Description (If travel outside of Texas, complete Schedule T) *Lunch for workers*
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *3-15-24* Payee name *Family Dollar*

Amount (\$) *\$18.03* Payee address; City; State; Zip Code
14620 State Hwy 150 W ColdSpring, Tx. 77331

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Event Expense* Description (If travel outside of Texas, complete Schedule T) *Snacks for workers*
 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 (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