

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 **12**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr **Bruce**
NICKNAME LAST SUFFIX
Arfsten

OFFICE USE ONLY

RECEIVED

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX APT / SUITE #, CITY STATE, ZIP CODE
[REDACTED], Addison TX 75001

Date Received
APR - 6 2023

**CITY SECRETARY
ADDISON, TX**

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) [REDACTED]

Date Hand-delivered or Registered

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms **Harriet**
NICKNAME LAST SUFFIX
Mellow

Receipt # Amount \$

Date Processed

Date Imaged
4-7-2023

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
14840 Lochinvar Dr, Dallas TX 75254

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) **387-5785**

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 Month Day Year
1 / 1 / 23 THROUGH **4 / 5 / 23**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 6 / 23 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayor, Addison

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 Bruce Arfsten		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,045.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,530.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,094.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Bruce Arfsten, and my date of birth is [REDACTED].

My address is [REDACTED], Addison, TX, 75001, USA.

(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 6th day of April, 2023.

Bruce Arfsten
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME Bruce Arfsten		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,045.00
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 75.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,530.26
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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: 5
2 FILER NAME Bruce Arfsten		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2023	5 Full name of contributor out-of-state PAC (ID# _____) Mary Jo Cater 6 Contributor address; City; State; Zip Code 17043 Vinland Dr, Addison TX 75001	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/24/2023	Full name of contributor out-of-state PAC (ID# _____) Kristin Duggins Contributor address; City; State; Zip Code 12801 E. 69th St. N, Owasso OK 74055	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2023	Full name of contributor out-of-state PAC (ID# _____) Harriet Mellow Contributor address; City; State; Zip Code 14840 Lochinvar Dr, Dallas TX 75254	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2023	Full name of contributor out-of-state PAC (ID# _____) Nancy Williams Contributor address; City; State; Zip Code 3920 Bobbin Ln, Addison TX 75001	Amount of contribution (\$) 200.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Bruce Arfsten		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Armando Codina	7 Amount of contribution (\$) 500.00
	6 Contributor address; City, State, Zip Code 2020 Salzedo Street, Coral Gables FL 33134	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert Reed	Amount of contribution (\$) 50.00
	Contributor address; City, State, Zip Code 19375 RM 1565, Terrell TX 75160	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Ralph Mattison	Amount of contribution (\$) 500.00
	Contributor address; City, State, Zip Code 2617 Cross Haven Dr, Flower Mound TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Tracey Pals	Amount of contribution (\$) 100.00
	Contributor address; City, State, Zip Code 3820 Northaven Rd, Dallas TX 75229	
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Bruce Arfsten		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Rafael Romero	7 Amount of contribution (\$) 250.00
6 Contributor address; City, State, Zip Code 10 Aragon Ave #1520, Coral Gables FL 33134		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Phillips	Amount of contribution (\$) 25.00
Contributor address; City, State, Zip Code 2912 Echo Ct, Carrollton TX 75007		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Rachel Guss	Amount of contribution (\$) 75.00
Contributor address; City, State, Zip Code 7013 Cattle Drive, Fort Worth TX 76179		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Ian Nelson	Amount of contribution (\$) 25.00
Contributor address; City, State, Zip Code 10420 Estate Ln, Dallas TX 75238		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**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: 5
2 FILER NAME Bruce Arfsten		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2023	5 Full name of contributor out-of-state PAC (ID# _____) Michael Placencio	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code 3412 Wild Oaks Ct, Burleson TX 76028	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID# _____) DnG Construction	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code 5324 Davis Blvd, North Richland Hills TX 76180	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor out-of-state PAC (ID# _____) Greg Roemer	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 9617 Lakemont Dr, Dallas TX 75220	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor out-of-state PAC (ID# _____) Jim Duffy	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 3887 Ridgelake Ct, Addison TX 75001	
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Bruce Arfsten		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2023	5 Full name of contributor out-of-state PAC (ID# _____) Vickie Winton	7 Amount of contribution (\$) 500.00
	6 Contributor address; City, State, Zip Code 13401 Thoroughbred Dr, Dade City FL 33525	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/26/2023	Full name of contributor out-of-state PAC (ID# _____) Mike Trefny	Amount of contribution (\$) 20.00
	Contributor address; City, State, Zip Code 4119 Province Dr, Carrollton TX 75007	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2023	Full name of contributor out-of-state PAC (ID# _____) Addison Public Safety PAC	Amount of contribution (\$) 2,000.00
	Contributor address; City, State, Zip Code 9418 Chimney Corner Ln, Dallas TX 75243	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City, State, Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 Bruce Arfsten		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 75.00	
5 Date 03/08/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnny Winton	8 Amount of Contribution \$ 75.00	9 In-kind contribution description Meet & greet event
7 Contributor address; City; State; Zip Code 13401 Thoroughbred Dr, Dade City FL 33525		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			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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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.

1 Total pages Schedule F1: 3	2 FILER NAME Bruce Arfsten	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Payee name US Postal Service	
6 Amount (\$) 63.00	7 Payee address; City; State; Zip Code 4900 Airport Pkwy, Addison TX 75001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office expense	(b) Description Postage stamps
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 03/06/2023	Payee name Wix.com, Inc.	
Amount (\$) 389.70	Payee address; City; State; Zip Code wix.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 03/09/2023	Payee name Staples	
Amount (\$) 21.64	Payee address; City; State; Zip Code 4400 Belt Line Rd, Addison TX 75001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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.

1 Total pages Schedule F1: 3	2 FILER NAME Bruce Arfsten	3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2023	5 Payee name Value Added Printing	
6 Amount (\$) 102.84	7 Payee address; City; State; Zip Code 401 N. Central Expwy, Richardson TX 75080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Business cards
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/20/2023	Payee name Rush Order Tees	
Amount (\$) 843.81	Payee address; City; State; Zip Code Rushordertees.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-shirts
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/27/2023	Payee name VistaPrint.com	
Amount (\$) 58.43	Payee address; City; State; Zip Code vistaprint.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Note cards
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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	2 FILER NAME Bruce Arfsten	3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2023	5 Payee name Staples	
6 Amount (\$) 21.62	7 Payee address; City; State; Zip Code 4400 Belt Line Rd, Addison TX 75001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office expense	(b) Description Office supplies
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 03/29/2023	Payee name VistaPrint.com	
Amount (\$) 29.22	Payee address; City; State; Zip Code vistaprint.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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) Advertising Expense	Description Note cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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