

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

John

B

Hutcherson

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4415 Gus Thomasson
Mesquite, TX 75150

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 683-4032

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

Thomas

Latham

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1260 Sabson
Sunnyvale, TX 75182

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 226-2297

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 \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

11 / 1 2016

THROUGH

12 / 31 2016

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

Primary

Runoff

Other
Description

11 / 8 / 16

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

JP 2-1 Dallas County

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1200⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 6475⁴¹

CONTRIBUTION
BALANCE

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

\$ 3773¹³

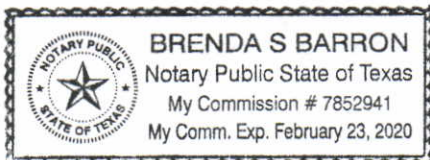
OUTSTANDING
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Brian Hutcherson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brian Hutcherson, this the 17 day of January, 2017, to certify which, witness my hand and seal of office.

Doreen
Signature of officer administering oath

Brenda S. Barron
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1200 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6475 ⁴¹
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1- Total pages Schedule A1: **1**

2 FILER NAME

Brian Hutcheson

3 Filer ID (Ethics Commission Filers)

4 Date

11/26

5 Full name of contributor

First Ladies Republican Club PAC

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

200⁰⁰

6 Contributor address;

P.O. Box 497092

City: State: Zip Code

Garland TX 75049

8 Principal occupation / Job title (See Instructions)

PAC

9 Employer (See Instructions)

Date

11/26

Full name of contributor

Republican Candidate Resource Com. PAC

out-of-state PAC (ID# _____)

Amount of contribution (\$)

1000⁰⁰

Contributor address;

P.O. Box 22060

City: State: Zip Code

Austin, TX 78768

Principal occupation / Job title (See Instructions)

PAC

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)

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6	2 FILER NAME Brian Hutcheson	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date 11/3	5 Payee name First Graphic Services
-----------------------	---

6 Amount (\$) 1718⁴²	7 Payee address: City: State: Zip Code 229 GAVON Garland TX 75040
---	---

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

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

Date 11/7	Payee name TGI Fridays
---------------------	----------------------------------

Amount (\$) 877⁹⁴	Payee address: City: State: Zip Code 3700 Towne Crossing Mesquite TX 75150
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Election Watch Party
------------------------	--	--

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

Date 11/7	Payee name TGI Fridays
---------------------	----------------------------------

Amount (\$) 50⁰¹	Payee address: City: State: Zip Code 3700 Towne Crossing Mesquite TX 75150
---------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Election Watch Party
------------------------	--	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6	2 FILER NAME Brian Hutcherson	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date 11/10	5 Payee name Zach Fisher
------------------------	------------------------------------

6 Amount (\$) 265⁰⁰	7 Payee address; City; State; Zip Code 2500 Cottonwood Mesquite TX 75150
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Crew
-----------------------------	--	---

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

Date 11/10	Payee name Lane Moorehead
----------------------	-------------------------------------

Amount (\$) 195⁰⁰	Payee address; City; State; Zip Code 2433 Cardinal Garland TX 75042
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Crew
------------------------	--	---

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

Date 11/10	Payee name Tillie Perkins
----------------------	-------------------------------------

Amount (\$) 1450⁰⁰	Payee address; City; State; Zip Code 619 Las Brisas Mesquite TX 75149
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Worker
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Gift/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: <i>6</i>	2 FILER NAME <i>Brian Hutcherson</i>	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date <i>11/18</i>	5 Payee name <i>Dos Banderas</i>
------------------------	-------------------------------------

6 Amount (\$) <i>233²³</i>	7 Payee address: City: State: Zip Code <i>644 Main Garland TX 75040</i>
--	--

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

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

Date <i>11/21</i>	Payee name <i>Sam's</i>
----------------------	----------------------------

Amount (\$) <i>48⁶⁵</i>	Payee address: City: State: Zip Code <i>5555 Buckner Dallas TX 75228</i>
---------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Paper Goods</i>
------------------------	--	---

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

Date <i>11/22</i>	Payee name <i>Donuts by George</i>
----------------------	---------------------------------------

Amount (\$) <i>82⁰⁰</i>	Payee address: City: State: Zip Code <i>4133 Broadway #100 Garland TX 75043</i>
---------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Cup Cakes</i>
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6	2 FILER NAME Brian Hutcherson	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date 11/22	5 Payee name Peppers
------------------------	--------------------------------

6 Amount (\$) 332²⁸	7 Payee address; City; State; Zip Code 3600 Gus Thomason Mesquite TX 75150
--	--

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

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

Date 12/6	Payee name Mardel
---------------------	-----------------------------

Amount (\$) 86³⁵	Payee address; City; State; Zip Code 2308 Galloway Mesquite TX 75150
---------------------------------------	--

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

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

Date 12/10	Payee name Emilie Metzger
----------------------	-------------------------------------

Amount (\$) 100⁰⁰	Payee address; City; State; Zip Code 414 Ranchero Sunnyvale TX 75182
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense First Ladies Rep Christmas Party Food
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6 2 FILER NAME Brian Hutcheson 3 Filer ID (Ethics Commission Filers)

4 Date 12/10 5 Payee name Brad Underwood

6 Amount (\$) 220⁰⁰ 7 Payee address: City: State: Zip Code
921 Via Coronado Mesquite TX 75150

8 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
RED Club Christmas Party Food

9 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

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6 2 FILER NAME Brian Hutcheson 3 Filer ID (Ethics Commission Filers)

4 Date 12/16 5 Payee name Snapfish

6 Amount (\$) 225⁰⁰ 7 Payee address, City: State: Zip Code 303 Second San Francisco CA 94107

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

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

Date 12/16 Payee name Snapfish

Amount (\$) 214⁸⁸ Payee address, City: State: Zip Code 303 Second San Francisco CA 94107

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

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

Date 12/22 Payee name Post Office

Amount (\$) 376⁰⁰ Payee address, City: State: Zip Code 3260 Saturn Garland TX 75041

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED