

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 8			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST	SUFFIX			
Robert Aaron Meek						
Date Received						
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	PO Box 1436		Cedar Hill	TX	75106	
<input type="checkbox"/> Change of Address						
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(214 )	770-1376				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
Mrs. Tori Jaquess						
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	1105 E. Main St.		262	Allen	TX	75002
(Residence or Business)						
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(214 )	675-8800				
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year
	9	28	2018	THROUGH	10	27 / 2018
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
11 / 6 / 2018			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)		
				Sheriff		

**GO TO PAGE 2**



# 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	\$3,765.64
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2,749.95
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$.00
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$.00
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$3,015.50
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**3**

**2** FILER NAME  
Robert Aaron Meek

**3** Filer ID (Ethics Commission Filers)

**4** Date  
10/10/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tamra Williams

**7** Amount of contribution (\$)  
\$100.00

**6** Contributor address; City; State; Zip Code  
5518 Miller Heights Dr Rowlett TX 75088

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
10/09/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Cindy Burkett Campaign

Amount of contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
PO Box 850975 Mesquite TX 75185

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/09/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Metrocrest Republican Club PAC

Amount of contribution (\$)  
\$365.64

Contributor address; City; State; Zip Code  
12705 Epps Field Rd Farmers TX 75234

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/17/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Phillip Huffines

Amount of contribution (\$)  
\$200.00

Contributor address; City; State; Zip Code  
409 Ridgeview Drive Richardson TX 75080

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**3**

**2** FILER NAME  
Robert Aaron Meek

**3** Filer ID (Ethics Commission Filers)

**4** Date  
10/18/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ronney Nanney

**7** Amount of contribution (\$)  
\$100.00

**6** Contributor address; City; State; Zip Code  
1649 Texas Plume Cedar Hill TX 75104

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
10/19/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nicholas Weidenkopf

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
528 Tiffany Trail Richardson TX 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/19/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kimberly Locus

Amount of contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
9129 Locarno Dr Dallas TX 75243

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/26/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dale Jacobs

Amount of contribution (\$)  
\$200.00

Contributor address; City; State; Zip Code  
1019 Hampshire Carrollton TX 75007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**3**

**2** FILER NAME  
Robert Aaron Meek

**3** Filer ID (Ethics Commission Filers)

**4** Date  
10/26/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dallas Eagle Forum PAC

**7** Amount of contribution (\$)  
\$300.00

**6** Contributor address; City; State; Zip Code  
5609 Ursula Lane Dallas TX 75229

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
10/26/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JKS Hampton, LLC

Amount of contribution (\$)  
\$1,000.00

Contributor address; City; State; Zip Code  
2407 S. Hampton Rd Dallas TX 75224

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/26/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jerry Smith

Amount of contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
PO Box 380880 Duncanville TX 75138

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/26/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Unitemized Unitemized

Amount of contribution (\$)  
\$145.00

Contributor address; City; State; Zip Code  
Unitemized Unitemized TX 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Robert Aaron Meek	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/27/18	<b>5</b> Payee name Cedar Hill Chamber	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 300 Houston Street Cedar Hill TX 75104	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/23/18	Payee name Trinity Parking, Dallas on Street	
Amount (\$) \$6.75	Payee address; City; State; Zip Code various Dallas TX 75081	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/04/18	Payee name Sessions Fundraiser	
Amount (\$) \$200.00	Payee address; City; State; Zip Code P.O. Box 823047 Dallas TX 75382	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4		<b>2</b> FILER NAME Robert Aaron Meek		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/15/18		<b>5</b> Payee name Dallas Young Republicans			
<b>6</b> Amount (\$) \$13.88		<b>7</b> Payee address; City; State; Zip Code 11617 N. Central Dallas TX 75243 Expressway, Suite 240			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description <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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 10/18/18		Payee name Jalisco Fundraiser			
Amount (\$) \$327.20		Payee address; City; State; Zip Code various Dallas TX 75243			
<b>PURPOSE OF EXPENDITURE</b>		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 10/27/18		Payee name Ed Gray & Assoc			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 22610 Us Highway 281 San Antonio TX 78258 N			
<b>PURPOSE OF EXPENDITURE</b>		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	
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Robert Aaron Meek	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 10/23/18	<b>5</b> Payee name Home Depot				
<b>6</b> Amount (\$) \$488.97	<b>7</b> Payee address; City; State; Zip Code various Dallas TX 75243				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09/28/18	Payee name Jotform				
Amount (\$) \$19.00	Payee address; City; State; Zip Code 111 Pine Street, Suite 1815 San Francisco CA 94111				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/01/18	Payee name Walmart				
Amount (\$) \$127.13	Payee address; City; State; Zip Code various Dallas TX 75243				
<b>PURPOSE OF EXPENDITURE</b>	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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Robert Aaron Meek	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/22/18	<b>5</b> Payee name QT, 711, FTD	
<b>6</b> Amount (\$) \$65.07	<b>7</b> Payee address; City; State; Zip Code various Dallas TX 75243	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/16/18	Payee name Supply Order	
Amount (\$) \$27.95	Payee address; City; State; Zip Code online Dallas TX 75243	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/22/18	Payee name First Graphics	
Amount (\$) \$1,299.00	Payee address; City; State; Zip Code 229 Garvon St Garland TX 75040	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Robert Aaron Meek	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/24/18	<b>5</b> Payee name Allyn Media	
<b>6</b> Amount (\$) \$2,951.31 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 3838 Oak Lawn Ave, Dallas TX 75219 Suite 400	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 10/19/18	Payee name Home Depot	
Amount (\$) \$16.21 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code various Dallas TX 75243	
<b>PURPOSE OF EXPENDITURE</b>	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 10/08/18	Payee name Constant Contact	
Amount (\$) \$47.98 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 Trapelo Rd, 3rd floor Waltham MA 02451	
<b>PURPOSE OF EXPENDITURE</b>	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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