



# TEXAS ETHICS COMMISSION AFFIDAVIT

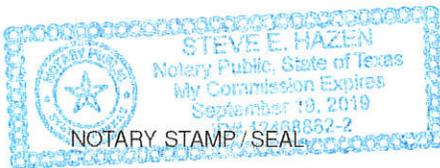
OFFICE USE ONLY	
Date Received	
RECEIVED DALLAS	
COUNTY ELECTIONS	
2018 JAN 31 01:34 PM	
Date Hand-delivered or Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

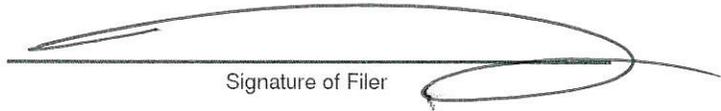
Complete this affidavit if you are raising a defense to late filing.

Filer Name	Filer ID #
MICHAEL OROZCO	

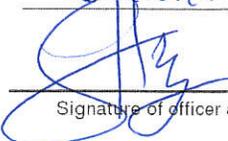
I swear, or affirm, under penalty of perjury, that the following statement is in all things true and correct.

I LOST INVOICES DUE TO COMPUTER FAILURE. I HAD TO HAVE COMPUTER FILES RECOVERED. I HAVE PURCHASED NOW PURCHASED A FLASH DRIVE TO AVOID ANY FUTURE COMPUTER CRASHES. FINANCIALS AND INVOICES ARE NOW BACKED UP ON A FLASH DRIVE.



  
Signature of Filer

Sworn to and subscribed before me by Michael Orozco this the 31<sup>st</sup> day of January, 20 18, to certify which, witness my hand and seal of office.

 Signature of officer administering oath  
Steve E. Hazen Printed name of officer administering oath  
notary Title of officer administering oath

# 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	MS / MRS / MR <input checked="" type="radio"/>	FIRST MICHAEL	MI A	OFFICE USE ONLY			
	NICKNAME	LAST GROZZO	SUFFIX			Date Received RECEIVED DALLAS COUNTY ELECTIONS 2018 JAN 31 01:34 PM	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Date Postmarked		
	6155 E. MOCKINGBIRD LN # 127 DALLAS, TX 75214						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #			
	(214)	236-0463		Amount \$			
6 CAMPAIGN TREASURER NAME	MS MRS / MR <input checked="" type="radio"/>	FIRST MICHAEL	MI A	Date Processed			
	NICKNAME	LAST MONTJOYA	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE		
	6304 REIGER AV DALLAS, TX 75214						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(214)	404-2280					
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	11	14	2017	THROUGH	12	31	2017
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	03	06	2018	<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
			DALLAS COUNTY CONSTABLE PCT. 5				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **MICHAEL OROZCO** 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4917. <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5183
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000. <sup>00</sup>

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.

STEVE E. HAZEN  
Notary Public, State of Texas  
My Commission Expires  
September 19, 2019  
ID# 12468862-2

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Orozco, this the 31<sup>st</sup> day of January, 20 18, 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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> MICHAEL GROZCO	<b>20 Filer ID (Ethics Commission Filers)</b>
----------------------------------------	-----------------------------------------------

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000. <sup>00</sup>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4817. <sup>00</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME  
**MICHAEL OROZCO**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ **10,000.00**

5 Date of loan  
**11-14-17**

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)  
**MICHAEL OROZCO**

9 Loan Amount (\$)  
**10,000.00**

6 Is lender a financial Institution?  
Y  N

8 Lender address; City; State; Zip Code  
**6155 E. MOCKINGBIRD LN # 127  
DALLAS, TX ~~75204~~ 75214**

10 Interest rate  
**Ø**  
11 Maturity date  
**12-31-2018**

12 Principal occupation / Job title (See Instructions)  
**REALTOR**

13 Employer (See Instructions)  
**ROGERS HEALY & ASSOCIATES**

14 Description of Collateral  
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan Name of lender  out-of-state PAC (ID#: \_\_\_\_\_) Loan Amount (\$)

Is lender a financial Institution? Lender address; City; State; Zip Code Interest rate  
Y N Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral Check if personal funds were deposited into political account (See Instructions)  
 none

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$)  
 not applicable Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender 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)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>MICHAEL OROZCO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11-14-17</b>		5 Payee name <b>DALLAS COUNTY DEMOCRATIC PARTY</b>			
6 Amount (\$) <b>1000.<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>4209 PARRY AV DALLAS, TX 75223</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>FILING FEE FOR DEMOCRATIC PRIMARY</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>11-15-17</b>		Payee name <b>DALLAS CREATIVE</b>			
Amount (\$) <b>750.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>5620 EASTSIDE AV DALLAS, TX 75214</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>ADVERTISING PRINTING CONSULTING</b>		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	
Date <b>11-16-17</b>		Payee name <b>DALLAS CREATIVE</b>			
Amount (\$) <b>45.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>5620 EASTSIDE AV DALLAS, TX 75214</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WALKLISTS PRINTING</b>		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	

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: <b>5</b>	2 FILER NAME <b>MICHAEL OROZCO</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11-23-17</b>	5 Payee name <b>DALLAS CREATIVE</b>	
6 Amount (\$) <b>372.<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>5620 EASTSIDE AV DALLAS, TX 75214</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING ADVERTISING PRINTING</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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>11-24-17</b>	Payee name <b>DALLAS CREATIVE</b>	
Amount (\$) <b>37.50</b>	Payee address; City; State; Zip Code <b>5620 EASTSIDE AV DALLAS, TX 75214</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WEB SITE PRINTING WALK LIST</b>	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 <b>11-29-17</b>	Payee name <b>DALLAS CREATIVE</b>	
Amount (\$) <b>12.50</b>	Payee address; City; State; Zip Code <b>5620 EASTSIDE AV DALLAS, TX 75214</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING WALK LIST</b>	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	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: <b>5</b>		2 FILER NAME <b>MICHAEL OROZCO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11-30-17</b>		5 Payee name <b>DALLAS CREATIVE</b>			
6 Amount (\$) <b>25.00</b>		7 Payee address; City; State; Zip Code <b>5620 EASTSIDE AV DALLAS TX 75214</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>PRINTING WALKLIST</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12-2-17</b>		Payee name <b>DALLAS CREATIVE</b>			
Amount (\$) <b>12.50</b>		Payee address; City; State; Zip Code <b>5620 EASTSIDE AV DALLAS, TX 75214</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>PRINTING WALKLIST</b>		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	
Date <b>12-8-17</b>		Payee name <b>DALLAS CREATIVE</b>			
Amount (\$) <b>12.50</b>		Payee address; City; State; Zip Code <b>5620 EASTSIDE AV DALLAS, TX 75214</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>PRINTING WALKLIST</b>		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	

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: <b>5</b>		2 FILER NAME <b>MICHAEL GROZCO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12-10-17</b>		5 Payee name <del>MICHAEL</del> <b>DALLAS CREATIVE</b>			
6 Amount (\$) <b>25.<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>5620 EASTSIDE AV DALLAS TX 75214</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>PRINTING WALK LIST</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12-13-17</b>		Payee name <b>DALLAS CREATIVE</b>			
Amount (\$) <b>12.50</b>		Payee address; City; State; Zip Code <b>5620 EASTSIDE AV DALLAS TX 75214</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>PRINTING WALK LIST</b>		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	
Date <b>12-20-17</b>		Payee name <b>DALLAS CREATIVE</b>			
Amount (\$) <b>12.50</b>		Payee address; City; State; Zip Code <b>5620 EASTSIDE AV DALLAS TX 75214</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>PRINTING WALK LIST</b>		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	

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: <b>5</b>	2 FILER NAME <b>MICHAEL OROZCO</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12-5-2017</b>	5 Payee name <b>K &amp; R SCREEN GRAPHICS</b>	
6 Amount (\$) <b>2500.<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>3915 MAIN ST DALLAS, TX 75226</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING SIGNS</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
9 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED