# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00081738		2 Total pages filed: 14	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	<del></del>
OFFICEHOLDER NAME	Ms.	Joanna R.			Date Received	-
					ELECTRONICALLY FILED	)
	NICKNAME			CUEFIV	07/17/2023	
	NICKNAME	LAST Cattanach		SUFFIX	0171172020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF		Υ;	ZIP CODE	Date Hand-delivered or Date Postmarke	∌d
MAILING	6333 E. Mockingbird Ln	., Ste. 147-686			Receipt # Amount	
ADDRESS					, unount	
Change of Address	Dallas, TX 75214				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Ms.	Dorotha Miche	lle			
	NICKNAME	LAST		SUFFIX		
		Ocker				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO F		AP	T / SUITE #; CITY	; STATE; ZIP	CODE
ADDRESS	111 W. Spring Valley Ro	d., Ste. 250				
(Residence or Business)						
,	Richardson, TX 75081					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
TREASURER	(214) 390-5715	JNE NOMBER E	EXTENSION			
PHONE	(214) 390-3713					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasur	rer
					appointment (officeholder only)	
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)	
0 DEDIOD	Month Day You	<u> </u>		Month Day	Voor	
9 PERIOD COVERED	Month Day Yea 01/01/2023		IROUGH	Month Day 06/30/202	Year	
	01/01/2023			00/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
10 ELECTION	Month Day Yea	r   $\square_{P}$	rimary	Runoff	Other	
			-	브		
		XG	eneral	Special		
44 055105	055105 1151 5 (%			Tan office coulous	- ((1)	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	tative District 108	
				State Represent	lative District 100	
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	<b>14</b> Filer ID 00081738	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou I officeholders are required to report this informat	it the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE			
	GENERAL			
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 566.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 4,081.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	
		Ms	Joanna R. Cattanach	
		Signature	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

				3 of 14
18 FILER NA Cattanac	ME h, Joanna R. (Ms.)	<b>19</b> Filer ID 00081738	(Ethics Comn	nission Filers)
20 SCHEDUL NAME OF	SUBTO	TAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	566.96
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	LOANS					SCHEDU	LE <b>E</b>
	The Instructio	on Guide explains how	to complete this f	orm.	1	ages Schedule E: /1 Rpt: 4/14	
	FILER NAME Cattanach, Joan	na R. (Ms.)			3 Filer ID 00081	(Ethics Commission	Filers)
4 .	TOTAL OF UN	IITEMIZED LOANS			<b>I</b>	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
1	Is lender a financial institution?	8 Lender address; C	ity; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructi	ons)	•	
14	Description of Coll  None	ateral		15 Check if personal funds	were deposite	d into political account (See Instructions	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarante	eed (\$)
	not applicable	18 Guarantor address; C	ity; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instructi	ons)	1	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 5/14	Cattanach, Joanna R. (Ms.)		00081738
4	Date	5 Payee name		•
	06/20/2023	GOOGLE		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$2.12	1600 AMPHITHEATRE PKWY		
		Mountain View, CA 94043		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Google drive
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	05/23/2023	GOOGLE		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$2.12	1600 AMPHITHEATRE PKWY		
		Mountain View, CA 94043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Google drive
				Google unve
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
	Data			
	Date	Payee name		
	04/25/2023	GOOGLE		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$2.12	1600 AMPHITHEATRE PKWY		
		Mountain View, CA 94043		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Google drive
				9 20
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		J. 11	S55 Hold

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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)
	Sch: 2/9 Rpt: 6/14	Cattanach, Joanna R. (Ms.) 00081738
4	Date	5 Payee name
	03/21/2023	GOOGLE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.12	1600 AMPHITHEATRE PKWY
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Google drive
		Coogle unive
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	02/21/2023	GOOGLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.12	1600 AMPHITHEATRE PKWY
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Google drive
L	Computate ONII V if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
┕		
	Date	Payee name
	01/24/2023	GOOGLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.12	1600 AMPHITHEATRE PKWY
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Google drive
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>o</b>
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1		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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)
	Sch: 3/9 Rpt: 7/14	Cattanach, Joanna R. (Ms.) 00081738
4	Date	5 Payee name
	06/06/2023	HOSTGATOR
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.32	5005 MITCHELLDALE SUITE 100
		HOUSTON, TX 77092
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Server fee
		Screen rec
Ļ	Commiste ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/06/2023	HOSTGATOR
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	5005 MITCHELLDALE SUITE 100
		HOUSTON, TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Server fee
		Server ree
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	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	04/06/2023	HOSTGATOR
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	5005 MITCHELLDALE SUITE 100
		HOUSTON, TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		server fee
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1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 8/14	Cattanach, Joanna R. (Ms.)
4	Date	5 Payee name
	04/06/2023	HOSTGATOR
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.32	5005 MITCHELLDALE SUITE 100
		HOUSTON, TX 77092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		server fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/06/2023	HOSTGATOR
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	5005 MITCHELLDALE SUITE 100
		HOUSTON, TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Server fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/06/2023	HOSTGATOR
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	5005 MITCHELLDALE SUITE 100
		HOUSTON, TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Server fee
		Sciverice
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 9/14	Cattanach, Joanna R. (Ms.) 00081738
4	Date	5 Payee name
	01/06/2023	HOSTGATOR
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.32	5005 MITCHELLDALE SUITE 100
		HOUSTON, TX 77092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Server fee
		Server lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
_	D-1-	
	Date	Payee name
	06/08/2023	PRESSABLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	110 E. HOUSTON ST
		7TH FLOOR
		SAN ANTONIO, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense hosting fees
		Hosting lees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Date	Davisa nama
	05/08/2023	Payee name PRESSABLE
	Amount (\$) \$45.00	Payee address; City; State; Zip Code  110 E. HOUSTON ST
	\$45.00	
		7TH FLOOR
		SAN ANTONIO, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		hosting fees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Guid	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	12	EII ED NAME	:	•	_		3	Filer ID	(Ethics Commission Filers)
										(Luiics Commission Filers)
	Sch: 6/9 Rpt: 10/14		Cattanach, .	Joanna R. (Ms.)					00081738	
4	Date	5	Payee name							
	04/07/2023		PRESSABL	E						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	ado				
ľ	` '	<u>ا</u> ′	•		State, Zip Ci	Jue				
	\$45.00		110 E. HOU							
			7TH FLOOF	₹						
			SAN ANTO	NIO, TX 78205						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this schodulo)	(b)	Description			
	OF	l` ′	Fees	e Calegories listed at the t	op of this scriedule)	l`		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		1 000				Check if Austin,	, TX,	officeholder living	g expense
							hosting fees			
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office sou	ught			Office he	eld
	expenditure to benefit C/OI	Η								
	Date		Payee name							
	03/08/2023		PRESSABL	E						
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode				
	\$45.00		110 E. HOU	ISTON ST						
			7TH FLOOF							
			SAN ANTO	NIO, TX 78205						
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this schedule)	(b)	Description			
	OF EXPENDITURE		Fees				<b>=</b>			plete Schedule T.
	ZA ZIIDII GILZ						ш	, TX,	officeholder living	g expense
							hosting fees			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ught			Office he	eld
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	02/08/2023		PRESSABL	F						
	Amount (\$)		Payee addres		State; Zip Co	ode				
	\$45.00		110 E. HOU	ISTON ST						
			7TH FLOOF	?						
			SAN ANTO	NIO, TX 78205						
	PURPOSE	(a)	Category (Se			(b)	Description			
	OF	(")	Fees	ee Categories listed at the t	op of this schedule)	(~)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		F663						officeholder living	
							hosting fees			
							-			
-	Complete ONLY if direct	Ц,	Candidate/Offi	ceholder name	Office sou	lapt			Office he	əlq
	expenditure to benefit C/OI		Jananauto/Offic	Contract Haille	Office 300	agrit			Omce III	J. G.
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#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee L	Gift/Awards/Memorials Legal Services The Instruction Gu	·		ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict ı category not liste	d above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 7/9 Rpt: 11/14		Cattanach, J	oanna R. (Ms.)	)					00081738		
4	Date	5	Payee name									
	01/06/2023		PRESSABLE	<b>=</b>								
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Cod	de					
	\$45.00		110 E. HOUS	STON ST								
			7TH FLOOR									
			SAN ANTON	IIO, TX 78205								
8	PURPOSE	(2)					(h)	Description				
١	OF	اس	Category <sub>(See</sub>	e Categories listed at t	he top of this sche	edule)	(5)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		FCC3					<b>=</b>		officeholder livin		
								hosting fees				
9	Complete ONLY if direct		Candidate/Offic	eholder name	0	office souç	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	06/02/2023		PROSPERIT	Y BANK								
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de					
	\$22.50		7031 SNYDE	ER PLZ								
			DALLAS, TX									
	PURPOSE OF	(a)		e Categories listed at t	he top of this sche	edule)	(b)	Description		df.T O	onlass Cabandula T	
	EXPENDITURE		Fees					<b>=</b>		officeholder living	nplete Schedule T. Die expense	
								banking	, 17.,	omeendaer nvm	g expense	
								9				
_	Complete ONLY if direct		Candidate/Offic	eholder name	0	office soug	ght			Office h	eld	
	expenditure to benefit C/OI											
	Date		Payee name									
L	05/02/2023		PROSPERIT	Y BANK			_		_			
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de					
	\$22.50		7031 SNYDE	ER PLZ								
			DALLAS, TX	75205			_		_			
	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<b></b>			nplete Schedule T.	
								banking	, IX,	officeholder living	y expense	
								barining				
	Complete ONLY if direct	Ц	Candidate/Offic	eholder name	0	office sough	thr			Office h	eld	
	expenditure to benefit C/OI		canaladio/Offic	Soidoi Haino	O	00 504(	9'''			J.1100 11	J. J	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		-
	Sch: 8/9 Rpt: 12/14	Cattanach, Joanna R. (Ms.) 00081738	
4	Date	5 Payee name	_
	04/03/2023	PROSPERITY BANK	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$22.50	7031 SNYDER PLZ	
		DALLAS, TX 75205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  banking	
		Saming	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
H	Date	Payee name	=
	03/02/2023	PROSPERITY BANK	
⊢	Amount (\$)	Payee address; City; State; Zip Code	-
	\$22.50	7031 SNYDER PLZ	
		DALLAS, TX 75205	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		banking	
L	0 1: 0.11.7.7.1.		_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
⊨			_
	Date	Payee name	
L	02/02/2023	PROSPERITY BANK	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.50	7031 SNYDER PLZ	
		DALLAC TV 75005	
		DALLAS, TX 75205	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		banking	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	
_			
_			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
L				The Instruction Guid	le explains l	now to compl	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 9/9 Rpt: 13/14		Cattanach,	Joanna R. (Ms.)					00081738		
4	Date	5	Payee name	)							
	01/02/2023		PROSPER								
  -	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Code					
ľ	\$22.50	ľ	7031 SNYI	-	Otolio,	p					
	Ψ22.00		7001 01111								
				=====							
			DALLAS, T	X 75205							
8	PURPOSE	(a)	Category (S	See Categories listed at the	top of this sche	edule) (b)	Description				
	OF EXPENDITURE		Fees				_			plete Schedule T.	
							banking	ı, TX	, officeholder living	g expense	
							banking				
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Off	ficeholder name	C	ffice sought			Office h	eld	
L											
ı											

		FORM C/OH - FR							
	Instruction Guide explains how to complete this form. complete only if "Report Type" on page 1 is marked "Final Report" **	Page 14 of 14							
1 C/OH		2 Filer ID (Ethics Commission Filers)							
Catt	anach, Joanna R. (Ms.)	00081738							
3 SIGN	NATURE								
as a	not expect any further political contributions or political expenditures in connection with my cand final report terminates my campaign treasurer appointment. I also understand that I may not accoaign expenditures without a campaign treasurer appointment on file.								
	Ms. Joann	na R. Cattanach							
		andidate / Officeholder							
4 FU F	R WHO IS NOT AN OFFICEHOLDER								
	omplete A & B below only if you are not an officeholder **								
A C	AMPAIGN FUNDS								
C	heck only one:								
_	I do not have unexpended contributions or unexpended interest or income earned from political contributions.								
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.									
ВА	SSETS								
C	Check only one:								
X	I do not retain assets purchased with political contributions or interest or other income from political contributions.								
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.								
	Ms. Joann	na R. Cattanach							
	Signatur	re of Candidate							
5 000	ICEHOLDER								
_	omplete this section only if you are an officeholder **								
	I am aware that I remain subject to filing requirements applicable to an officeholder who doe also aware that I will be required to file reports of unexpended contributions if, after filing the retain political contributions, interest or other income from political contributions, or assets printerest or other income from political contributions.	e last required report as an officeholder, I							