CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Comr 0008833	nission Filers) 5	2 Total pages	s filed: 21
3	CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	E USE ONLY
	OFFICEHOLDER	Mrs.	Jamie S.				
	NAME				CUEEN	Date Received ELECTRONI 02/05/2024	CALLY FILED
		NICKNAME	LAST Kohlmann		SUFFIX	02/03/2024	
4	CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; (CITY;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
	OFFICEHOLDER MAILING ADDRESS	8310 Midway Rd.				Receipt #	Amount
	Change of Address	Dallas, TX 75209					
		Dailas, 17 75205				Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER NAME	Mr.	Benjamin				
		 NICKNAME	LAST		SUFFIX		
		Ben	Kohlmann				
			Rommann				
6	CAMPAIGN TREASURER	STREET ADDRESS (NC	PO BOX PLEASE	.); Ał	PT / SUITE #; CITY;	5	STATE; ZIP CODE
	ADDRESS	8310 Midway Rd.					
	(Residence or Business)	Dallas, TX 75209					
7	CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION			
	TREASURER	(952) 994-8092					
	PHONE	(302) 334 3032					
8	REPORT						
-	TYPE	January 15	X 30th day be	fore election	Runoff	15th day after	campaign treasurer
					L	appointment (officeholder only)
		July 15	8th day befo	ore election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
9	PERIOD	Month Day Ye	ar		Month Day	Year	
	COVERED	01/01/2024		THROUGH	01/25/202	4	
10	ELECTION	ELECTION DATE	E		ELECTION TYPE		
		Month Day Ye	ar X	Primary	Runoff	Other	
		03/05/2024		General			
				General	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
					State Board Of E	Education Distr	ict 12
		•					
			GC	TO PAGE 2			
For	ms provided by Te	xas Ethics Commission	WWW	.ethics.state.tx.	us	Ve	rsion V3.5.1.9000c47

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 21

13 C / OH NAME	Kohlmann, Jamie S.	(Mrs.)	L4 Filer ID (00088335	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without the d officeholders are required to report this information	e candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 40.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 14,923.72
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 924.26
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$ 47,711.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	•			•
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		Mrs. Ja	mie S. Kohlmann	
		Signature of C	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	. this the	day
		ertify which, witness my hand and seal of office.	, • • • • •	
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f

SUBTOTALS - C/OH		_	FORM C/OH
		C	OVER SHEET PG 3 3 of 21
18 FILER NAME Kohlmann, Jamie S. (Mrs.)		19 Filer ID 00088335	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY	POLITICAL CONTRIBUTIONS		\$ 14,923.72
2. SCHEDULE A2: NON-MONET	ARY (IN-KIND) POLITICAL CONTRIBUTIONS	6	\$
3. SCHEDULE B: PLEDGED CO	NTRIBUTIONS		\$
4. SCHEDULE E: LOANS			\$
5. X SCHEDULE F1: POLITICAL E	XPENDITURES FROM POLITICAL CONTRIB	UTIONS	\$ 680.01
6. SCHEDULE F2: UNPAID INCL	JRRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE C	DF INVESTMENTS FROM POLITICAL CONTR	RIBUTIONS	\$
8. SCHEDULE F4: EXPENDITUR	RES MADE BY CREDIT CARD		\$
9. X SCHEDULE G: POLITICAL EX	PENDITURES FROM PERSONAL FUNDS		\$ 244.25
10. SCHEDULE H: PAYMENT FR	OM POLITICAL CONTRIBUTIONS TO A BUS	INESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAI	L EXPENDITURES FROM POLITICAL CONTR	RIBUTIONS	\$
12. SCHEDULE K: INTEREST, CR TO FILER	EDITS, GAINS, REFUNDS, AND CONTRIBU	TIONS RETURNED	\$
			·

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/21	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Jamie S. (Mrs.)			00088335	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/23/2024	· · ·				\$260.25
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77057				
8			9 Employer (See Instructions	<u>.</u> s)		
	Public Affairs	s	Safespill Systems			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/23/2024	Athon, John			-	\$250.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77057				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	Public Affairs		Safespill Systems	-,		
╞				—	Amount of Contribution (\$)	
	Date 01/02/2024)			\$260.25
	01/02/2024					ΦΖΟΟ.Ζ Ο
		Contributor address; City; State; Zip Code				
		Engine CA 01/26				
┡	Drinsipal agai	Encino, CA 91436		<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions			
L	Managemen	л 	Americas Frontier Fund	, 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/19/2024	Camacho, Vladimir				\$52.05
		Contributor address; City; State; Zip Code		1		
L		Dallas, TX 75202				
	•	upation / Job title (See Instructions)	Employer (See Instructions	S)		
	VP	1	SmrtKargo			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/23/2024	Carruth, Ann				\$104.10
		Contributor address; City; State; Zip Code		•		
		Dallas, TX 75205				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	-,		
⊢		!				

	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/21	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
-		Jamie S. (Mrs.)				00088335	
4	Date	5 Full name of contributor out-of-s	-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/04/2024	Caulkins, Horace					\$260.25
	I	6 Contributor address; City; State; Zip Co	ode				
		Dallas, TX 75230					
8	Principal occu	ipation / Job title (See Instructions)		9 Employer (See Instructions			
	Executive		ļ	Enduring Companies LL	.C		
F	Date	Full name of contributor out-of-s	state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/03/2024	Chesnut, Taylor					\$100.00
	I	Contributor address; City; State; Zip Co					
		Dallas, TX 75243					
	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Engineer		ļ	NA			
╞	Date	Full name of contributor out-of-s	-state PAC (ID#:			Amount of Contribution (\$)	
	01/12/2024	Clay, William		/		Allount of Continuedon (+)	\$250.00
		Contributor address; City; State; Zip Co					¥200.02
		Continuation address, City, State, Zip Co	Jue				
		Brentwood, TN 37027					
⊢	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	SVP	panon, con and (,	ļ	Metropolis	·)		
⊨					—	Amount of Contribution (\$)	
	Date 01/02/2024		-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	01/02/2024	Cox, Steve					ΦT00.00
		Contributor address; City; State; Zip Co	ode				
		Flower Mound, TX 75027					
┝	Dringinal occu	Ipation / Job title (See Instructions)		Employer (See Instructions			
	Retired	pallon / Job lille (See instructions)	ļ	Retired	9		
╘					—		
	Date		-state PAC (ID#:)		Amount of Contribution (\$)	
	01/08/2024	Dillon, Valerie					\$104.10
		Contributor address; City; State; Zip Co	ode				
		1					
L		Dallas, TX 75205					
		upation / Job title (See Instructions)	ļ	Employer (See Instructions			
	Real Estate		ļ	Rogers Healy Associate	!S		

	The Instru	ction Guide explains how to co	omplete this fo	orm.		Total pages Schedule A1: Sch: 3/6 Rpt: 6/21	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		amie S. (Mrs.)				00088335	,
4	Date	5 Full name of contributor out	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/01/2024	Edwards, Will					\$100.00
		6 Contributor address; City; State; Zip					
		Dallas, TX 75214					
		pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
	CEO		Firehawk Areospace				
	Date	Full name of contributor	-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/02/2024	Grabow, Jared and Nicole					\$260.25
		Contributor address; City; State; Zip]		
		Dallas, TX 75220	i				
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	SVP			Sunflower Bank			
	Date	Full name of contributor	-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/13/2024	Gruber, Diane					\$500.00
		Contributor address; City; State; Zip					
	<u></u>	Dallas, TX 75201			Ĺ		
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions	S)		
	DIUKEI			Dave Perry-Millet RE			
	Date		-of-state PAC (ID#:)	·	Amount of Contribution (\$)	
	01/12/2024	Hames, Erin					\$260.25
		Contributor address; City; State; Zip	o Code				
		Atlanta CA 2020E					
	Dringing ogg	Atlanta, GA 30305 pation / Job title (See Instructions)		Employer (See Instructions			
	Headmaster	,		Heritage Preparatory Sc		ı	
	Date		-of-state PAC (ID#:)	·	Amount of Contribution (\$)	*
	01/02/2024	Hulbert, Austin					\$104.10
		Contributor address; City; State; Zip	o Code				
		Auctin TX 79759					
<u> </u>	Dringing accord	Austin, TX 78758		Employer (See Instructions			
	Principal occu Pilot	pation / Job title (See Instructions)		Employer (See Instructions USAF Reserves	5)		

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/21	
2 FILER NAME			3 Filer ID (Ethics Commission	ו Filers)
	Jamie S. (Mrs.)		00088335	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/09/2024	Kruse, Todd			\$104.10
	6 Contributor address; City; State; Zip Code			
	Inver Grove Heights, MN 55076			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Business De	evelopment	Frontier Communication	IS	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/15/2024			\$78.08	
	Contributor address; City; State; Zip Code			
	Wichita, KS 67205			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Economist		The European Conserva	ative	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/09/2024				\$250.00
	Contributor address; City; State; Zip Code			
	Mountain View, TX 94043			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Venture Cap	oital	Forgepoint Capital		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/02/2024	Michelle, Laura			\$104.10
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Realtor		DPMRE	') '	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
01/01/2024		/	Amount of Contribution (4)	\$104.10
01,01,-01	Contributor address; City; State; Zip Code			Ψ±0
	Contributor address, City, State, Zip Code			
	Tucson, AZ 85718			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Retired		Retired	,	

	The Instru	ction Guide explains how to complet	te this fo	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/21	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Kohlmann, J	lamie S. (Mrs.)				00088335	-
4	Date	5 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	
	01/02/2024	Pierce, Aaron					\$260.25
		6 Contributor address; City; State; Zip Code					
		Rockwall, TX 75032					
8		pation / Job title (See Instructions)	1	9 Employer (See Instructions	5)		
	Investor			Pierce Capital			
	Date		PAC (ID#:)		Amount of Contribution (\$)	
	01/22/2024					\$2,500.00	
		Contributor address; City; State; Zip Code					
		Dallas, TX 75225					
	Principal occu	ipation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u> ו)		
	CEO			Charles Potomac Capita		LC	
_	Date	Full name of contributor out-of-state)	<u> </u>	Amount of Contribution (\$)	
	01/05/2024	Potter, Carol	PAC (ID#				\$50.00
	02,00,222						+
		Addison, TX 75001					
	-	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sesal			Self			
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	01/21/2024	Rimann, Courtney					\$260.25
		Contributor address; City; State; Zip Code					
		Dallas, TX 75244					
┝	Principal occu	ipation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u> ו)		
	Attorney			Winston Strawn LLP	,		
╞	Date	Full name of contributor out-of-state)		Amount of Contribution (\$)	
	01/01/2024	Ross, Tara	170 (18	,			\$2,582.64
	•=	Contributor address; City; State; Zip Code					+_,
		Dallas, TX 75230					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Writer			Self			
			<u> </u>				

Amount of Contribution (\$)	The Instruction Guide explains how to complete this form	1 Total pages Schedule A1:	The Instruction Guide explains how to complete this form.	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21	1 Total pages Schedule A1:	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21	I The Instruction Guide explains how to complete this form.	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335	ction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 3 Filer ID (Ethics Commission Filers)	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335		
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tructions) TS Amount of Contribution (\$)		2 FILER NAME 3 Filer ID (Ethics Commission Filers)		Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Konimann, Jamie S. (Mrs.) 00088335		4 Date 15 Full name of contributor		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335	Amount of Contribution (\$)	
Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335	Kohlmann, Jamie S. (Mrs.) 00088335		2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335		Kohlmann, Jamie S. (Mrs.) 00088335		5 Full name of contributor	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 5 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	\$260	60.25
Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	01/23/2024 Saro, Anne \$260	5 Full name of contributor	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 01/23/2024 5 Full name of contributor Saro, Anne out-of-state PAC (ID#:) 7 Amount of Contribution (\$)		
Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/23/2024 Saro, Anne \$260.25	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor Out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/23/2024 Saro, Anne \$260.25	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/23/2024 Saro, Anne \$260.25	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/23/2024 Saro, Anne \$260.25	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/23/2024 Saro, Anne \$260.25	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 01/23/2024 Saro, Anne \$260.25	01/23/2024 Saro, Anne \$260	5 Full name of contributor	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 01/23/2024 5 Full name of contributor Saro, Anne out-of-state PAC (ID#:) Saro, Anne 7		
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7 Amount of Contribution (\$) \$260.25 \$260.25 tructions) TS Amount of Contribution (\$)								Kohlmann, Jamie S. (Mrs.) 00088335		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3	-iler ID (Ethics Commission Filers)	rs)
7 Amount of Contribution (\$) \$260.25 \$260.25 tructions) TS Amount of Contribution (\$)								Kohlmann, Jamie S. (Mrs.) 00088335		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335	Filer ID (Ethics Commission Filers)	rs)
7 Amount of Contribution (\$) \$260.25 \$260.25 tructions) TS Amount of Contribution (\$)								Kohlmann, Jamie S. (Mrs.) 00088335		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335	iler ID (Ethics Commission Filers)	rs)
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7 Amount of Contribution (\$) \$260.25 \$260.25 tructions) TS Amount of Contribution (\$)							<u> </u>	Kohlmann, Jamie S. (Mrs.) 00088335		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335		rs)
	2 EILED NAME 2 Eiler ID (Ethics Commission Eilers)		2 Ell ED NAME 3 Eiler ID (Ethics Commission Eilers)				2 EILED NAME 2 Eiler ID (Ethics Commission Eilers)	Kohlmann, Jamie S. (Mrs.) 00088335		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3		13)
								Kohlmann, Jamie S. (Mrs.) 00088335		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335		rs)
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00088335	Sch: 6/6 Rpt: 9/21	Sch: 6/6 Rnt: 9/21	Sch: 6/6 Rpt: 9/21	2 EILER NAME 3 Eiler ID (Ethics Commission Eilers)	Sch: 6/6 Pnt: 0/21	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Sch: 6/6 Rpt: 9/21	Kohlmann, Jamie S. (Mrs.) 00088335		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335	Sch: 6/6 Rpt: 9/21	
3 Filer ID (Ethics Commission Filers) 00088335) 7 Amount of Contribution (\$) \$260.25 tructions) \$260.25 1s	Sch: 6/6 Rpt: 9/21	The Instruction Guide explains now to complete this form.	Sch: 6/6 Rpt: 9/21		I he instruction Guide explains now to complete this form.		Sch: 6/6 Rpt: 9/21	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335	3 Filer ID (Ethics Commission Filers)	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335	Sch: 6/6 Rpt: 9/21	
00088335					301. 0/0 Kpt. 3/21			Kohlmann, Jamie S. (Mrs.) 00088335		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335	Filer ID (Ethics Commission Filers)	rc)
tructions) Amount of Contribution (\$)		2 FILER NAME 3 Filer ID (Ethics Commission Filers)			2 FILER NAME 3 Filer ID (Ethics Commission Filers)					The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335	10088335	
tructions) Amount of Contribution (\$)		2 FILER NAME 3 Filer ID (Ethics Commission Filers)		Kohlmann, Jamie S. (Mrs.)	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Konimann, Jamie S. (Mrs.)				The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335		
tructions) Amount of Contribution (\$)		2 FILER NAME 3 Filer ID (Ethics Commission Filers)		Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Konimann, Jamie S. (Mrs.) 00088335				The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335	mount of Contribution (\$)	
tructions) TS Amount of Contribution (\$)		2 FILER NAME 3 Filer ID (Ethics Commission Filers)		Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Konimann, Jamie S. (Mrs.) 00088335		4 Date 5 Full name of contributor		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335	Amount of Contribution (\$)	
tructions) TS Amount of Contribution (\$)		2 FILER NAME 3 Filer ID (Ethics Commission Filers)		Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Konimann, Jamie S. (Mrs.) 00088335			5 Full name of contributor	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 5 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	Amount of Contribution (\$)	
tructions) TS Amount of Contribution (\$)		2 FILER NAME 3 Filer ID (Ethics Commission Filers)		Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Konimann, Jamie S. (Mrs.) 00088335			5 Full name of contributor	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 5 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	Amount of Contribution (\$)	
Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335	Kohlmann, Jamie S. (Mrs.) 00088335		2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335		Kohlmann, Jamie S. (Mrs.) 00088335	01/23/2024 Saro, Anne \$260	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 01/23/2024 5 Full name of contributor Saro, Anne out-of-state PAC (ID#:) 7 Amount of Contribution (\$)		60.25
Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335	Kohlmann, Jamie S. (Mrs.) 00088335		2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335		Kohlmann, Jamie S. (Mrs.) 00088335	01/23/2024 Saro, Anne \$260	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 01/23/2024 5 Full name of contributor Saro, Anne out-of-state PAC (ID#:) 7 Amount of Contribution (\$)		60.25
tructions) S Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335	Kohlmann, Jamie S. (Mrs.) 00088335		2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335		Kohlmann, Jamie S. (Mrs.) 00088335		5 Full name of contributorout-of-state PAC (ID#:) 7 Amount of Contribution (\$)	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 5 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)		60 25
tructions) TS Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335	Kohlmann, Jamie S. (Mrs.) 00088335		2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335		Kohlmann, Jamie S. (Mrs.) 00088335	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	5 Full name of contributor	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 5 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	Amount of Contribution (\$)	 F
tructions) Amount of Contribution (\$)		2 FILER NAME 3 Filer ID (Ethics Commission Filers)		Kohlmann, Jamie S. (Mrs.)	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Konimann, Jamie S. (Mrs.)		4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 5 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	Amount of Contribution (\$)	
tructions) TS Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335	Kohlmann, Jamie S. (Mrs.) 00088335		2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335		Kohlmann, Jamie S. (Mrs.) 00088335		5 Full name of contributorout-of-state PAC (ID#:) 7 Amount of Contribution (\$)	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 5 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)		60.25
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tructions) TS Amount of Contribution (\$)		2 FILER NAME 3 Filer ID (Ethics Commission Filers)		Kohlmann, Jamie S. (Mrs.)	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Konimann, Jamie S. (Mrs.)		4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	5 Full name of contributorout-of-state PAC (ID#:) 7 Amount of Contribution (\$)	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 5 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	Amount of Contribution (\$)	<u> </u>
tructions) TS Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335	Kohlmann, Jamie S. (Mrs.) 00088335		2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335		Kohlmann, Jamie S. (Mrs.) 00088335		5 Full name of contributorout-of-state PAC (ID#:) 7 Amount of Contribution (\$)	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 5 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)		60.2r
Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor Out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/23/2024 Saro, Anne \$260.25	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/23/2024 Saro, Anne \$260.25 \$260.25	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor Out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/23/2024 Saro, Anne \$260.25	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/23/2024 Saro, Anne \$260.25	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/23/2024 Saro, Anne \$260.25 \$260.25	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/23/2024 Saro, Anne \$260.25	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 01/23/2024 Saro, Anne \$260.25	01/23/2024 Saro, Anne \$260	5 Full name of contributor inductor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) Saro, Anne \$260.25	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 Filer ID (Ethics Commiss 00088335 4 Date 01/23/2024 5 Full name of contributor Saro, Anne out-of-state PAC (ID#:) 7 Amount of Contribution (\$)		
Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	01/23/2024 Saro, Anne \$260	5 Full name of contributor	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 01/23/2024 5 Full name of contributor Saro, Anne out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	\$260	60.25
tructions) TS Amount of Contribution (\$)	Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335	Kohlmann, Jamie S. (Mrs.) 00088335		2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kohlmann, Jamie S. (Mrs.) 00088335		Kohlmann, Jamie S. (Mrs.) 00088335		5 Full name of contributor	The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME Kohlmann, Jamie S. (Mrs.) 3 4 Date 5 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)		60.25
tructions) TS Amount of Contribution (\$)		2 FILER NAME 3 Filer ID (Ethics Commission Filers)		Kohlmann, Jamie S. (Mrs.) 00088335	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Konimann, Jamie S. (Mrs.) 00088335		4 Date 5 Full name of contributor		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335	Amount of Contribution (\$)	
tructions) Amount of Contribution (\$)	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		2 FILER NAME 3 Filer ID (Ethics Commission Filers)				2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Kohlmann, Jamie S. (Mrs.) 00088335		The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/21 2 FILER NAME 3 Filer ID (Ethics Commiss 00088335 Kohlmann, Jamie S. (Mrs.) 00088335		_

				EXPENDITUR	E CATEGO	RIES FOF	R BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	e Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/10 Rpt: 10/21		Kohlmann,	Jamie S. (Mrs.)					00088335	
4	Date	5	Payee name	9						
	01/18/2024		Cooke Cou	inty Republican V	Vomen					
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de			
	\$262.50		701 E. Cali	fornia St. #304						
			Gainesville	, TX 76240						
8	PURPOSE	(a)	Category (s	See Categories listed at th	e top of this sch	edule)	(b) Description			
	OF		Advertising			,		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		-				Check if Austin	I, TX	, officeholder living	expense
							Newspaper A	١d		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ïceholder name	(Office sou	ght		Office he	eld
	Date		Payee name)						
	01/20/2024		Costco							
	Amount (\$)		Payee addre	ess; City;	State	Zip Co	de			
	\$65.75			al Expressway		, _, _,				
	\$00.10		oooo oona	ai Expressivay						
			Plano, TX ⁻	75074						
	PURPOSE	(a)	Category (S	See Categories listed at th	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Ove	rhead/Rental Exp	ense				ide of Texas. Com	
								I, TX	, officeholder living	expense
							Stamps			
	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	-								
	Date		Payee name	;						
	01/01/2024		WinRed							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$4.10		1776 Wilso	n Blvd.						
			Suite 530							
			Arlington, \	// 22210						
						i				
	PURPOSE OF	(a)		See Categories listed at th	e top of this sch	edule)	(b) Description		ide of Tax	alata Oshadula T
	EXPENDITURE		Accounting	/Banking					ide of Texas. Com , officeholder living	
							WinRed serv			expense
							Winted Selv	.00		
	0 11 0 0 0 0 0			·· · · ·					~ ~ ~ `	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld

			EXPENDITURE	CATEGOR	RIES FOF	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex	pense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/10 Rpt: 11/21		Kohlmann, Jamie S. (Mrs.)					00088335	
4	Date	5	Payee name						
	01/01/2024		WinRed						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$82.64		1776 Wilson Blvd.						
			Suite 530						
			Arlington, VA 22219						
8	PURPOSE	(a)	-			(b) Description			
	OF	(",	Category (See Categories listed at the Accounting/Banking	top of this sche	edule)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Accounting/Darking					, officeholder living	
						WinRed serv	ice	fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	Iht		Office he	łd
	Date		Payee name						
	01/01/2024		WinRed						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$3.94		1776 Wilson Blvd.						
			Suite 530						
			Arlington, VA 22219						
	PURPOSE	(a)	-			(b) Description			
	OF	(")	Category (See Categories listed at the Accounting/Banking	top of this sche	edule)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		/ coounting/Danking			Check if Austin	, тх,	, officeholder living	expense
						WinRed serv	ice	fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	С	Office sou	Iht		Office he	ld
	Date		Payee name						
	01/02/2024		WinRed						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$10.25		1776 Wilson Blvd.						
			Suite 530						
			Arlington, VA 22219						
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	odulo)	(b) Description			
	OF		Accounting/Banking		euule)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin	, тх,	, officeholder living	expense
						WinRed serv	ice	fee	
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	jht		Office he	ld
	expenditure to benefit C/OI	-							

			EXPENDITURE CAT	EGORIES F	OR E	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan F Office Polling Printing Salarie	epayn Dverhe Exper J Expe s/Wag	nent/Reimbursement ead/Rental Expense nse ense jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Ex Travel in District Travel Out of District OTHER (enter a category not listed abo	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Sch: 3/10 Rpt: 12/21		Kohlmann, Jamie S. (Mrs.)					00088335	
4	Date	5	Payee name				I		
	01/02/2024		WinRed						
6	Amount (\$)	7	Payee address; City;	State; Zip	Code	9			
	\$4.10		1776 Wilson Blvd.						
			Suite 530						
			Arlington, VA 22219						
_	DUDDOCC		-		0				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of t	this schedule)	(0	Description	outei	de of Texas. Complete Schedule T.	
	EXPENDITURE		Accounting/Banking					officeholder living expense	
						WinRed serv			
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ough	it		Office held	
	Date		Payee name						
	01/02/2024		WinRed						
	Amount (\$)		Payee address; City;	State; Zip	Code	9			
	\$10.25		1776 Wilson Blvd.						
			Suite 530						
			Arlington, VA 22219						
	PURPOSE	(0)	-		10				
	OF	(a)	Category (See Categories listed at the top of t Accounting/Banking	this schedule)	1	Description Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Accounting/Banking					officeholder living expense	
						WinRed serv	ice	fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ough	ıt		Office held	
	expenditure to benefit e/or								
	Date		Payee name						
	01/02/2024		WinRed						
	Amount (\$)		Payee address; City;	State; Zip	Code	9			
	\$4.10		1776 Wilson Blvd.						
			Suite 530						
			Arlington, VA 22219						
	PURPOSE	(a)	Category (See Categories listed at the top of t	1	a) Description			
	OF	(~)	Accounting/Banking	inis schedule)	(~		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		/ coounting/ banking			Check if Austin	, TX,	officeholder living expense	
						WinRed serv	ice	fee	
	Complete ONLY if direct		Candidate/Officeholder name	Office s	ough	ıt		Office held	
	expenditure to benefit C/OF	H							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Credit Card Payment			Event Expense Loan Repayment/Reimbursement Solicitation Fees Office Overhead/Rental Expense Transporta Food/Beverage Expense Polling Expense Travel in D Gift/Awards/Memorials Expense Printing Expense Travel Out				Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	2 FILER NAME 3 Filer ID (Ethics Commission File							
	Sch: 4/10 Rpt: 13/21		Kohlmann, Jamie S. (Mrs.)					00088335		
4	Date	5	Payee name							
	01/02/2024		WinRed							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le				
	\$10.25		1776 Wilson Blvd.							
			Suite 530							
			Arlington, VA 22219							
_		<u> </u>	-			<i>"</i> 、				
8	PURPOSE OF		Category (See Categories listed at	the top of this sch	edule)	(b) Description				
	EXPENDITURE		Accounting/Banking					de of Texas. Com		
						WinRed servi			expense	
						Winted Servi				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	С	Office sou	jht		Office he	ld	
	Date		Payee name							
	01/02/2024		WinRed							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$3.94		1776 Wilson Blvd.							
			Suite 530							
			Arlington, VA 22219							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Accounting/Banking	the top of this sch	edule)			de of Texas. Com		
						WinRed servi		, officeholder living fee	expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ıht		Office he	ld	
	Date		Payee name							
	01/03/2024		WinRed							
-	Amount (\$)	-	Payee address; City;	Stato [.]	Zip Co	10				
	\$3.94		1776 Wilson Blvd.	State,	2.9 00					
	ΦΟ.94									
			Suite 530							
			Arlington, VA 22219							
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Accounting/Banking					de of Texas. Com		
								officeholder living	expense	
						WinRed servi	ice	tee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office he	ld	
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 5/10 Rpt: 14/21	ohlmann, Jamie S. (Mrs	.)		00088335			
4	Date	ayee name						
	01/04/2024	VinRed						
6	Amount (\$)	ayee address; City;	State; Zip Co	de				
	\$10.25	776 Wilson Blvd.						
		Suite 530						
		rlington, VA 22219						
8	PURPOSE	_	at the ten of this echodule)	(b) Description				
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	Jht	Office held			
	Date	ayee name						
	01/05/2024	VinRed						
	Amount (\$)	ayee address; City;	State; Zip Co	de				
	\$1.97	776 Wilson Blvd.						
		Suite 530						
		rlington, VA 22219						
	PURPOSE OF EXPENDITURE	Category (See Categories listed a Accounting/Banking	at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense ice fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	Jht	Office held			
	Date	ayee name						
	01/08/2024	VinRed						
	Amount (\$) \$4.10	ayee address; City; 776 Wilson Blvd. Suite 530 Arlington, VA 22219	State; Zip Co	de				
	PURPOSE OF EXPENDITURE	Category (See Categories listed a counting/Banking	at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense ice fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	Jht	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of Distr				quipment & Related Expense			
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Commission Filer								(Ethics Commission Filers)
_	Sch: 6/10 Rpt: 15/21	 	Kohlmann, Jamie	S. (Mrs.)				-	00088335	· · · · · ·
4	Date	5	Payee name							
	01/09/2024		WinRed							
6	Amount (\$)	7	Payee address;	City; Stat	e; Zip Co	ode				
	\$4.10		1776 Wilson Blvd.							
			Suite 530							
			Arlington, VA 2221	q						
_	DUDDOOD		-			<u>a</u> ,				
8	PURPOSE OF	(a)		ries listed at the top of this se	chedule)	(b)	Description	outoi	de of Texas. Com	alata Cabadula T
	EXPENDITURE		Accounting/Bankir	g					officeholder living	
							WinRed servi			oxponed
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholde	r name	Office sou	l ıght			Office he	eld
	Date		Payee name							
	01/09/2024		WinRed							
	Amount (\$)		Payee address;	City; Stat	e; Zip Co	ode				
	\$8.20		1776 Wilson Blvd.		o,p oo					
	ψ0.20									
			Suite 530							
			Arlington, VA 2221	.9						
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Catego} Accounting/Bankir	ries listed at the top of this so	chedule)	(b)		, тх,	de of Texas. Com officeholder living fee	
					0/1				011	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	ignt			Office he	210
	Data									
	Date 01/09/2024		Payee name WinRed							
	Amount (\$)		-	City; Stat	e; Zip Co	ode				
	\$9.85		1776 Wilson Blvd.							
			Suite 530							
			Arlington, VA 2221	.9						
	PURPOSE	(a)		ries listed at the top of this so	abadula)	(b)	Description			
	OF		Accounting/Bankir		lieuule)	()		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		, looounting, Dunin	9			Check if Austin,	, тх,	officeholder living	expense
							WinRed servi	ice	fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholde	r name	Office sou	ight			Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 7/10 Rpt: 16/21		Kohlmann, Jamie S. (Mrs.) 00088335							
4	Date 01/12/2024	5	5 Payee name WinRed							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode					
	\$10.25	-	1776 Wilson Blvd.							
	+20.20		Suite 530							
			Arlington, VA 22219							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	EXPENDITURE		Accounting/Banking					de of Texas. Complete Schedule T. officeholder living expense		
						WinRed servi				
						Winted Servi				
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name							
	01/12/2024		WinRed							
Amount (\$) Payee address; City; State; Zip Code										
	\$9.85		1776 Wilson Blvd.	· •						
	+0.00	Suite 530								
			Arlington, VA 22219							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	EXPENDITURE		Accounting/Banking					de of Texas. Complete Schedule T. officeholder living expense		
						WinRed servi				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iaht			Office held		
	expenditure to benefit C/OF			011100 000	igin					
_	Data	1								
	Date 01/13/2024		Payee name WinRed							
	Amount (\$)			e; Zip Co	ode					
	\$19.70		1776 Wilson Blvd.							
			Suite 530							
			Arlington, VA 22219							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF	Ľ	Accounting/Banking		Ľ	•	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		5 5			Check if Austin	, TX,	officeholder living expense		
						WinRed serv	ice	fee		
L										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held		
-										

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 8/10 Rpt: 17/21	Kohlmann, Jamie S. (Mrs.) 00088335							
4 Date								
01/15/2024	5 Payee name WinRed							
6 Amount (\$)								
\$3.08	7 Payee address; City; State; Zip Code 1776 Wilson Blvd.							
φ3.00								
	Suite 530							
	Arlington, VA 22219							
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE	Accounting/Banking							
	Check if Austin, TX, officeholder living expense WinRed service fee							
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O								
Date	Payee name							
01/19/2024	WinRed							
Amount (\$)	Payee address; City; State; Zip Code							
\$2.05	1776 Wilson Blvd.							
	Suite 530							
	Arlington, VA 22219							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF	Accounting/Banking							
EXPENDITURE	Check if Austin, TX, officeholder living expense							
	WinRed service fee							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O								
Date	Payee name							
01/21/2024	WinRed							
Amount (\$)	Payee address; City; State; Zip Code							
\$10.25	1776 Wilson Blvd.							
	Suite 530							
	Arlington, VA 22219							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF	Accounting/Banking							
EXPENDITURE	Check if Austin, TX, officeholder living expense							
	WinRed service fee							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O	1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense				Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/10 Rpt: 18/21		Kohlmann, Jamie S. (N	/Irs.)					00088335	
4	Date 01/22/2024	5	Payee name WinRed							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le				
	\$80.00		1776 Wilson Blvd.							
			Suite 530							
			Arlington, VA 22219							
8	PURPOSE	(a)	-			(b) Desi	cription			
Ū	OF	(4)	Category (See Categories lis Accounting/Banking	ted at the top of this sche	edule)	_	•	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Accounting/Barking						officeholder living	
						Win	Red servi	ce	fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ne C	Office sou	lht			Office he	łd
	Date		Payee name							
	01/23/2024		WinRed							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$4.10		1776 Wilson Blvd.							
			Suite 530							
			Arlington, VA 22219							
	PURPOSE	(a)	-			(h) Dee	orintion			
	OF	(4)	Category (See Categories lis Accounting/Banking	ted at the top of this sche	edule)	(b) Desi	•	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Accounting/Banking						officeholder living	
						Win	Red servi	ice	fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ne C	Office sou	Iht			Office he	eld
	Data									
	Date 01/23/2024		Payee name WinRed							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$10.25		1776 Wilson Blvd.							
Suite 530										
			Arlington, VA 22219							
	PURPOSE	(a)	Category (See Categories lis	ted at the top of this sch	edule)	(b) Des	cription			
			Accounting/Banking	·	,	C	Check if travel of	outsic	de of Texas. Com	plete Schedule T.
	EXPENDITURE								officeholder living	expense
						Win	Red servi	ce	fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office sou	ht			Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Transportation E Travel in District Travel Out of Di			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 10/10 Rpt: 19/21		Kohlmann, Jamie S. (Mi	rs.)				00088335		
4	Date 01/23/2024	5	Payee name WinRed							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de				
	\$10.25		1776 Wilson Blvd.							
			Suite 530							
			Arlington, VA 22219							
			-							
8	PURPOSE OF	(a)	Category (See Categories liste	d at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Accounting/Banking					side of Texas. Con <, officeholder livin		
						WinRed se			y expense	
						Winkeu Se	IVICE			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office sou	ght		Office h	eld	
	Date	Γ	Payee name							
	01/23/2024		WinRed							
				Otata	7	-1 -				
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$9.85		1776 Wilson Blvd.							
			Suite 530							
			Arlington, VA 22219							
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	edule)	(b) Description				
	OF		Accounting/Banking		cuuic)		vel outs	side of Texas. Con	nplete Schedule T.	
	EXPENDITURE					Check if Au	stin, TX	K, officeholder livin	g expense	
						WinRed se	rvice	e fee		
	Complete <u>ONLY</u> if direct		andidate/Officeholder nam	e C	Office sou	ght		Office h	eld	
	expenditure to benefit C/OF	п								
	Date		Payee name							
	01/25/2024		WinRed							
	Amount (\$)		Payee address; City;	State [.]	Zip Co	he				
	\$6.15		1776 Wilson Blvd.	Otato,	2.0 00					
	Φ0.15									
			Suite 530							
			Arlington, VA 22219							
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	edule)	(b) Description				
			Accounting/Banking			Check if tra	vel outs	side of Texas. Con	nplete Schedule T.	
	EXPENDITURE					Check if Au	stin, TX	K, officeholder livin	g expense	
						WinRed se	rvice	e fee		
	Complete ONLY if direct		andidate/Officeholder nam	e C	Office sou	ght		Office h	eld	
	expenditure to benefit C/OF	Н								

POLITICAL EX	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	epayment/Reimbursement Solicitation/Fundraising Expense tverhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District /Wages/Contract Labor OTHER (enter a category not listed above)						
1 Total pages Schedule G: Sch: 1/2 Rpt: 20/21	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335						
4 Date 01/19/2024	5 Payee name A Better Dallas							
6 Amount (\$) \$100.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7030 WAKEFIELD STREET Dallas, TX 75231							
8 PURPOSE OF EXPENDITURE	(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 Event ticket fee						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held						
Date 01/11/2024	Payee name Print City							
Amount (\$) \$10.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2625 Oak Lawn Ave Dallas, TX 75219							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Yard Sign Stakes						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held						
Date 01/11/2024	Payee name Print City							
Amount (\$) \$108.25								
Reimbursement from political contributions intended	Dallas, TX 75219							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	expenditure to benefit							

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing E	payment/Reinbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule G: Sch: 2/2 Rpt: 21/21	2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335				
4	Date 01/12/2024	5 Payee name USPS						
6	\$26.00 Reimbursement from political contributions	7 Payee address; City; State; Zip Co 400 N Ervay St	ode					
Ļ	intended	Dallas, TX 75201						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held				