

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) 00087975	2 Total pages filed: 12			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Vincent J.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/26/2024		
	NICKNAME	LAST Gallo Jr.	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3201 Walnut Grove Pl. Flower Mound, TX 75022			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Vincent J.	MI			
	NICKNAME	LAST Gallo Jr.	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3201 Walnut Grove Pl. Flower Mound, TX 75022					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(214)	773-0428				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	01/26/2024			THROUGH	02/24/2024	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024			ELECTION TYPE		
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
			<input type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 63		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Gallo Jr., Vincent J. (Mr.) **14** Filer ID (Ethics Commission Filers)
00087975

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,992.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	17,481.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,533.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	60,000.00

17 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.

Mr. Vincent J. Gallo Jr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Gallo Jr., Vincent J. (Mr.)	19 Filer ID (Ethics Commission Filers) 00087975
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,263.79
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,728.54
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 17,481.15
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/12
2 FILER NAME Gallo Jr., Vincent J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087975
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldridge, Drew (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Flower Mound, TX 75028	
8 Principal occupation / Job title (See Instructions) Unk		9 Employer (See Instructions) n.a.
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avelano, Debrah (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corinth , TX 76208	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N.A.
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cafferty, Jim (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions) Unk		Employer (See Instructions) n.a.
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Yolanda (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) unk.		Employer (See Instructions) n.a.
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Aron (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Highland Village, TX 75077	
Principal occupation / Job title (See Instructions) Unk		Employer (See Instructions) n.a.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/12
2 FILER NAME Gallo Jr., Vincent J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087975
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollon, Jerry (Mr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Lantana, TX 75226	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) n.a.
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inge, Peyton (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Argyle, TX 76226	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeraci, Andrea (Mrs.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) N.A.,		Employer (See Instructions) N.A.,
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junkin, Yolonda (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) Unk		Employer (See Instructions) n.a.
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knippenberg, Todd (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code lewisville, TX 75067	
Principal occupation / Job title (See Instructions) Unk		Employer (See Instructions) Na

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/12
2 FILER NAME Gallo Jr., Vincent J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087975
4 Date 02/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Mellany (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Flower Mound, TX 75022	
8 Principal occupation / Job title (See Instructions) N.A.,		9 Employer (See Instructions) N.A.
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marten, Senikka (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) manufacturer		Employer (See Instructions) Self emp
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mounts, Robert (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) Unk		Employer (See Instructions) n.a.
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitman, Leah (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Highland Village, TX 75077	
Principal occupation / Job title (See Instructions) Unk		Employer (See Instructions) n.a.,
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyling, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) Unk		Employer (See Instructions) n.a.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12
2 FILER NAME Gallo Jr., Vincent J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087975
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ripollone, Nicholas (Mr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Trophy Club, TX 76262	
8 Principal occupation / Job title (See Instructions) Unk		9 Employer (See Instructions) n.a.,
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stager, James (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Carrollton, TX 75007	
Principal occupation / Job title (See Instructions) Unk		Employer (See Instructions) Unk
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanfield, Crissi (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) GMFS mortgage
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thislethwaite, Barry (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75238	
Principal occupation / Job title (See Instructions) unk		Employer (See Instructions) NA
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virga, Janet (Mrs.)	Amount of Contribution (\$) \$47.19
	Contributor address; City; State; Zip Code Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions) Unk		Employer (See Instructions) n.a.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12
2 FILER NAME Gallo Jr., Vincent J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087975
4 Date 02/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Daniel (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Flower Mound, TX 75028	
8 Principal occupation / Job title (See Instructions) Unk		9 Employer (See Instructions) n.a.
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zenker, Dave (Mr.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code flower Mound Tx, TX 75027	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilson, Benjamin (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) .n.a.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/12	
2 FILER NAME Gallo Jr., Vincent J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087975	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton County Conservative Coalition PAC	8 Amount of contribution (\$) \$188.96	9 In-kind contribution description printed flyer
	7 Contributor address; City; State; Zip Code Flower Mound, TX 75028	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vesterman, Bill (Mr.)	Amount of contribution (\$) \$1,539.58	In-kind contribution description fund raiser Marty B's
	Contributor address; City; State; Zip Code Lantana, TX 76226	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) educator		Employer (FOR NON-JUDICIAL) (See instructions) self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/12
2 FILER NAME Gallo Jr., Vincent J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087975
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/26/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallo, vincent	9 Loan Amount (\$) \$10,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code FLOWER MOUND, TX 75022	10 Interest Rate
		11 Maturity Date 12/31/2024
12 Principal occupation / Job title (See Instructions) small business/builder		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 11/12	2 FILER NAME Gallo Jr., Vincent J. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087975
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4 Date 02/07/2024	5 Payee name Custom Tees
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6 Amount (\$) \$425.99	7 Payee address; City; State; Zip Code 1225 E Crosby rd A1 Carrollton Tx, TX 75006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense t shirts
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2024	Payee name FedEx
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Amount (\$) \$78.36	Payee address; City; State; Zip Code FedEx 2701 crosstimbers Rd 208 flower mound, TX 75028
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense copies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2024	Payee name FedEx
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Amount (\$) \$131.90	Payee address; City; State; Zip Code FedEx 2701 crosstimbers Rd 208 flower mound, TX 75028
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/2 Rpt: 12/12	2	FILER NAME Gallo Jr., Vincent J. (Mr.)	3	Filer ID (Ethics Commission Filers) 00087975	
4	Date 01/28/2024	5	Payee name Miller Media Holdings			
6	Amount (\$) \$349.00	7	Payee address; City; State; Zip Code 6100 Long Prarie Rd Flower Mound, TX 75028			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electronic banner ad			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/30/2024		Payee name Neel and Partners			
	Amount (\$) \$13,245.90		Payee address; City; State; Zip Code 8601 Ice House Dr #7108 North Richland Hills, TX 76180			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital ad buys and texting			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/05/2024		Payee name Neel and Partners			
	Amount (\$) \$3,250.00		Payee address; City; State; Zip Code 8601 Ice House Dr #7108 North Richland Hills, TX 76180			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense retainer and data			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	