FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081021 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Dripping Springs Education Date Received **ELECTRONICALLY FILED** 07/08/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 166 Hargraves Dr Date Hand-delivered or Date Postmarked Ste#C-400-643 Change of Address Austin, TX 78737 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Monica NAME NICKNAME LAST **SUFFIX** Newton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 288 Dry Creek Rd. STREET **ADDRESS** (Residence or Business) Austin, TX 78737 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 288 Dry Creek Rd. MAILING **ADDRESS** Austin, TX 78737 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 999-1552 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/06/2023 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Friends of Dripping Spr	ings Education		00081021	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported Ballot ID:null Election Date:202	23-05-06 Des	c:DSISD Bond Props
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	475.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,217.05
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Monica	Newton	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			VER OFFEET	3 of 12
17 COMMITTEE	E NAME Dripping Springs Education	18 Filer ID	(Ethics Commission	n Filers)
Friends of L	00081021			
19 SCHEDULE NAME OF S	SUBTOTAL A	MOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
1 1 1	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
h 1 1	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
/ 1 1	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	475.58
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

PLEI	DGED CONTRIBUTION	ONS			SCHEDULE B
Т	he Instruction Guide explair	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/12		
2 FILER N				3	Filer ID (Ethics Commission Filers)
<u></u>	of Dripping Springs Education			+	00081021 \$ 0
	OF UNITEMIZED PLEDGES			\perp	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8	Amount of 9 In-kind description pledge (\$) (If applicable)
	7 Pledgor Address; C	City; State; Zip Code			
				[Check if travel outside of Texas. Complete Schedu
10 Principal	occupation / Job title (See Instruction	ns)	11 Employer (See Instr	ructi	ions)

	LOANS					SCHEDULE E
	The Instructio	pages Schedule E: 1/1 Rpt: 5/12				
2	FILER NAME Friends of Drippi	ing Springs Education			3 Filer II 0008:	D (Ethics Commission Filers) 1021
4	TOTAL OF UN	IITEMIZED LOANS			I	\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Inst	ructions)	•
14	Description of Coll	ateral		15 Check if personal for	unds were deposit	ed into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Inst	ructions)	

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: 1/7 Rpt: 6/12	Friends of Dripping Springs Education 00081021	
4 Date	5 Payee name	
01/31/2024	Broadway Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$4.00	320 US 290	
Expenditure from corporate funds	Dripping Springs, TX 78620	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Bank Fees	
	Saint 600	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/Ol		
5 .		_
Date	Prayer name	
02/29/2024	Broadway Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.00	320 US 290	
Expenditure from		
corporate funds	Dripping Springs, TX 78620	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Bank Fees	
Complete ONLY if direct	Condidate/Office helder notes Office accusité	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
03/29/2024	Broadway Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.00	320 US 290	
Expenditure from		
corporate funds	Dripping Springs, TX 78620	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Bank Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitie to beliefft C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt: 7/12	Friends of Dripping Springs Education 00081021
4 Date	5 Payee name
04/30/2024	Broadway Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.00	320 US 290
Expenditure from corporate funds	Dripping Springs, TX 78620
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/31/2024	Broadway Bank
Amount (\$)	Payee address; City; State; Zip Code
\$4.00	320 US 290
Expenditure from corporate funds	Dripping Springs, TX 78620
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/28/2024	Broadway Bank
Amount (\$)	Payee address; City; State; Zip Code
\$4.00	320 US 290
, 9	
Expenditure from corporate funds	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Bank Fees
	Dank rees
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total manua Cabadula F1.	· · · · · · · · · · · · · · · · · · ·	4
1 Total pages Schedule F1: Sch: 3/7 Rpt: 8/12	2 FILER NAME Friends of Dripping Springs Education 3 Filer ID (Ethics Commission Filers) 00081021	
4 Date	5 Payee name	_
01/09/2024	Campaign Partner	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4.95	PO Box 118	
- Funanditura from		
Expenditure from corporate funds	Still River, MA 01467	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Website	
	1.035.15	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Data		_
Date	Payee name	
02/09/2024	Campaign Partner	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.95	PO Box 118	
Expenditure from		
corporate funds	Still River, MA 01467	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
_/	Check if Austin, TX, officeholder living expense	
	Website	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
D-1-		_
Date	Payee name	
03/11/2024	Campaign Partner	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.95	PO Box 118	
Expenditure from		
corporate funds	Still River, MA 01467	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Website	
Complete <u>ONLY</u> 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/7 Rpt: 9/12 Friends of Dripping Springs Education 00081021 4 Date Payee name 04/09/2024 Campaign Partner 6 Amount (\$) Payee address; City; State; Zip Code \$4.95 PO Box 118 Expenditure from Still River, MA 01467 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/09/2024 Campaign Partner Amount (\$) Payee address; City; State; Zip Code \$4.95 PO Box 118 Expenditure from Still River, MA 01467 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/10/2024 Campaign Partner Amount (\$) Payee address: City; State; Zip Code \$4.95 PO Box 118 Expenditure from corporate funds Still River, MA 01467 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
Sch: 5/7 Rpt: 10/12	Friends of Dripping Springs Education 00081021	
4 Date	5 Payee name	
01/02/2024	Google	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$12.67	1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense Email hosting	
	Email hosting	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
02/01/2024	Google	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.67	1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
_/	Check if Austin, TX, officeholder living expense	
	Email hosting	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
03/01/2024	Google	
Amount (\$)	Payee address; City; State; Zip Code	
\$13.89	1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Email Hosting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

Advertising Expense E Accounting/Banking F Consulting Expense F Contributions/ Donations Made By -

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt: 11/12	Friends of Dripping Springs Education	00081021
4 Date	5 Payee name	•
04/01/2024	Google	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$15.35	1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Hosting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
05/01/2024	Google	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.35	1600 Amphitheatre Pkwy	
Expenditure from		
corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Hosting
		-
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
06/03/2024	Google	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.35	1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Hosting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	nmittee L	egal Services	norials Expense		xpense Vages/Contract		Travel Out of Dis OTHER (enter a	strict category not listed above)
┰	Total pages Schedule F1:	2							Filer ID	(Ethics Commission Filers)
-	Sch: 7/7 Rpt: 12/12	_		ripping Spi	rings Educatio	n			00081021	(2
4	Date	5	Payee name					<u> </u>		
	02/09/2024		The UPS Sto	ore						
6	Amount (\$)	7	Payee address	s; City;	Sta	te; Zip Co	ode			
l	\$336.60		166 Hargrav	es Dr.						
l			Ste# C							
lг	Expenditure from corporate funds		Austin, TX 7	8737						
Ļ	·	⊢					4.			
8	PURPOSE OF	(a)			ted at the top of this s	schedule)	(b) Descrip		:df T	indete Calcadida T
l	EXPENDITURE		Office Overh	ead/Renta	ıl Expense				ide of Texas. Com , officeholder living	
								ox Rental	, onicendiaer iivini	g expense
l							РОВС	ox Nemai		
L										
9	Complete ONLY if direct expenditure to benefit C/OI	٦ (Candidate/Offic	eholder nan	ne	Office sou	ght		Office he	eld
L	experience to belief eyer	•								