#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083632 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Derek U. NAME Date Received **ELECTRONICALLY FILED** 07/14/2024 NICKNAME LAST **SUFFIX** Obialo CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 20123 Terra Hollow Lane MAILING Amount Receipt # **ADDRESS** Change of Address Richmond, TX 77407 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Nelson U. NAME NICKNAME LAST **SUFFIX** Ukadike STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 7447 Harwin Drive **ADDRESS** Suite 206 (Residence or Business) Houston, TX 77036 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 387-9833 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/25/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 4 District 14

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Obialo, Derek U. (Mr	.)	<b>14</b> Filer ID 00083632	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	he candidate's or office	eholder's knowledge or		
Additional Pages	Pages COMMITTEE TYPE COMMITTEE NAME					
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
<b>16</b> CONTRIBUTION TOTALS	I .	.I IIZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	, ,	\$ 0.00		
	2. TOTAL POLIT	TICAL CONTRIBUTIONS		<b>\$</b> 800.00		
EVDENDITUDE	<del> </del>	PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<u> </u>		
EXPENDITURE TOTALS	3. TOTAL UNITEN	IIZED POLITICAL EXPENDITURES		\$ 105.00		
	4. TOTAL POLIT	TICAL EXPENDITURES		\$ 3,027.08		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LA ERIOD	AST DAY OF THE	\$ 800.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00		
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.				
		Mr.	Derek U. Obialo			
		Signature of	Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
of	, 20, to c	ertify which, witness my hand and seal of office.				
Cignoture of affi	oor administering cath	Drinted name of officer administering and	Title of office	r administaring anth		
Signature of oπic	cer administering oath	Printed name of officer administering oath	Tille OF OHICE	r administering oath		

### **SUBTOTALS - JC/OH**

# FORM JC/OH COVER SHEET PG 3

	COV	ER SHEET PG 3 3 of 11
18 FILER NAME Obialo, Derek U. (Mr.) 19 File 000	r ID (E1 )83632	thics Commission Filers)
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	800.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4. X SCHEDULE E(J): LOANS (JUDICIAL)	\$	105.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	2,922.08
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	105.00
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OI	н \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	NED \$	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/11
2	FILER NAME Obialo, Dere	ek U. (Mr.)			3	Filer ID (Ethics Commission Filers) 00083632
4	Date 02/29/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$) \$100.00
		The Woodlands, TX 773	80			
8		Principal Occupation		9 Contributor's Job Title		
	Business Owner					
10	Contributor's 6 Self employe	employer/law firm ed		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	02/29/2024	Haleem, Shah  Contributor address; City; Shaty, TX 77494	State; Zip Code			\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Realtor	- ппстрат Оссираціоп		Owner		
-		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self employe	ed				•
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	02/29/2024	Nnaji, Ikenna (Mr.)	_			\$200.00
		Contributor address; City; Elk Grove, CA 95757	State; Zip Code			
	Contributor's Principal Occupation Contributor's Job Title			Contributor's Job Title	<u> </u>	
	Business Owner					
Contributor's employer/law firm  Law firm of contributor's sp				oous	se (if any)	
	Self Employe	ed				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	LOANS (J	UDICIAL)				SCHEDUL	E <b>E</b> (	J)
	The Instructio	n Guide explains how to complete this	form.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/11				
2	FILER NAME Obialo, Derek U.	(Mr.)		1	Filer ID 000836	(Ethics Commiss	ion File	ers)
4	TOTAL OF UNITEMIZED LOANS					\$	1	05.00
5	Date of loan	7 Name of lender out-of-state PA	AC (ID#:		)	9 Loan Amount	(\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Rate		
						11 Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title					
14	Lender's Employe	/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	w firm of parent(s) (if any)						
17	Description of Coll None	ateral	18 Check if personal funds were deposited into political account (See Instructions)					
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed (\$)				(\$)	
23	not applicable  B Guarantor's Princip	21 Guarantor address; City; State;  pal Occupation	Zip Code  Zip Code					
25	Cusus atouls Emplo	week an Firm	2C Law Firm of myser atoms are		/if a.m. \			
	Guarantor's Emplo		26 Law Firm of guarantor's sp	ouse	e (II ariy)			
27	If guarantor is child	d, law firm of parent(s) (if any)						

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services 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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/6 Rpt: 6/11	Obialo, Derek U. (Mr.)	00083632
4	Date	5 Payee name	·
	03/05/2024	042 Lounge	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$373.55	13711 Westheimer Road	
		Houston, TX 77077	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Poll watch.
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕			
	Date	Payee name	
L	03/05/2024	Burger King	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,903.00	14501 Westheimer Rd	
		Houston, TX 77077	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Food during poll watch.
			rood dailing poil Matori.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	02/28/2024	CVS	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.61	10301 Main St	
		Houston, TX 77006	
	PURPOSE	The state of the s	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Toming Expense	Check if Austin, TX, officeholder living expense
			Supplies
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale 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 Commit

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 7/11	Obialo, Derek U. (Mr.) 00083632
4	Date	5 Payee name
	03/01/2024	Face Book Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.34	1 Hacker Way
		Menlo Park, CA 94025
8	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  Advertising
		Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
⊨	Date	David and a second a second and
		Payee name
L	03/15/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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
		Advertising
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	03/07/2024	Innovative Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	10862 Redstoe Ct
		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense  Yard signs.
		i aiu sigris.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Col		/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guid	le explains how to	compl	ete this form.			
1	Total pages Schedule F1: Sch: 3/6 Rpt: 8/11	l	E rek U. (Mr.)				3	Filer ID 00083632	(Ethics Commission Filers)
4	Date	5 Payee name	<u> </u>				<u> </u>		
-	03/11/2024	Innovative							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code				
	\$150.00	10862 Red	dstoe Ct						
		Missouri C	ity, TX 77459						
8	PURPOSE OF	(a) Category (	See Categories listed at the t	top of this schedule)	(b)	Description			
	EXPENDITURE	Advertisinç	g Expense					de of Texas. Com officeholder livin	plete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought			Office h	eld
	Date	Payee name	e						
	03/05/2024	Jack in the	Box						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$23.35	14540 We	stheimer						
		Houston, T	X 77077						
	PURPOSE	(a) Category (	See Categories listed at the t	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	erage Expense			<b></b>		de of Texas. Com officeholder living	plete Schedule T.
						Snacks	I, I A,	onicentiaei iivini	g expense
						S. Idono			
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office	sought			Office h	eld
	Date	Payee name	<del></del>						
	03/13/2024	Kroger							
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$40.43	6425 FM 1	.464						
		Houston, 1	X 77082						
	PURPOSE	(a) Category (	See Categories listed at the t	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertisino	g Expense					de of Texas. Com officeholder living	plete Schedule T.
						Supplies	ι, ιχ,	, omcenolaer livin(	3 exhelise
						2 P.11-00			
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought			Office h	eld
	rms provided by Tayas F	thios Commiss	sion Mana	w othics state	V 110				Version V// 1 0 d278aha0

### SCHEDULE F1

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

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

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

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 Instru	uction Guide explains how to	compl	ete this form.		
1	Total pages Schedule F1:	FILER NAME			3 Filer II	D (Ethics Commission	Filers)
	Sch: 4/6 Rpt: 9/11	Obialo, Derek U. (M	r.)		00083	3632	
4	Date	Payee name					
	03/26/2024	Playstation					
6	Amount (\$)	Payee address; Ci	ty; State; Zip	Code			
	\$5.00	13341 Westheimer					
		Houston, TX 77077					
8	PURPOSE	Category (See Categories	s listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising Expense			Check if travel outside of Texa		
	EXI ENDITORE				Check if Austin, TX, officehold	der living expense	
					Advertising		
9	Complete ONLY if direct	Candidate/Officeholder	name Office s	ought	Of	ffice held	
	expenditure to benefit C/OI	andidate/Officeriolder	iame Office s	ougnt	Oi	nice neid	
_	Date	D					
	03/01/2024	Payee name Shipley Donuts					
		· ·	tu. Ctata: 7:a	Cada			
	Amount (\$)		ty; State; Zip	Code			
	\$21.67	1209 Dairy Ashford	ĸu				
		Houston, TX 77077					
	PURPOSE OF		s listed at the top of this schedule)	(b)	Description	on Committee Calculula T	
	EXPENDITURE	Food/Beverage Exp	ense		Check if travel outside of Texa		
					Donuts	3 - 1	
	Complete ONLY if direct	Candidate/Officeholder	name Office s	ought	Of	ffice held	
	expenditure to benefit C/OI						
	Date	Payee name					
	03/13/2024	Target					
	Amount (\$)	Payee address; Ci	ty; State; Zip	Code			
	\$30.94	2580 Shearn St					
		Houston, TX 77007					
	PURPOSE	Category (See Categories	s listed at the top of this schedule)	(b)	Description		
	OF	Advertising Expense		`	Check if travel outside of Tex	as. Complete Schedule T.	
	EXPENDITURE				Check if Austin, TX, officehold	der living expense	
					Supplies		
	0 1, 0, 0, 0, 0					· · · · · · · · · · · · · · · · · · ·	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder i	name Office s	ought	Of	ffice held	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 10/11	Obialo, Derek U. (Mr.) 00083632
4	Date	5 Payee name
	02/29/2024	Wells Fargo Bank, N.A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1470 W Grand Pkway S
	·	, and the second
		Katy, TX 77494
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 Service Fee
		Daily Service Fee
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/29/2024	Wells Fargo Bank, N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1470 W Grand Pkway S
		Katy, TX 77494
	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  Service fee
		Service lee
_	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/30/2024	Wells Fargo Bank, N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1470 W Grand Pkway S
		Katy, TX 77494
	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
		Service fee
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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 con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 11/11	Obialo, Derek U. (Mr.)		00083632
4	Date	5 Payee name		
	05/29/2024	Wells Fargo Bank, N.A.		
6	Amount (\$)	7 Payee address; City; State; Zip Coc	de	
	\$10.00	1470 W Grand Pkway S		
		Katy, TX 77494		
8	PURPOSE		(h)	Description
°	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
l				Service fee
l				
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	+		
	Date	Payee name		
l	06/28/2024	Wells Fargo Bank, N.A.		
-	Amount (\$)	Payee address; City; State; Zip Coc	de .	
	\$10.00	1470 W Grand Pkway S		
	Ψ10.00	1470 W Grand F Kway G		
l		Koby TV 77404		
┡		Katy, TX 77494		_
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
l				Service fee
l				
Г	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	1		
Г				
l				