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) 00085146 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Veretta L NAME Date Received **ELECTRONICALLY FILED** 07/13/2024 NICKNAME LAST **SUFFIX** Frazier CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Laura NAME NICKNAME LAST **SUFFIX** Benitez Geisler **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 405-8727 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 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** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 44 Dallas

GO TO PAGE 2

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 17

| 13 C / OH NAME | Frazier, Veretta L (Th | e Honorable) | | 14 Filer ID 00085146 | (Ethics Con | nmission Filers) |
|--|----------------------------------|--------------------|---|---|----------------------------------|------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditures | s accepted or political expenditumay have been made without equired to report this information | the candidate's or of | ficeholder's kn | owledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAM | E | | | |
| ш . | GENERAL | | | | | |
| | | COMMITTEE ADD | RESS | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAM | PAIGN TREASURER NAME | | | |
| | | COMMITTEE CAM | PAIGN TREASURER ADDRES | SS | | |
| | | | | | | |
| 16 CONTRIBUTION TOTALS | | | ONTRIBUTIONS(OTHER THAI CONTRIBUTIONS MADE ELE | | \$ | 0.00 |
| | | ICAL CONTRIBU | TIONS OR GUARANTEES OF LOAN | S) | \$ | 0.00 |
| EXPENDITURE TOTALS | ` | IZED POLITICAL EX | | 3) | \$ | 0.00 |
| | 4. TOTAL POLIT | ICAL EXPENDITU | JRES | | \$ | 19,358.74 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | IS MAINTAINED AS OF THE L | AST DAY OF THE | \$ | 82,528.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | | L OUTSTANDING LOANS AS | OF THE LAST DAY | \$ | 0.00 |
| 17 AFFIDAVIT | | | | | | |
| | | | I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code. | y of perjury, that the Ill information require | accompanying ed to be reporte | greport is ed by me |
| | | | The Hono | orable Veretta L Fra | azier | |
| | | | Signature of | Candidate or Office | holder | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | | |
| Sworn to and subso | cribed before me, by the s | aid | | , this the | | day |
| | | | my hand and seal of office. | | | |
| | | | | | | |
| Signature of office | er administering oath | Printed name | of officer administering oath | Title of off | icer administer | ring oath |

SUBTOTALS - JC/OH 18 FILER NAME 19 FILER

FORM JC/OH COVER SHEET PG 3

| | 3 of 17 | | | | |
|------|--|----------|---------------------|--|--|
| · · | 18 FILER NAME19 Filer ID(Ethics Commission Filers)Frazier, Veretta L (The Honorable)00085146 | | | | |
| | 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | |
| 1. | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | |
| 3. | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | | |
| 4. | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ 19,358.74 | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | | |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/14 Rpt: 4/17 | Frazier, Veretta L (The Honorable) 00085146 |
| 4 | Date | 5 Payee name |
| | 04/09/2024 | American Inns of Court |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$50.00 | 225 Reinekers Lane, Suite 770 |
| | | |
| | | Alexandria, VA 22314 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Dues |
| | | 5465 |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| <u> </u> | <u> </u> | |
| | Date | Payee name |
| | 01/02/2024 | Ar Betts Studios |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3,439.00 | PO Box 1697 |
| | | |
| | | DeSoto, TX 75115 |
| | 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 video production |
| | | Advertising video production |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| _ | _ | |
| | Date | Payee name |
| | 02/07/2024 | Arts District Mansion |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$15.75 | 2101 Ross Ave |
| | | |
| | | Dallas, TX 75201 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Parking during meeting |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | p = 1 2 25 3/01 | |
| | | |
| L | | |

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

| | 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: 2/14 Rpt: 5/17 | Frazier, Veretta L (The Honorable) 00085146 |
| 4 | Date | 5 Payee name |
| | 03/20/2024 | Best Buy |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 4255 LBJ Fwy |
| | | |
| | | Dallas, TX 75244 |
| 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 Office supplies |
| | | Office supplies |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| ⊨ | Data | |
| | Date | Payee name |
| L | 05/27/2024 | Beyond the Slogan Consulting |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$200.00 | 2710 Routh Creek Pkwy Apt 4120 |
| | | |
| | | Richardson, TX 75082 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign services |
| | | Campaign services |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| ⊨ | Data | |
| | Date | Payee name |
| | 04/11/2024 | Campisi's Restaurant |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$180.00 | 1520 Elm #111 |
| | | |
| | | Dallas, TX 75201 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Staff appreciation meal |
| 1 | | Stan appreciation mean |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
| | | |
| L | | |

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
TTHER (order a cotogony not listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/14 Rpt: 6/17 | Frazier, Veretta L (The Honorable) 00085146 |
| 4 | Date | 5 Payee name |
| | 02/05/2024 | Costco |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$255.74 | 8282 Park Ln |
| | | |
| | | Plano, TX 75231 |
| 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 Office supplies |
| | | Office Supplies |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| ⊨ | Date | David and the second |
| | | Payee name |
| L | 05/13/2024 | Costco |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$450.00 | 8282 Park Ln |
| | | |
| | | Plano, TX 75231 |
| | 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 Office supplies |
| | | Cinic Supplies |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 06/15/2024 | Costco |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | 8282 Park Ln |
| | Ψ300.00 | 0202 I AIN LII |
| | | Diana TV 75221 |
| | | Plano, TX 75231 |
| | PURPOSE OF | (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. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office supplies |
| 1 | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| Г | | |
| | | |
| ı | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense 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 complete this form. | , |
|----------|----------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/14 Rpt: 7/17 | Frazier, Veretta L (The Honorable) | 00085146 |
| 4 | Date | 5 Payee name | |
| | 02/12/2024 | Crossview | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| l | \$854.64 | PO Box 742333 | |
| l | | | |
| l | | Dallas, TX 75374 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Advertising Expense | outside of Texas. Complete Schedule T. |
| | - | | n, TX, officeholder living expense dvertising materials |
| | | Campaigna | avertising materials |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| F | Date | Payee name | |
| | 05/06/2024 | Crossview | |
| ┢ | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$2,500.00 | PO Box 742333 | |
| l | | | |
| | | Dallas, TX 75374 | |
| Н | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Gift/Awards/Memorials Expense | outside of Texas. Complete Schedule T. |
| l | | ☐ Check if Austi ☐ Jury appreci | n, TX, officeholder living expense |
| | | Зигу арргест | ation girts |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| F | Date | Payee name | |
| | 05/09/2024 | Dallas Bar Association | |
| Н | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$100.00 | 2101 Ross Ave | |
| | | | |
| | | Dallas, TX 75201 | |
| H | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Advertising Expense | outside of Texas. Complete Schedule T. |
| l | | 1 — — — — — — — — — — — — — — — — — — — | n, TX, officeholder living expense Sponsorship of event |
| | | Advertising s | פאסוופטופוווף טו פעפוונ |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | 22 |
| | | | |
| | | | |
| | | | |

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

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/14 Rpt: 8/17 | Frazier, Veretta L (The Honorable) 00085146 |
| 4 | Date | 5 Payee name |
| | 01/02/2024 | Dallas LGBT Bar Association |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$35.00 | 2101 Ross Ave |
| | | |
| | | Dallas, TX 75201 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Dues |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payes name |
| | 01/16/2024 | Payee name Dollar Tree |
| | | |
| | Amount (\$) \$55.07 | Payee address; City; State; Zip Code |
| | ιυ.σοφ | 3752 Belt Line Rd |
| | | |
| | | DeSoto, TX 75115 |
| | 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 |
| | | Office supplies |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | Date | Payee name |
| | 06/03/2024 | EZ Catering |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$330.00 | 5315 Greenville Ave |
| | Ψ550.00 | 3313 Greenville Ave |
| | | Dellas TV 75200 |
| | | Dallas, TX 75206 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Staff appreciation meal |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|---|
| <u> </u> | T-t-1 | 1 |
| 1 | Total pages Schedule F1: Sch: 6/14 Rpt: 9/17 | 2 FILER NAME Frazier, Veretta L (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085146 |
| Ļ | · | |
| 4 | Date | 5 Payee name |
| | 06/24/2024 | Gaylord Texan Hotel |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,385.00 | 1501 Gaylord Trail |
| | | |
| | | Grapovino TV 76051 |
| | | Grapevine, TX 76051 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | 2/11/2/10/11/2/12 | Check if Austin, TX, officeholder living expense |
| | | Conference expenses |
| L | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| H | Date | Payee name |
| | 06/10/2024 | Google |
| _ | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$161.00 | 1600 Amphitheatre Parkway |
| | | |
| | | Mountain View, CA 94043 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | 2/11/2/10/11/2/12 | Check if Austin, TX, officeholder living expense |
| | | Online storage |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 04/05/2024 | Hilton Hotel Dallas |
| _ | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | 2201 N Stemmons Fwy |
| | | |
| | | Dallas, TX 75207 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Parking |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |
| | | |

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

| | Contributions/ Donations Made By 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: | |
| | Sch: 7/14 Rpt: 10/17 | Frazier, Veretta L (The Honorable) 00085146 |
| 4 | Date | 5 Payee name |
| | 01/22/2024 | Instant Ink |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$19.46 | 6080 Tennyson Pkwy Suite 400 |
| | | |
| | | Plano, TX 75204 |
| 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 |
| | | Office supplies |
| _ | Commission ONU Wife allows | Condidate/Officeholder name |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | · | |
| | Date | Payee name |
| | 04/05/2024 | lota Phi Lambda Sorority Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$700.00 | 80 M ST, SE. Suite 2-118 |
| | | |
| | | Washington, DC 20003 |
| | 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 sponsorship of event |
| | | Advertising sponsorship of event |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | Data | |
| | Date | Payee name |
| | 04/09/2024 | Links Foundation |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,500.00 | 1200 Massachusetts Ave, NW |
| | | |
| L | | Washington, DC 20005 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Conference fee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | l 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: | |
| Sch: 8/14 Rpt: 11/17 | Frazier, Veretta L (The Honorable) 00085146 |
| 4 Date | 5 Payee name |
| 04/01/2024 | McAfee |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$60.00 | 6220 America Center Dr |
| | |
| | San Jose, CA 95002 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Software |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiorale to belief C/O | 1 |
| Date | Payee name |
| 06/04/2024 | Michael's |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$100.00 | 5301 Belt Line Rd |
| | |
| | Dallas, TX 75254 |
| DUDDOCE | |
| PURPOSE OF | (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. |
| EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Office supplies |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | • • • • • • • • • • • • • • • • • • • |
| Date | Payee name |
| 04/03/2024 | Monk, Kimberly |
| | - |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$300.00 | 4656 Lucent Cr |
| | |
| | Plano, TX 75024 |
| 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 |
| | Sponsorship of community event |
| Complete CNII V if direct | Candidate/Officeholder name Office cought Office hold |
| 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)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 9/14 Rpt: 12/17 | Frazier, Veretta L (The Honorable) 00085146 |
| 4 | Date | 5 Payee name |
| | 02/14/2024 | National Bar Association |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$350.00 | 1816 12th St. NW 4th Floor |
| | | |
| | | Washington, DC 20009 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Dues |
| | | Dues |
| Ļ | Computate ONLY if diseast | Condidate/Office helder name Office accepts |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 02/20/2024 | Olive Garden |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$350.00 | 3351 Cyn Blf Blvd |
| | | |
| | | Dallas, TX 75211 |
| | 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 Staff appreciation meal |
| | | Stall appreciation meal |
| | Computate ONLY if diseast | Condidate/Office helder name Office accords |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | · | |
| | Date | Payee name |
| | 04/22/2024 | Olive Garden |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$370.00 | 3351 Cyn Blf Blvd |
| | | |
| | | Dallas, TX 75211 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Meal for jury |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experience 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 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

| | 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: 10/14 Rpt: 13/17 | Frazier, Veretta L (The Honorable) 00085146 |
| 4 | Date | 5 Payee name |
| | 01/23/2024 | Ready Fresh |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$153.87 | 4718 Mountain Creek Pkwy |
| | | |
| | | Dallas, TX 75236 |
| 8 | 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 Water for court |
| | | vvaici for court |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| \vdash | Date | Payee name |
| | 06/04/2024 | Ready Fresh |
| | | - |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$162.00 | 4718 Mountain Creek Pkwy |
| | | |
| | | Dallas, TX 75236 |
| | 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 Water for court |
| | | water for court |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 06/24/2024 | Ready Fresh |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$211.00 | 4718 Mountain Creek Pkwy |
| | | |
| | | Dallas, TX 75236 |
| | 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 |
| | | Water for court |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

| Candidate/Officenoider/I | The Instruction Guide explains how to complete this form. | | | |
|---|--|--|--|--|
| 1 Total pages Schedule | F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 11/14 Rpt: 14 | | | | |
| 4 Date | 5 Payee name | | | |
| 01/02/2024 | Sams Club | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| \$82 | .29 4062 Lyndon B Johnson Fwy | | | |
| | | | | |
| | Dallas, TX 75224 | | | |
| 8 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 | | | |
| | Office supplies | | | |
| | Cinico cuppilico | | | |
| 9 Complete ONLY if dire | Lect Candidate/Officeholder name Office sought Office held | | | |
| expenditure to benefit | | | | |
| | | | | |
| Date | Payee name | | | |
| 03/04/2024 | Sams Club | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$250 | .00 4062 Lyndon B Johnson Fwy | | | |
| | | | | |
| | Dallas, TX 75224 | | | |
| 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 Office supplies | | | |
| | Office Supplies | | | |
| Complete ONLY if dire | ect Candidate/Officeholder name Office sought Office held | | | |
| expenditure to benefit | ··· · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| Date | Payee name | | | |
| 02/15/2024 | Southwest Airlines | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$439 | .96 2702 Love Field Dr | | | |
| | | | | |
| | Dallas, TX 75235 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. | | | |
| LXI LINDITORE | Check if Austin, TX, officeholder living expense | | | |
| | Airfare for travel to judicial conference | | | |
| | | | | |
| Complete ONLY if dire expenditure to benefit | | | | |
| · | | | | |
| | | | | |
| | | | | |

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

| | 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: 12/14 Rpt: 15/17 | Frazier, Veretta L (The Honorable) 00085146 | | | |
| 4 | Date | 5 Payee name | | | |
| | 04/19/2024 | Southwest Airlines | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$200.00 | 2702 Love Field Dr | | | |
| | | | | | |
| | | Dallas, TX 75235 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense Airfare for travel to CLE | | | |
| | | Attacket to GEE | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| ľ | expenditure to benefit C/OI | | | | |
| | Date | Payee name | | | |
| | 05/28/2024 | Southwest Airlines | | | |
| | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$486.96 | 2702 Love Field Dr | | | |
| | | | | | |
| | | Dallas, TX 75235 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense Airfare for travel to conference | | | |
| | | Amare for traver to conference | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · | | | |
| _ | Date | Davies same | | | |
| | 04/05/2024 | Payee name State Bar of Texas | | | |
| | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$350.00 | 1414 Colorado Street | | | |
| | | | | | |
| | | Austin, TX 78701 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense Dues | | | |
| | | Dues | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 comple | ete this form. | | |
|---|-----------------------------|--|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 13/14 Rpt: 16/17 | Frazier, Veretta L (The Honorable) | 00085146 | | |
| 4 | Date | 5 Payee name | - | | |
| | 01/17/2024 | Terry Black's BBQ | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$200.00 | 3025 Main St | | | |
| | | | | | |
| | | Dallas, TX 75226 | | | |
| 8 | 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 | | |
| | | | Meal for jurors | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| ١ | expenditure to benefit C/OI | | Cinice field | | |
| - | Date | Payee name | | | |
| | 05/09/2024 | Terry Black's BBQ | | | |
| - | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$77.00 | 3025 Main St | | | |
| | 460 | 3323 33 | | | |
| | | Dallas, TX 75226 | | | |
| | 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. | | |
| | LXI LINDITORE | | Check if Austin, TX, officeholder living expense | | |
| | | | Meal for summer interns | | |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| | expenditure to benefit C/OI | • | omee nota | | |
| _ | Date | Payee name | | | |
| | 02/15/2024 | Texas Center for the Judiciary | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$75.00 | 1210 San Antonio St, | | | |
| | Ψ10.00 | 1210 Garrantomo Gt, | | | |
| | | Austin, TX 78701 | | | |
| | PURPOSE | | Description | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Fees | Description Check if travel outside of Texas. Complete Schedule T. | | |
| | EXPENDITURE | 1 663 | Check if Austin, TX, officeholder living expense | | |
| | | | Fee for continuing judicial education | | |
| L | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| L | expenditure to benefit C/OH | | | | |
| | | | | | |
| 1 | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment The Instruction Guide explains how to complete this form. | | | | |
|----------|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 14/14 Rpt: 17/17 | Frazier, Veretta L (The Honorable) | 00085146 | | |
| 4 | Date | 5 Payee name | | | |
| | 02/16/2024 | Texas Center for the Judiciary | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$500.00 | 1210 San Antonio St, | | | |
| | | Austin, TX 78701 | | | |
| 8 | PURPOSE | | on | | |
| | OF | | off if travel outside of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | if Austin, TX, officeholder living expense | | |
| | | Dues | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| | expenditure to benefit C/O | | | | |
| F | Date | Payee name | | | |
| | 05/29/2024 | The Black Academy of Arts & Letters | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$1,350.00 | 650 S Griffin St | | | |
| | | | | | |
| | | Dallas, TX 75201 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Descripti | ON if travel outside of Texas. Complete Schedule T. | | |
| | EXPENDITURE | Advertising Expense | if Austin, TX, officeholder living expense | | |
| | | Advertis | ing sponsorship of event | | |
| | Commists ONLY if direct | Condidate/Officeholder regree | Office held | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office neid | | |
| | Date | Payee name | | | |
| | 05/16/2024 | Westin Hotel Irving | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$500.00 | 400 W Las Colinas Blvd | | | |
| | | | | | |
| | | Irving, TX 75039 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | | | |
| | EXPENDITURE | Haver in District | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense | | |
| | | Confere | nce expense | | |
| | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held | | |
| \vdash | • | | | | |
| | | | | | |
| | | | | | |