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) 00069505 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Amber N. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Givens-Davis CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; 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. Nicole NAME NICKNAME LAST **SUFFIX** Knox **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 740-9955 **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 Day Month Day Year 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 282 Dallas District Judge District 282

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 9

| 13 C / OH NAME | Givens-Davis, Ambei | N. (The Honorable) | | 14 Filer ID 00069505 | (Ethics Com | mission Filers) | |
|--|-----------------------------------|--|--|-----------------------------|-------------------|-----------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted These expenditures may have d officeholders are required to | e been made without t | the candidate's or of | fficeholder's kno | wledge or | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | |
| _ | GENERAL | | | | | | |
| | | COMMITTEE ADDRESS | | | | | |
| | SPECIFIC | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| | | COMMITTEE CAMPAIGN TI | REASURER ADDRES | SS | | | |
| | | | | | | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBU ES OF LOANS, OR CONTRIE | | | S, \$ | 0.00 | |
| | | ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUA | DANITEES OF LOANS | 2) | \$ | 0.00 | |
| EXPENDITURE | 3. TOTAL UNITEM | \$ | 0.00 | | | | |
| TOTALS | | | | | | | |
| | 4. TOTAL POLIT | ICAL EXPENDITURES | | | \$ | 2,197.75 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | \$ | 0.00 | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | \$ | 0.00 | | | | |
| 17 AFFIDAVIT | | | | | | | |
| | | true and c | r affirm, under penalty correct and includes al e 15, Election Code. | | | | |
| | | | The Honorabl | e Amber N. Giver | ne-Davie | | |
| | | | | Candidate or Office | | | |
| AFFIX NOT | ΓARY STAMP / SEAL AB | OVE | | | | | |
| Sworn to and subso | ribed before me, by the s | aid | | , this the | | _ day | |
| | | ertify which, witness my hand | | | | | |
| | | | | | | | |
| Signature of office | er administering oath | Printed name of officer a | administering oath | Title of off | ficer administeri | ng oath | |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | | | 3 of 9 | | | | | | | | |
|----------------------|---|----------|--------------------|--|--|--|--|--|--|--|--|
| | 18 FILER NAME Givens-Davis, Amber N. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00069505 | | | | | | | | | | |
| 20 SCHEDU NAME OF | SUBTOTAL AMOUNT | | | | | | | | | | |
| 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 CONTRIBUTIONS | S | \$ 896.00 | | | | | | | | |
| 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. X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ 1,301.75 | | | | | | | | |
| 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 I TO FILER | RETURNED | \$ | | | | | | | | |
| | | | | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Cabadula F1: | |
| | Total pages Schedule F1: Sch: 1/3 Rpt: 4/9 | 2 FILER NAME Givens-Davis, Amber N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069505 |
| 4 | Date | 5 Payee name |
| | 01/02/2024 | Bank of America |
| 6 | Amount (\$) \$16.00 | 7 Payee address; City; State; Zip Code PO Box 29966 Phoenix, AZ 85038 |
| 8 | 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 |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/01/2024 | Bank of America |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$16.00 | PO Box 29966 |
| | | |
| | | Phoenix, AZ 85038 |
| | 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 |
| | | Scrvice lee |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/01/2024 | Bank of America |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$16.00 | PO Box 29966 |
| | | |
| | | Phoenix, AZ 85038 |
| | 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 |
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| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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 Out of District

| | Candidate/Officeholder/Political Committee Credit Card Payment | | Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | | OTHER (enter a category not listed above) | | |
|---|--|------------------------------|--|----------------------|------------------|---|---|---|--------------------------------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAM | IE . | | | | 3 | Filer ID | (Ethics Commission Filers) |) |
| | Sch: 2/3 Rpt: 5/9 | | vis, Amber N. (The | Honorable) | | | | 00069505 | | |
| 4 | Date | 5 Payee name | е | | | | | | | |
| | 04/01/2024 | Bank of Ar | nerica | | | | | | | |
| 6 | Amount (\$) \$16.00 | 7 Payee addr PO Box 29 | | State; Zip C | ode | | | | | |
| | | Phoenix, A | AZ 85038 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (Accountine | See Categories listed at the t g/Banking | op of this schedule) | (b) | = | | de of Texas. Com , officeholder living | plete Schedule T. g expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | ficeholder name | Office so | ught | | | Office he | eld | |
| Γ | Date | Payee name | | | | | | | | |
| | 05/01/2024 | Bank of Ar | nerica | | | | | | | |
| | Amount (\$) \$16.00 | Payee addr PO Box 29 | - | State; Zip C | ode | | | | | |
| | | Phoenix, A | XZ 85038 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (Accounting | See Categories listed at the t g/Banking | op of this schedule) | (b) | _ | | de of Texas. Com officeholder living | plete Schedule T. g expense | |
| | Complete ONLY if direct expenditure to benefit C/Ol | | ficeholder name | Office so | <u>I</u> ught | | | Office he | eld | |
| | Date 06/03/2024 | Payee name Bank of Ar | | | | | | | | |
| | Amount (\$) \$16.00 | Payee addr PO Box 29 | | State; Zip C | ode | | | | | |
| | | Phoenix, A | AZ 85038 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (Accounting | See Categories listed at the t g/Banking | op of this schedule) | (b) | 브 | | de of Texas. Com officeholder livinç | plete Schedule T. g expense | |
| | Complete ONLY if direct expenditure to benefit C/OI | | ficeholder name | Office so | ught | | | Office he | eld | |
| | | | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | | Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
|--|---|--|--------------|-------------|---------------------------|--------------|---|--------------|---|-----------------------|----------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAM | 1E | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 3/3 Rpt: 6/9 | | Givens-Da | avis, Amb | per N. (The Hor | norable) | | | | 00069505 | |
| 4 | Date | 5 | Payee name | <u> </u> | | | | | | | |
| | 01/11/2024 | | Texas Eth | | mission | | | | | | |
| 6 | Amount (\$) | 7 | Payee addr | .622. (| City; | State; Z | in Code | | | | |
| ľ | \$800.00 | ľ | PO Box 12 | | Oity, | Otato, 2 | пр Соцо | | | | |
| | Ψ300.00 | | 1 0 Box 11 | | | | | | | | |
| | | | Austin, TX | 78711 | | | | | | | |
| 8 | PURPOSE | (a) | Category (| See Categor | ries listed at the top of | this schedul | e) (b) | Description | | | |
| | OF EXPENDITURE | | Fees | | | | | _ | | ide of Texas. Comp | |
| | | | | | | | | fee assessed | | , officeholder living | expense |
| | | | | | | | | ice assessed | u | | |
| Ļ | 0 1: 0.11.7.7.1. | L | 2 1:1 : (2) | · | | 0.11. | | | | 0" 1 | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Of | пісепоіае | r name | Опіс | ce sought | | | Office he | eia |
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | | xpense Vages/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
|---|--|--------------------------------------|--|-----------|--|---|--|--|--|
| 1 | Total pages Schedule G: Sch: 1/3 Rpt: 7/9 | 2 FILER NAM | E vis, Amber N. (The Honora | hle) | 3 Filer ID (Ethics Commission Filers) 00069505 | | | | |
| _ | | | · | .bie) | | 00009303 | | | |
| 4 | Date 01/03/2024 | 5 Payee name Nation Bui | | | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; State | e; Zip Co | ode | | | | |
| | \$93.00 | 448 S. Hill | St. Ste. 200 | | | | | | |
| | Reimbursement from political contributions intended | Los Angelo | es, CA 09913 | | | | | | |
| 8 | PURPOSE | (a) Category (| See Categories listed at the top of this so | chedule) | (b) Description | Check if travel outside of Texas. Complete Schedule T. | | | |
| | OF EXPENDITURE | Advertisino | g Expense | | | Check if Austin, TX, officeholder living expense | | | |
| | EXI ENDITORE | | | | website fee | | | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Office | eholder name | | Office sought | Office held | | | |
| | Date | Payee name | 9 | | | | | | |
| | 02/05/2024 | Nation Bui | lder | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$93.00 | 448 S. Hill | St. Ste. 200 | | | | | | |
| | X Reimbursement from political contributions intended | Los Angelo | es, CA 09913 | | | | | | |
| | PURPOSE OF | Category (| See Categories listed at the top of this so | chedule) | Description | Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Advertising | g Expense | | L L | Check if Austin, TX, officeholder living expense | | | |
| | | | | | website fee | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | I Candidate/Office | eholder name | | Office sought | Office held | | | |
| | Date | Payee name | | | | | | | |
| | 03/04/2024 | Nation Bui | lder | | | | | | |
| | Amount (\$) | Payee addr | ess; City; State | e; Zip Co | ode | | | | |
| | \$93.00 | 448 S. Hill | St. Ste. 200 | | | | | | |
| | Reimbursement from political contributions intended | Los Angel | es, CA 09913 | | | | | | |
| | PURPOSE | Category (| See Categories listed at the top of this so | chedule) | Description | Check if travel outside of Texas. Complete Schedule T. | | | |
| | OF EXPENDITURE | Advertisino | g Expense | | | Check if Austin, TX, officeholder living expense | | | |
| | | | | | website fee | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Office | eholder name | | Office sought | Office held | | | |
| | | | | | | | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain | | xpense Vages/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
|--|--|--|--|--------------------------------|---|--|--|--|--|
| 1 | Total pages Schedule G: Sch: 2/3 Rpt: 8/9 | 2 FILER NA Givens-D | ME avis, Amber N. (The Honora | | 3 Filer ID (Ethics Commission Filers) 00069505 | | | | |
| 4 | Date | 5 Payee nai | ne | | | | | | |
| | 04/02/2024 | Nation B | | | | | | | |
| 6 | Amount (\$) | 7 Payee add | dress; City; Stat | e; Zip Co | ode | | | | |
| | \$93.00 | 448 S. H | II St. Ste. 200 | | | | | | |
| | Reimbursement from political contributions intended | Los Ange | eles, CA 09913 | | | | | | |
| 8 | PURPOSE | (a) Category | (See Categories listed at the top of this se | chedule) | (b) Description | Check if travel outside of Texas. Complete Schedule T. | | | |
| | OF EXPENDITURE | Advertisi | ng Expense | | | Check if Austin, TX, officeholder living expense | | | |
| | | | | | website fee | | | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Off | ceholder name | | Office sought | Office held | | | |
| | Date | Payee nai | me | | | | | | |
| | 05/02/2024 | Nation B | uilder | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$93.00 | 448 S. H | II St. Ste. 200 | | | | | | |
| | X Reimbursement from political contributions intended | Los Ange | eles, CA 09913 | | | | | | |
| | PURPOSE OF | | (See Categories listed at the top of this se | chedule) | Description | Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Advertisi | ng Expense | | L | Check if Austin, TX, officeholder living expense | | | |
| | | | | | website fee | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Off | ceholder name | | Office sought | Office held | | | |
| | Date | Payee nai | me | | | | | | |
| | 06/03/2024 | Nation B | uilder | | | | | | |
| | Amount (\$) | Payee add | dress; City; Stat | e; Zip Co | ode | | | | |
| | \$93.00 | 448 S. H | II St. Ste. 200 | | | | | | |
| | Reimbursement from political contributions intended | Los Ange | eles, CA 09913 | | | | | | |
| | PURPOSE | Category | (See Categories listed at the top of this se | chedule) | Description | Check if travel outside of Texas. Complete Schedule T. | | | |
| | OF EXPENDITURE | Advertisi | ng Expense | | L | Check if Austin, TX, officeholder living expense | | | |
| | | | | | website fee | | | | |
| | Complete ONLY if direct | Candidate/Off | ceholder name | | Office sought | Office held | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/On | centituer name | | Office sought | Office field | | | |
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 3/3 Rpt: 9/9 Givens-Davis, Amber N. (The Honorable) 00069505 Date Payee name 01/11/2024 **Texas Ethics Commission** Amount (\$) Payee address; City; State; Zip Code \$715.00 PO Box 12070 Reimbursement from political contributions Х intended Austin, TX 78711 (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** fee assessed Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/11/2024 United State Postal Service Amount (\$) Payee address; City; State; Zip Code \$28.75 401 Tom Landry Fwy Reimbursement from political contributions Х Dallas, TX 75260 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** money order and fee to mail item Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH