FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 10 00088229 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Karen NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Post CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 7006 W. 14th St. MAILING Amount Receipt # **ADDRESS** Plainview, TX 79072 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Rebecca NAME NICKNAME LAST **SUFFIX** Snow STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3770 Norway **ADDRESS** (Residence or Business) Levelland, TX 79336 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 891-3980 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15

Day

Day

03/05/2024

OFFICE HELD (if any)

ELECTION DATE

02/25/2024

Year

Year

Х

Month

Month

None

PERIOD

10 ELECTION

11 OFFICE

COVERED

8th day before election

THROUGH

χ Primary

General

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2024

12 OFFICE SOUGHT (if known)

State Representative District 88

reporting limit

Final Report (Attach C/OH-FR)

Year

Other

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

Post, Karen		14 Filer ID (00088229	Ethics Commission Filers)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.			
COMMITTEE TYPE	COMMITTEE NAME		
GENERAL			
	COMMITTEE ADDRESS		
SPECIFIC			
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
4 7074		N. D. EDOES J. SANS	
			\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			
3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 1,471.32
4. TOTAL POLITIC		\$ 66,637.57	
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 70.00
		OF THE LAST DAY	\$ 7,623.49
		Karen Post	
	Signature of	Candidate or Officehole	der
TARY STAMP / SEAL AB	OVE		
cribed before me, by the s	aid	, this the	day
cer administering	Printed name of officer administering	Title of officer	administering oath
	This box is for notice of pandidate / officeholder. consent. Candidates and COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL UNITEM OR GUARANTE 2. TOTAL POLITIC (OTHER THAN F. 3. TOTAL UNITEM 4. TOTAL POLITIC REPORTING PE. 6. TOTAL PRINCIP OF THE REPORTING PE. 6. TOTAL PE. 6. TOTAL PRINCIP OF THE REPORTING PE. 6. TOTAL PRINCIP OF THE REPORTING PE. 6. TOTAL PRINCIP OF THE REPORTING PE. 6. TOTAL PE. 6. TOTA	This box is for notice of political contributions accepted or political expenditures may have been made without consent. Candidates and officeholders are required to report this information. COMMITTEE TYPE	This box is for notice of political contributions accepted or political expenditures made by political consent. Candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive no consent. Candidates and officeholders are required to report this information only if they receive no consent. Candidates and officeholders are required to report this information only if they receive no consent candidates are consent. COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1. Iswear, or affirm, under penalty of perjury, that the accept and correct and includes all information required to under Title 15, Election Code. Karen Post Signature of Candidate or Officehold TARY STAMP / SEAL ABOVE cribed before me, by the said

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 10 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00088229 Post, Karen **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. |X| SCHEDULE E: LOANS \$ 1,811.32 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 66,637.57 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

LOANS				SCHEDULE E
The Instruction Guide ex	ges Schedule E: 1 Rpt: 4/10			
2 FILER NAME Post, Karen			3 Filer ID 000882	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZED	LOANS			\$
5 Date of loan 7 Name of 02/26/2024 Post, Ka	— ····	C (ID#:)	9 Loan Amount (\$) \$1,811.32
6 Is lender a financial institution?	ddress; City; State;	Zip Code		10 Interest Rate
No Plainviev	w, TX 79072			11 Maturity Date 12/31/2029
12 Principal occupation / Job title (S Retired	See Instructions)	13 Employer (See Instructions Retired	5)	
14 Description of Collateral X None		15 Check if personal funds we	ere deposited	into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of	guarantor			19 Amount Guaranteed (\$)
x not applicable 18 Guaranto	r address; City; State;	Zip Code		
20 Principal occupation		21 Employer (See Instructions	s)	

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

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category 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: 1/6 Rpt: 5/10	Post, Karen 00088229
4	Date	5 Payee name
	03/05/2024	Cansino, Jane
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,800.00	7008 61st Street
		Lubbock, TX 79407
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Grass Roots Coordinator salary
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/05/2024	Cansino, Jane
	Amount (\$)	Payee address; City; State; Zip Code
	\$338.00	7008 61st Street
	Ψ030.00	7000 OLSt Street
		Lubbock, TX 79407
	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.
		Check if Austin, TX, officeholder living expense Reimbursement for travel expenses
		Normbulsement for dayor expenses
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	'
	Date	Payee name
	03/22/2024	Cansino, Jane
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	7008 61st Street
		Lubbock, TX 79407
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Grass Roots Manager salary
		Grass Notis Manager Salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Officeholder/Political Co Credit Card Payment	ommittee Legal Services Salaries/Wages/G The Instruction Guide explains how to complet	Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2	FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 6/10	Post, Karen	00088229
4 Date 5	Payee name	
03/05/2024	Network Auto Glass	
6 Amount (\$) 7	Payee address; City; State; Zip Code	
\$340.00	872 County Road R	
	Plainview, TX 79072	
8 PURPOSE (a)	•	Description
EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Expense	Travel maintenance expense
		Travel maintenance expense
	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH		
Date	Payee name	
06/03/2024	Post, Karen	
Amount (\$)	Payee address; City; State; Zip Code	
\$44,880.00	7006 W 14th Street	
. ,		
	Plainview, TX 79072	
PURPOSE (a)	Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
	1	Check if Austin, TX, officeholder living expense Loan repayment
		Loan repayment
Complete ONLY if direct (Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH	Candidate/Officeriolder Harrie Office 30dg/fit	Office field
Date	Davisa nama	
03/22/2024	Payee name Post, Karen	
	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	7006 W 14th Street	
	Plainview, TX 79072	
PURPOSE (a) OF	· · · · · · · · · · · · · · · · · · ·	Description
EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	1	Check if Adstin, 17, officerolder living expense Loan repayment
		Loan repayment
Complete ONLY if direct (Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH	Canadate/Onlocholder Haine Office Sought	Office field

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Cabadula F1:		(c)		
1	Total pages Schedule F1:		5)		
L	Sch: 3/6 Rpt: 7/10	Post, Karen 00088229			
4	Date	5 Payee name			
	04/15/2024	Post, Karen			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	\$150.00	7006 W 14th Street			
	Ψ100.00	7000 W 14th Street			
		Plainview, TX 79072			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Loan Repayment/Reimbursement			
	LXI LINDITORL	Check if Austin, TX, officeholder living expense			
		Loan repayment			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	H			
H	Date	Payee name			
	03/25/2024	Post, Karen			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,878.86	7006 W 14th Street			
		Plainview, TX 79072			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Loan repayment			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	Н			
H	Date	Payee name			
		Scully, Mikela			
	03/02/2024	T .			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$320.00	1813 79th Place			
		Lubbock, TX 79423			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Campaign worker pay			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Wages/	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/6 Rpt: 8/10	Post, Karen					00088229	
4	Date	5 Payee name						
	03/05/2024	Scully, Mikela						
6	Amount (\$) \$120.00	7 Payee address; City; 1813 79th Place	State; Zip Co	ode				
	\$120.00	1013 / 9th Place						
		Lubbock, TX 79423						
8	PURPOSE OF	(a) Category (See Categories lister Salaries/Wages/Contract		(b)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Salaries/Wayes/Contrac	a Laboi				officeholder living	
					Campaign wo	orke	er pay	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	e Office sou	ught			Office he	eld
	Date	Payee name						
	03/03/2024	South Plains Republicar	n Women					
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$100.00	1802 Jefferson Street						
		Plainview, TX 79072						
	PURPOSE	(a) Category (See Categories lister	d at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expense					de of Texas. Com officeholder living	
					Venue for wa			expense
							, , ,	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	e Office sou	ught			Office he	eld
	Date	Payee name						
	03/05/2024	South Plains Republicar	n Women					
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$100.00	1802 Jefferson Street						
		Plainview, TX 79072						
	PURPOSE OF	(a) Category (See Categories lister	d at the top of this schedule)	(b)	Description			
	EXPENDITURE	Event Expense					de of Texas. Com officeholder living	
					Food for watc			,
						•	-	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	e Office sou	ught			Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 9/10	Post, Karen	00088229
4	Date	5 Payee name	·
	03/02/2024	Vigil, Isabella	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$320.00	2927 Red Oak Leaf Trail	
		Houston, TX 77084	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Campaign worker pay
			Campaign Worker pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		C.IIICC IIICC
_	Date	Payee name	
	03/05/2024	Vigil, Isabella	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$180.00	2927 Red Oak Leaf Trail	
	¥-33113		
		Houston, TX 77084	
-	PURPOSE		Description
	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Caramos, magos, cominact Lazo.	Check if Austin, TX, officeholder living expense
			Campaign worker pay
			25
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/28/2024	Payee name	
		Vigil, Lee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	2927 Red Oak Leaf Trail	
		Houston, TX 77084	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Campaign manager salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 6/6 Rpt: 10/10	Post, Karen 00088229
4	Date	5 Payee name
	02/28/2024	Vigil, Lee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,239.39	2927 Red Oak Leaf Trail
		Houston, TX 77084
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign manager expense
		Campaigh manager expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	Data	
	Date	Payee name
	03/05/2024	Vigil, Lee
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,400.00	2927 Red Oak Leaf Trail
		Houston, TX 77084
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Campaign manager salary
		Campaigh manager salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	03/22/2024	Payee name Vigil, Lee
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2927 Red Oak Leaf Trail
		Houston, TX 77084
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		☐ Check if Austin, TX, officeholder living expense Campaign manager salary
		Campaign manager salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	