FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088113 3 COMMITTEE NAME **OFFICE USE ONLY** Community Justice PAC Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 301228 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77230 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jarvis NAME NICKNAME LAST **SUFFIX** Calhoun STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** PO Box 301228 STREET **ADDRESS** (Residence or Business) Houston, TX 77230 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 301228 MAILING **ADDRESS** Houston, TX 77230 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 854-7088 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Community Justice PAG	С		0008811	3
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	88,348.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	161.16
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Jarvis (Calhoun	
		Signature of Car	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of of	ficer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 11
17 COMMITTEE NAME Community Justice		18 Filer ID 00088113	(Ethics Commission Filers)
19 SCHEDULE SUBTO NAME OF SCHEDUL			SUBTOTAL AMOUNT
1. X SCHED	ULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 18,750.00
2. SCHEDI	ULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDI	ULE B: PLEDGED CONTRIBUTIONS		\$
	ULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$
	ULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ORGANIZATION	ATION OR	\$
6. SCHEDI	ULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
	ULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		\$
8. SCHEDI	ULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9. SCHEDI	ULE E: LOANS		\$
10. X SCHED	ULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 88,348.87
11. SCHED	ULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDI	ULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDI	ULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDI	ULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDI	ULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F R	RETURNED	\$

	MONET	ARY POLITICAL C	CONTRIBUTION	IS .		SCHEDU	LE A1
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/11			
2	FILER NAME Community	Justice PAC			3	Filer ID (Ethics Commission 00088113	ion Filers)
4	02/26/2024 Carter, O Kyler (Judge) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00		
8	Dringing agg	Bellaire, TX 77401		Employer (See Instructions	·/		
•	Judge	pation / Job title (See Instructions)	9	State of Texas	•)		
	Date 02/29/2024	Full name of contributor Dawson Thomas, Joy Contributor address; City; Sta				Amount of Contribution (\$)	\$500.00
	Deinsinal assu	Houston, TX 77002		Franks on (Cooks to the stip of	<u></u>		
	Adjunct Prof	pation / Job title (See Instructions) fessor	'	Employer (See Instructions UHD	5)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00		
		Houston, TX 77047					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/26/2024	Full name of contributor Kelly, Peter (Judge) Contributor address; City; Sta Houston, TX 77019				Amount of Contribution (\$)	\$500.00
	Principal occu Judge	pation / Job title (See Instructions)	1.	Employer (See Instructions State of Texas	5)		
	Date 02/27/2024	Full name of contributor Lee, Joshua Contributor address; City; Sta Houston, TX 77055	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Armstrong Lee & Baker		P	
	·			Tamon only 200 & Daker			

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/11			
2	FILER NAME Community	Justice PAC			3	Filer ID (Ethics Commission 00088113	n Filers)
4	Date 02/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_	Dringing age	Houston, TX 77003	_	Employer (Co.) Instructions	<u></u>		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Padua Law Firm, PLLC	·)		
	Date 02/29/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Attorney			Self employed			
	Date Full name of contributor out-of-state PAC (ID#:) 03/01/2024 Push & Nguyen Injury Lawyers Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
		Houston, TX 77023					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Ravi, Sandill (Judge) Contributor address; City; State; Zip Code Houston, TX 77019)		Amount of Contribution (\$)	\$500.00
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	5)		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:_ Watson, Fran Contributor address; City; State; Zip Code Houston, TX 77035)		Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Harris County	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/6 Rpt: 6/11	Community Justice PAC	00088113
4 Date	5 Payee name	
02/26/2024	Chase Bank	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$25.00	270 Park Ave 31st Floor	
Expenditure from corporate funds	New York, NY 10017	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		Office Hold
Data		
Date	Payee name	
02/27/2024	Chase Bank	
Amount (\$)	Payee address; City; State; Zip	Code
\$10.00	270 Park Ave 31st Floor	
Expenditure from		
corporate funds	New York, NY 10017	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI		ought of the control
Data	D	
Date 03/01/2024	Payee name	
	Chase Bank	
Amount (\$)	Payee address; City; State; Zip	Code
\$2.50	270 Park Ave 31st Floor	
Expenditure from		
corporate funds	New York, NY 10017	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
_/		Check if Austin, TX, officeholder living expense
		Fee
Complete CNII V if direct	Condidate/Officeholder name	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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	3 Filer ID	(Ethics Commission Filers)
	Sch: 2/6 Rpt: 7/11	Community Justice PAC		00088113	
4	Date	5 Payee name			
	03/29/2024	Chase Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$15.00	270 Park Ave 31st Floor			
	Expenditure from corporate funds	New York, NY 10017			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Fees		itside of Texas. Comp	
			Bank Fee	ΓX, officeholder living	expense
			26		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OF	1			
	Date	Payee name			
	04/30/2024	Chase Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$15.00	270 Park Ave 31st Floor			
_	T Expenditure from				
L	corporate funds	New York, NY 10017			
	PURPOSE OF	,	Description		
	EXPENDITURE	Fees	ш	itside of Texas. Comp FX, officeholder living	
			Bank fee		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office he	eld
	experiordine to benefit C/Or	1			
	Date	Payee name			
	05/31/2024	Chase Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$15.00	270 Park Ave 31st Floor			
	Expenditure from corporate funds	New York, NY 10017			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	EXPENDITURE	Fees		itside of Texas. Comp FX, officeholder living	
			Bank fee		•
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	1			

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	l Committee Legal Services Salaries/Wag The Instruction Guide explains how to comp	es/Contract Labor OTHER (enter a category not listed above) lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/6 Rpt: 8/11	Community Justice PAC	00088113
4 Date	5 Payee name	
06/28/2024	Chase Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$15.00	270 Park Ave 31st Floor	
Expenditure from corporate funds	New York, NY 10017	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fee
		Bankies
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		d Office field
Date	Payee name	
03/01/2024	Chase Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.50	270 Park Ave 31st Floor	
Expenditure from corporate funds	New York, NY 10017	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Bank fee
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	-1	
Date	Payee name	
03/04/2024	M3 Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,991.80	11730 Wilcrest Dr	
·		
Expenditure from corporate funds	Houston, TX 77099	
·)
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Printing
Complete ONLY if direct	Candidate/Officeholder name Office sough	t 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 Candidate/Officeholder/Political Committee

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/6 Rpt: 9/11	Community Justice PAC 00088113
4 Date	5 Payee name
03/04/2024	M3 Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21,932.60	11730 Wilcrest Dr
ΨΕΙ,002.00	11760 Wildingt B1
Expenditure from	
corporate funds	Houston, TX 77099
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Mailer Mailer
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/26/2024	M3 Graphics
	·
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	11730 Wilcrest Dr
Evponditure from	
Expenditure from corporate funds	Houston, TX 77099
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
6 .	
Date	Payee name
02/26/2024	Southern Blue Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	2420 Bissonnet St
Expenditure from corporate funds	Houston, TX 77005
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Consulting
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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/Politica Credit Card Payment	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	Community Justice PAC 00088113	
4 Date	5 Payee name	
03/04/2024	Southern Blue Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$4,424.47	2420 Bissonnet St	
Expenditure from corporate funds	Houston, TX 77005	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Texting & Reimbursements	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/25/2024	The Cornelius Group	
Amount (\$)	Payee address; City; State; Zip Code	_
\$15,000.00	2526 Business Center Dr	
Ψ 2 0,000.00	2020 Badiilodd Gollidi Bi	
Expenditure from corporate funds	Pearland, TX 77584	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Field Staff	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
		_
Date	Payee name	
02/27/2024	The Cornelius Group	
Amount (\$)	Payee address; City; State; Zip Code	
\$8,500.00	2526 Business Center Dr	
Expenditure from corporate funds	Pearland, TX 77584	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Field Staff	
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 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 co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 6/6 Rpt: 11/11	Community Justice PAC		00088113	
4 Date	5 Payee name			
03/01/2024	The Cornelius Group			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1,400.00	2526 Business Center Dr			
Expenditure from corporate funds	Pearland, TX 77584			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE			vel outside of Texas. Constin, TX, officeholder living	
		Field Cons		у ехрепое
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office h	eld
expenditure to benefit C/O		9	G	o.u
Date	Davida marria			
03/04/2024	Payee name The Cornelius Group			
	·	al a		
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$25,000.00	2526 Business Center Dr			
Expenditure from corporate funds	Pearland, TX 77584			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE			el outside of Texas. Con	
		Field Staff	stin, TX, officeholder livin	y expense
		r ioid Glair		
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office h	eld
expenditure to benefit C/O		9		