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) 00087861 3 COMMITTEE NAME **OFFICE USE ONLY Engage Odessa** Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 14042 Date Hand-delivered or Date Postmarked Change of Address Odessa, TX 79768 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Brian NAME NICKNAME LAST **SUFFIX** Green STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4101 Covey Road STREET **ADDRESS** (Residence or Business) Odessa, TX 79762 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 14042 MAILING **ADDRESS** Odessa, TX 79768 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (432) 238-9270 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ 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 (E	Ethics Commission Filers)
Engage Odessa			00087861	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cal Hendrick Mayor, City of O	dessa	
(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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	100.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	31,184.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	17,307.47
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Bria	an Green	
		Signature of Ca	mpaign Treasurer	
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, ti	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer a	dministering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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12	COMMITTEE NAME								13 Filer	ID	(Ethic	cs Commi	ssion Filers)
	Engage Odessa								0008	37861			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ported	Craig Stoker	City	Council	At-La	rge, City	of Od	essa		
	(Attach lists on plain paper to complete this report if necessary.)		В. Орг	osed									
		2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported									
			В. Орг	osed									
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)											
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ported	Eddie Mitche	II Cit	y Cound	cil Dist	rict 1, C	ity of O)dessa	a	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed									
		2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	-									
			В. Орг	osed									
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)											
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ported	Steven Thom	pson	City Co	ouncil I	District 2	2, City	of Ode	essa	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орг	osed									
		2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	-									
			В. Орр	osed									
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)											

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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					raye 4 01 13
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Engage Odessa				00087861
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Javier Joven Mayor, City of Ode	essa
		2. 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.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Denise Swanner City Council A	:-Large, City of Odessa
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Mark Matta City Council District	1, City of Odessa
		2. 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.)			

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				5 of 13
	MMITTE gage O		18 Filer ID 00087861	(Ethics Commission Filers)
19 SCI	HEDULI	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 16,197.68
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 14,986.77
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$
				,

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/Politica		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 explain	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 6/13	Engage Odessa		00087861
4 Date	5 Payee name		
09/27/2024	Go Creative Group		
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code	
\$10,000.00	5511 Parkcrest Drive Suite 103		
Expenditure from corporate funds	Austin, TX 78731		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this s		
EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Digital Adver	
		g	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Mayor, City of Odessa	
Date	Doves name		
Duic	Payee name (see previous)		
Amount (\$)		ite; Zip Code	
Amount (4)	rayee address, City, Sta	ite, Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		City Council At-Large, City	
Date	Payee name		
Dato	(see previous)		
Amount (\$)		ıte; Zip Code	
Amount (4)	rayee address, City, Sta	ite, Zip Code	
Expenditure from corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this		
EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Crick ii Austii	, 17, oncerouer living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		City Council District 1, City	
	<u> </u>		

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/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: 2/3 Rpt: 7/13	Engage Odessa 00087861
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Thompson, Steven City Council District 2, City of
Date	Payee name
10/08/2024	Leon Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$6,097.68	P.O. Box 311
Expenditure from corporate funds	Leander, TX 78646
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Design and Distribution of Digital Messages
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	
Dale	Payee name (soo provious)
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
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
Complete ONLY If allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Stoker, Craig City Council At-Large, City of
,	Gity Council At-Large, City Of

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 Credit Card Payment

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 r dyment	The Instruction Guide explains how	to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 3/3 Rpt: 8/13	Engage Odessa		00087861	
4	Date	5 Payee name			
		(see previous)			
6	Amount (\$)	7 Payee address; City; State; Z	ip Code		
	T Expenditure from				
L	corporate funds				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) Description		
	OF EXPENDITURE		Check if trave	el outside of Texas. Con	
			Check if Austi	tin, TX, officeholder livin	g expense
9	Complete ONLY if direct	Candidate/Officeholder name Offic	e sought	Office h	eld
Ĭ	expenditure to benefit C/OI		Council District 1, Cit		old
	Date		·		
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Z	in Code		
	Amount (ϕ)	1 dyee dudress, City, State, 2	ip Code		
Г	Expenditure from corporate funds				
	PURPOSE	(a) Cotogon	(h) Description		
	OF	(a) Category (See Categories listed at the top of this schedul		el outside of Texas. Con	nplete Schedule T.
	EXPENDITURE		Check if Austi	tin, TX, officeholder livin	g expense
	Complete ONLY if direct expenditure to benefit C/OI		e sought	Office h	eld
	experience to benefit Gree	Thompson, Stephen City	Council District 2, Cit	<u>.y ot</u>	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 7	Total pages Schedule F2:	The Instruction Guide explains how to complete this form.	3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 9/13	Engage Odessa	00087861
4		ZED UNPAID INCURRED OBLIGATIONS	\$
5 [Date	6 Payee name	
1	L0/23/2024	KAP Print	
7 /	Amount (\$)	8 Payee address; City; State; Zip Code	
	\$2,279.59	220 Quinn Drive	
	Expenditure from corporate funds	Dripping Springs, TX 78620	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		I	nd Postage for Mail Advertisement
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
•	expenditure to benefit C/OI	Mitchell, Eddie City Council District 1, City	of
[Date	Payee name	
1	L0/22/2024	KAP Print	
Á	Amount (\$)	Payee address; City; State; Zip Code	
	\$7,747.82	220 Quinn Drive	
	Expenditure from corporate funds	Dripping Springs, TX 78620	
	TYPE OF EXPENDITURE	X Political Non-Political	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	ı, TX, officeholder living expense
		Production at	nd Postage for Mail Advertisements
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
<u> </u>		Hendrick, Cal Mayor, City of Odessa	
ı			

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(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) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/5 Rpt: 10/13 **Engage Odessa** 00087861 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date Payee name (see previous) **7** Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds TYPE OF Political Non-Political **EXPENDITURE PURPOSE** 10 (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 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Stoker, Craig City Council At-Large, City of Date Payee name (see previous) Payee address; Amount (\$) City; State; Zip Code Expenditure from corporate funds TYPE OF Non-Political Political **EXPENDITURE PURPOSE** (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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Mitchell, Eddie City Council District 1, City of

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(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) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/5 Rpt: 11/13 **Engage Odessa** 00087861 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name (see previous) Amount (\$) Payee address: City; State; Zip Code Expenditure from corporate funds TYPE OF Political Non-Political **EXPENDITURE PURPOSE** 10 (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 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Thompson, Stephen City Council District 2, City of Date Payee name 10/22/2024 Leon Strategies Amount (\$) Payee address; City; State; Zip Code \$4,959.36 P.O. Box 311 Expenditure from Leander, TX 78646 corporate funds **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design and Distribution of Digital Messages Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Hendrick, Cal Mayor, City of Odessa

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(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) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/5 Rpt: 12/13 **Engage Odessa** 00087861 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date Payee name (see previous) **7** Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds TYPE OF Political Non-Political **EXPENDITURE PURPOSE** 10 (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 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Stoker, Craig City Council At-Large, City of Date Payee name (see previous) Payee address; Amount (\$) City; State; Zip Code Expenditure from corporate funds **TYPE OF** Non-Political Political **EXPENDITURE PURPOSE** (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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Mitchell, Eddie City Council District 1, City of

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(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) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00087861 Sch: 5/5 Rpt: 13/13 **Engage Odessa** \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name (see previous) **7** Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds TYPE OF Political Non-Political **EXPENDITURE PURPOSE** 10 (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 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Thompson, Stephen City Council District 2, City of