

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087357		2 Total pages filed: 11	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Benjamin M.		MI
	NICKNAME Ben		LAST Mostyn		
OFFICE USE ONLY					
Date Received ELECTRONICALLY FILED 10/08/2024					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 762305  San Antonio, TX 78245				ZIP CODE
	Date Hand-delivered or Date Postmarked				
	Receipt #		Amount		
	Date Processed				
Date Imaged					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Benjamin M.		MI
	NICKNAME Ben		LAST Mostyn		SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 762305  San Antonio, TX 78245				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
(210) 379-7117					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
07/01/2024 09/26/2024					
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)
					State Representative District 117

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME	Mostyn, Benjamin M. (Mr.)	14 Filer ID	(Ethics Commission Filers)
		00087357	

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	1,206.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,324.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	5,226.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,692.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

## 17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Benjamin M. Mostyn  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Mostyn, Benjamin M. (Mr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00087357
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,956.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 368.90
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,226.61
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/11
<b>2</b> FILER NAME Mostyn, Benjamin M. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087357
<b>4</b> Date 07/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolling, Teresa <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78245	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farley, J.P. <hr/> Contributor address; City; State; Zip Code  Plano, TX 75026	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Karen <hr/> Contributor address; City; State; Zip Code  San Anotnio, TX 78253	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouser, Mike <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, Priscila <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78225	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Cleaner		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/11
<b>2</b> FILER NAME Mostyn, Benjamin M. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087357
<b>4</b> Date 07/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, Priscila <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78225	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Cleaner		<b>9</b> Employer (See Instructions) Self
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Republican Women of Bexar County PAC <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Linas <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperber, Jane <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, James <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/11
<b>2</b> FILER NAME Mostyn, Benjamin M. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087357
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78253	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, James <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/11	
2 FILER NAME Mostyn, Benjamin M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087357	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/15/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Karen	8 Amount of contribution (\$) \$368.90	9 In-kind contribution description PhoneBurner
7 Contributor address; City; State; Zip Code  San Anotnio, TX 78253		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 8/11	<b>2</b> FILER NAME Mostyn, Benjamin M. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087357
<b>4</b> Date 07/05/2024	<b>5</b> Payee name 3D Signs	
<b>6</b> Amount (\$) \$1,040.00	<b>7</b> Payee address; City; State; Zip Code 8015 W 2nd St  Somerset, TX 78069	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/06/2024	Candidate/Officeholder name Office sought Office held	
Payee name 3D Signs		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 8015 W 2nd St  Somerset, TX 78069	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Anedot		
Amount (\$) \$56.20	Payee address; City; State; Zip Code 1920 McKinney Ave  Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot
Complete <u>ONLY</u> if direct 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 -  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 9/11	<b>2</b> FILER NAME Mostyn, Benjamin M. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087357
<b>4</b> Date 08/01/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$20.20	<b>7</b> Payee address; City; State; Zip Code 1920 McKinney Ave  Dallas, TX 75201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name Avila, Henry	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 985 PRICE RD  POTEET, TX 78065	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Placement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2024	Payee name Avila, Henry	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 985 PRICE RD  POTEET, TX 78065	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 10/11	<b>2</b> FILER NAME Mostyn, Benjamin M. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087357
<b>4</b> Date 09/17/2024	<b>5</b> Payee name Avila, Henry	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 985 PRICE RD  POTEET, TX 78065	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2024	Candidate/Officeholder name Office sought Office held	
Payee name Broadway Bank		
Amount (\$) \$4.00	Payee address; City; State; Zip Code 502 W Loop 1604 N  San Antonio, TX 78251	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Google		
Amount (\$) \$35.31	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google
Complete <u>ONLY</u> if direct 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 -  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 11/11	<b>2</b> FILER NAME Mostyn, Benjamin M. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087357
<b>4</b> Date 08/01/2024	<b>5</b> Payee name Google	
<b>6</b> Amount (\$) \$46.05	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name Google		
Amount (\$) \$46.05	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name Office sought Office held	
Payee name PhoneBurner		
Amount (\$) \$578.80	Payee address; City; State; Zip Code 1968 S. Coast Hwy, Suite 1800  Laguna Beach, CA 92651	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone banking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		