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) 00088969 3 COMMITTEE NAME **OFFICE USE ONLY** Deep Roots in Klein PAC Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 28610 HWY 290 Date Hand-delivered or Date Postmarked Ste. F09 #375 Change of Address Cypress, TX 77433 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Kristen NAME NICKNAME LAST **SUFFIX** Machicek STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 28610 Hwy 290 STREET **ADDRESS** Ste. F08 #375 (Residence or Business) Cypress, TX 77433 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 28610 Hwy 290 MAILING **ADDRESS** Ste. F08 #375 Cypress, TX 77433 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 536-1920 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** 09/03/2024 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 | (Ethics Commission Filers) |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|
| Deep Roots in Klein PA | AC . | | 00088969 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Chris Todd | | |
| (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) | \$ | 6,070.99 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 5,262.89 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 808.10 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | | | <u> </u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | |
| | | Kristen | Machicek | |
| | | Signature of Ca | mpaign Treasui | rer |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | before me, by the said | , tl | his the | day |
| | | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of offic | er administering oath |

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

| PURPUSE | | | | | Page 3 of 10 |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------|----------------|----------------------------|--------------|
| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) | |
| Deep Roots in Klein P. | AC | | | 00088969 | |
| 4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Dustin Creager | 1 | |
| (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.) | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Nicole Peters | | |
| (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.) | | | | |
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SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | | 4 of 10 |
|--------|-------------------|----------------------------------------------------------------------------------|-----------------------------|----------------------------|
| | | EE NAME ots in Klein PAC | 18 Filer ID 00088969 | (Ethics Commission Filers) |
| 19 SCH | HEDULI ME OF : | | SUBTOTAL AMOUNT | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 6,070.99 |
| 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. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ 5,262.89 |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 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 | \$ |
| | | | | |
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| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | S | | SCHEDUI | E A1 |
|---|----------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|----|--------------------------------------------------------|----|------------------------------------------------|------------|
| | The Instruc | ction Guide explains hov | to complete this fo | rn | n. | 1 | Total pages Schedule A1: Sch: 1/2 Rpt: 5/10 | |
| 2 | FILER NAME Deep Roots | in Klein PAC | | | | 3 | Filer ID (Ethics Commission 00088969 | on Filers) |
| 4 | Date 09/12/2024 | 5 Full name of contributor Blankenship, Eric6 Contributor address; City; S | out-of-state PAC (ID#: ate; Zip Code | | | 7 | Amount of Contribution (\$) | \$2,602.54 |
| | Dringing! goog | Klein, TX 77379 | .,], | | Employer (See Instructions | _ | | |
| 8 | Executive VF | pation / Job title (See Instructions o | 5) | | Employer (See Instructions Satterfield Pontikes Con | | ruction, Inc. | |
| | Date 09/10/2024 | Full name of contributor Hernandez, Dayna Contributor address; City; S | | |) | | Amount of Contribution (\$) | \$104.10 |
| | Principal occu | Spring, TX 77389 pation / Job title (See Instructions | s) | | Employer (See Instructions | :) | | |
| | Educator | | , | | Klein | , | | |
| | Date 09/24/2024 | Full name of contributor Massey, Doug Contributor address; City; S | out-of-state PAC (ID#: ate; Zip Code | | | | Amount of Contribution (\$) | \$104.10 |
| | | Spring, TX 77389 | _ | | | | | |
| | Principal occu Administration | pation / Job title (See Instructions on | s) | | Employer (See Instructions Klein ISD | 5) | | |
| | Date 10/03/2024 | Full name of contributor Pogue Construction Contributor address; City; S Mckinney, TX 75069 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$3,000.00 |
| | Principal occu | pation / Job title (See Instructions | 5) | | Employer (See Instructions |) | | |
| | Date 09/09/2024 | Full name of contributor Schumacher, Kelly Contributor address; City; S Spring, TX 77386 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$104.10 |
| | Principal occu Office Manag | pation / Job title (See Instructions ger | (5) | | Employer (See Instructions Klein ISD | i) | | |
| | | | <u>'</u> | | | | | |

| MC | NET | ARY POLITICAL CONTRIBUTI | ION | IS | | SCHEDULE A1 |
|-----------------|------------------------------------|------------------------------------------------------------|-----|----------------------------|-------------------------------------------------|------------------------------------------------|
| The | Instru | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 2/2 Rpt: 6/10 |
| | FILER NAME Deep Roots in Klein PAC | | | 3 | Filer ID (Ethics Commission Filers) 00088969 | |
| 4 Date 10/03 | 1/2024 | Full name of contributor | #: | | 7 | Amount of Contribution (\$) \$156.15 |
| 8 Princi | ipal occu | Montgomery, TX 77356 pation / Job title (See Instructions) | 9 | Employer (See Instructions | | |
| coc | | | | Klein ISD | | |
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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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1 | Total pages Schedule F1: | | -ilers) |
| - | Sch: 1/4 Rpt: 7/10 | Deep Roots in Klein PAC 00088969 | |
| 4 | Date | 5 Payee name | |
| | 10/22/2024 | CAZ Consulting, LLC | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$2,966.90 | 7720 Laura Lake Ln | |
| | Expenditure from corporate funds | Fort Worth, TX 76126 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Advertising Expense | |
| | | Check if Austin, TX, officeholder living expense | |
| | | MMS - Texting | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| | experiulture to beliefit C/Or | Todd, Chris | |
| | Date | Payee name | |
| | | (see previous) | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | 7 ano ant (4) | Layou dadi oos, Siy, State, Lip Godo | |
| | | | |
| | 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. | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense | |
| | | | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| | experientere to benefit 6/01 | Creager, Dustin | |
| | Date | Payee name | |
| | | (see previous) | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | ` , | | |
| | | | |
| Г | Expenditure from | | |
| _ | corporate funds | | |
| | 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 | |
| | | Crieck if Austrit, 1A, unicertoider living expense | |
| | | | |
| | Operation ON W. W. F | Outside to 10ff and address on the control of the c | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| | pondition to bonont o/Of | Peters, Nicole | |
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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 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 Fi | ilers) |
| Sch: 2/4 Rpt: 8/10 | Deep Roots in Klein PAC | | 00088969 | |
| 4 Date | 5 Payee name | | - | |
| 10/04/2024 | Community Impact | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode | | |
| \$2,175.00 | 16225 Impact Way | | | |
| Expenditure from | | | | |
| corporate funds | Pflugerville, TX 78660 | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | า | |
| OF EXPENDITURE | Advertising Expense | ı | ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | |
| | | Newspap | | |
| | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | ı ıght | Office held | |
| expenditure to benefit C/OI | ¹ Todd, Chris | | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | |
| | | | | |
| - Cynonditure from | | | | |
| Expenditure from corporate funds | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | า | |
| OF EXPENDITURE | | . ⊔ | ravel outside of Texas. Complete Schedule T. | |
| | | П Спеск п / | Austin, TX, officeholder living expense | |
| | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ı <u> </u> | Office held | |
| expenditure to benefit C/OI | [†] Creager, Dustin | | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | |
| | | | | |
| Expenditure from | | | | |
| corporate funds | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| OF EXPENDITURE | | ı <u>⊔</u> | ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | |
| | | L Check If A | nasan, 17, unicendual living expense | |
| | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ıght | Office held | |
| expenditure to benefit C/OI | H Peters, Nicole | | | |
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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 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 com | plete this form. |
|-----------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/4 Rpt: 9/10 | Deep Roots in Klein PAC | 00088969 |
| 4 Date | 5 Payee name | <u>'</u> |
| 09/09/2024 | WinRed | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | 9 |
| \$4.10 | 1776 Wilson Blvd., Suite 530 | |
| | | |
| Expenditure from corporate funds | Arlington, VA 22219 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | p) Description |
| OF | Fees | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | WinRed service fee |
| | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | nt Office held |
| | | |
| Date | Payee name | |
| 09/10/2024 | WinRed | |
| Amount (\$) | Payee address; City; State; Zip Code | e |
| \$4.10 | 1776 Wilson Blvd., Suite 530 | |
| Expenditure from | | |
| corporate funds | Arlington, VA 22219 | |
| 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 WinRed service fee |
| | | Willived Service Ice |
| Complete ONLY if direct | Candidate/Officeholder name Office sough | nt Office held |
| expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · | Chies heid |
| Date | Dayee name | |
| 09/12/2024 | Payee name WinRed | |
| | | • |
| Amount (\$) \$102.54 | Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530 | = |
| Ψ102.34 | 1170 Wilson Diva., Suite 330 | |
| Expenditure from | Arlington VA 22210 | |
| corporate funds | Arlington, VA 22219 | |
| PURPOSE OF | , , | Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Fees | Check if Austin, TX, officeholder living expense |
| | | WinRed service fee |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sough | nt Office held |
| expenditure to benefit C/O | 4 | |
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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 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: 4/4 Rpt: 10/10 | Deep Roots in Klein PAC 00088969 |
| 4 Date | 5 Payee name |
| 09/24/2024 | WinRed |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$4.10 | 1776 Wilson Blvd., Suite 530 |
| Expenditure from corporate funds | Arlington, VA 22219 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense WinRed service fee |
| | WILINEU SEIVICE IEE |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/01/2024 | WinRed |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$6.15 | 1776 Wilson Blvd., Suite 530 |
| Expenditure from corporate funds | Arlington, VA 22219 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense WinRed service fee |
| | WillRed Service lee |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/Ol | |
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