



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**  
COVER SHEET PG 2

|  |  |  |  |
|--|--|--|--|
| <b>12 COMMITTEE NAME</b><br>Committee for Austin's Children  |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00081923  |  |
| <b>14 COMMITTEE PURPOSE</b><br><br>(Attach lists on plain paper to complete this report if necessary.)<br><br><input checked="" type="checkbox"/> <b>SUPPORT</b><br>(Candidate or Measure)<br><br><input type="checkbox"/> <b>OPPOSE</b><br>(Candidate or Measure)<br><br><input type="checkbox"/> <b>ASSIST</b><br>(Officeholder) | <input type="checkbox"/> Candidate<br><br><input type="checkbox"/> Officeholder  | <b>CANDIDATE / OFFICEHOLDER NAME</b><br><br>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) |  |
|  | <input checked="" type="checkbox"/> Measure  | <b>BALLOT IDENTIFICATION / #</b><br>Prop A   | <b>ELECTION DATE</b><br>Month    Day    Year<br>11/05/2024 |
|  |  | <b>DESCRIPTION</b><br>AISD voter approved tax ratification election                                |  |
|  |  |  |  |
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED</b> | \$ 0.00  |  |
|  | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>  | \$ 5,796.84  |  |
| <b>EXPENDITURE TOTALS</b>  | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ 160.18  |  |
|  | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ 34,239.98   |  |
| <b>CONTRIBUTION BALANCE</b>  | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 71.32   |  |
| <b>OUTSTANDING LOAN TOTALS</b>   | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 0.00  |  |

**16 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.

\_\_\_\_\_  
 Doyle Valdez  
 Signature of Campaign Treasurer

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 oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - SPAC

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>Committee for Austin's Children |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00081923 |
| <b>19 SCHEDULE SUBTOTALS</b>                                |   | SUBTOTAL AMOUNT   |
|   | NAME OF SCHEDULE  |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 1,626.63   |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$ 117.26   |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION    | \$ 4,052.95   |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.  | <input checked="" type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION      | \$ 2,000.00   |
| 7.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 32,539.98  |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$ 1,700.00   |
| 10.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 11.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                   | \$  |
| 13.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 14.   | <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:<br>Sch: 1/1 Rpt: 4/11  |
| <b>2</b> FILER NAME<br>Committee for Austin's Children           |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081923 |
| <b>4</b> Date<br>10/30/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Delia Garza Campaign<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78703 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>11/04/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>FGM Architects<br><hr/> Contributor address; City; State; Zip Code<br><br>AUSTIN, TX 78746                         | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>10/30/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Focus Strategies Investment Banking<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78731    | Amount of Contribution (\$)<br><br>\$526.63              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|   |  |   |  |
|---|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 5/11                                |  |
| 2 FILER NAME<br>Committee for Austin's Children                             |  | 3 Filer ID (Ethics Commission Filers)<br>00081923                               |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | \$  |  |
| 5 Date<br>10/31/2024  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Boswell, Lynn | 8 Amount of contribution (\$)<br>\$117.26                                       | 9 In-kind contribution description<br>email software |
|   | 7 Contributor address; City; State; Zip Code<br><br>Austin, TX 78703                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   |  | 11 Employer (FOR NON-JUDICIAL) (See instructions)                               |  |
| 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) |  |   |  |

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule C1:<br>Sch: 1/1 Rpt: 6/11  |
| <b>2</b> FILER NAME<br>Committee for Austin's Children           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081923 |
| <b>4</b> Date<br>11/08/2024                                      | <b>5</b> Corporation / Labor Organization name<br>Frost Bank  | <b>7</b> Amount of contribution (\$)<br>\$1,000.00       |
|  | <b>6</b> Corporation / Labor Organization address; City; State; Zip Code<br><br>San Antonio, TX 78296 |  |
| Date<br>10/29/2024   | Corporation / Labor Organization name<br>J.E. Dunn Construction Company                               | Amount of contribution (\$)<br>\$2,000.00                |
|  | Corporation / Labor Organization address; City; State; Zip Code<br><br>Kansas City, MO 64106          |  |
| Date<br>10/28/2024   | Corporation / Labor Organization name<br>STR Constructors, LLC  | Amount of contribution (\$)<br>\$1,052.95                |
|  | Corporation / Labor Organization address; City; State; Zip Code<br><br>liberty hill, TX 78644         |  |

**PLEGGED CONTRIBUTIONS FROM CORPORATION OR  
LABOR ORGANIZATION**

**SCHEDULE D**

|   |   |  |   |
|---|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule D:<br>Sch: 1/1 Rpt: 7/11   |   |
| <b>2</b> FILER NAME<br>Committee for Austin's Children                          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081923 |   |
| <b>4</b> Date<br>12/20/2024   | <b>5</b> Corporation / Labor Organization Name<br>Flintco   | <b>7</b> Amount of<br>pledge (\$)<br><br>\$2,000.00      | <b>8</b> In-kind description (if<br>applicable) |
|   | <b>6</b> Corporation / Labor Organization address; City; State; Zip Code<br><br>St. Louis, MO 63114 |  |   |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |  |   |

# 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:<br>Sch: 1/3 Rpt: 8/11             | <b>2</b> FILER NAME<br>Committee for Austin's Children  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081923  |
| <b>4</b> Date<br>12/20/2024   | <b>5</b> Payee name<br>JWH Communications   |   |
| <b>6</b> Amount (\$)<br>\$1,925.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>7701 Bettis Trophy Dr.<br><br>Austin, TX 78739 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Communications consulting           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>11/26/2024  | Payee name<br>Susan Harry Consulting  |   |
| Amount (\$)<br>\$3,125.00   | Payee address; City; State; Zip Code<br>P.O. Box 301074<br><br>Austin, TX 78703                 |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising & compliance consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/27/2024  | Payee name<br>Y Strategy  |   |
| Amount (\$)<br>\$7,403.80   | Payee address; City; State; Zip Code<br>3110 Manor Rd. Ste. H<br><br>Austin, TX 78723           |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Text messages                       |
| 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:<br>Sch: 2/3 Rpt: 9/11 | <b>2</b> FILER NAME<br>Committee for Austin's Children | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081923 |
|---|--|--|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>4</b> Date<br>10/27/2024 | <b>5</b> Payee name<br>Y Strategy |
|-----------------------------|-----------------------------------|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$5,000.00 | <b>7</b> Payee address; City; State; Zip Code<br>3110 Manor Rd. Ste. H<br><br>Austin, TX 78723 |
|------------------------------------|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign consulting |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--------------------------|
| Date<br>11/03/2024 | Payee name<br>Y Strategy |
|--------------------|--------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$2,000.00 | Payee address; City; State; Zip Code<br>3110 Manor Rd. Ste. H<br><br>Austin, TX 78723 |
|---------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign consulting |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>11/03/2024 | Payee name<br>Y Strategy |
|--------------------|--------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$5,986.98 | Payee address; City; State; Zip Code<br>3110 Manor Rd. Ste. H<br><br>Austin, TX 78723 |
|---------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Text messages |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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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  
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:<br>Sch: 3/3 Rpt: 10/11 | <b>2</b> FILER NAME<br>Committee for Austin's Children | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081923 |
|--|--|--|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>4</b> Date<br>11/04/2024 | <b>5</b> Payee name<br>Y Strategy |
|-----------------------------|-----------------------------------|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$3,450.00 | <b>7</b> Payee address; City; State; Zip Code<br>3110 Manor Rd. Ste. H<br><br>Austin, TX 78723 |
|------------------------------------|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sign delivery |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>11/05/2024 | Payee name<br>Y Strategy |
|--------------------|--------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$3,489.02 | Payee address; City; State; Zip Code<br>3110 Manor Rd. Ste. H<br><br>Austin, TX 78723 |
|---------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Text messages |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F2:<br>Sch: 1/1 Rpt: 11/11 | <b>2</b> FILER NAME<br>Committee for Austin's Children | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081923 |
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|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|                             |   |
|-----------------------------|---|
| <b>5</b> Date<br>11/06/2024 | <b>6</b> Payee name<br>JWH Communications |
|-----------------------------|---|

|                                  |   |
|----------------------------------|---|
| <b>7</b> Amount (\$)<br>\$825.00 | <b>8</b> Payee address; City; State; Zip Code<br>7701 Bettis Trophy Dr.<br><br>Austin, TX 78739 |
|----------------------------------|---|

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |   |   |
|----------------------------------|---|---|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Communications consulting |
|----------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>11/25/2024 | Payee name<br>Susan Harry Consulting |
|--------------------|--------------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$875.00 | Payee address; City; State; Zip Code<br>P.O. Box 301074<br><br>Austin, TX 78703 |
|-------------------------|---|

|                     |  |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising & compliance consulting |
|------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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