

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |                                  |  |  |                                |            |
|---|---|---|----------------------------------|--|--|--------------------------------|------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00019422 | <b>2</b> Total pages filed:<br>7 |  |  |                                |            |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>James E.   | MI                               | <b>OFFICE USE ONLY</b>                 |  |                                |            |
|   | NICKNAME<br>Pete  | LAST<br>Laney   | SUFFIX                           |  | Date Received<br><b>ELECTRONICALLY FILED</b><br>01/14/2025 |                                |            |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>1082 FM 1071<br><br>Hale Center, TX 79041  |   |                                  | Date Hand-delivered or Date Postmarked |  |                                |            |
|   | Receipt #   |   | Amount                           | Date Processed                         |  |                                |            |
|   |   |   |                                  | Date Imaged                            |  |                                |            |
|   |   |   |                                  |  |  |                                |            |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>The Honorable  | FIRST<br>James E.   | MI                               |  |  |                                |            |
|   | NICKNAME<br>Pete  | LAST<br>Laney   | SUFFIX                           |  |  |                                |            |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1082 FM 1071<br><br>Hale Center, TX 79041  |   |                                  |  |  |                                |            |
|   |   |   |                                  |  |  |                                |            |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                        |  |  |                                |            |
|   | (806)   | 879-4706  |                                  |  |  |                                |            |
| <b>8</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input 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)                         |   |                                  |  |  |                                |            |
| <b>9</b> PERIOD COVERED   | Month   | Day   | Year                             | THROUGH                                | Month  | Day                            | Year       |
|   |   | 07/01/2024  |                                  |  |  |                                | 12/31/2024 |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month Day Year   |   |                                  | ELECTION TYPE                          |  |                                |            |
|   |   |   |                                  | <input type="checkbox"/> Primary       | <input type="checkbox"/> Runoff                            | <input type="checkbox"/> Other |            |
|   |   |   | <input type="checkbox"/> General | <input type="checkbox"/> Special       |  |                                |            |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   |                                  | <b>12</b> OFFICE SOUGHT (if known)     |  |                                |            |
|   |   |   |                                  |  |  |                                |            |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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|   |   |
|---|---|
| <b>13 C / OH NAME</b> Laney, James E. (Mr.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00019422 |
|---|---|

|   |  |   |
|---|--|---|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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. |   |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b>                       |
|   |  | <b>COMMITTEE ADDRESS</b>                    |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

|                                |   |    |           |
|--------------------------------|---|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 0.00      |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00      |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 6,908.00  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 15,243.95 |
| <b>OUTSTANDING LOAN TOTALS</b> | 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. James E. Laney  
 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><br>Laney, James E. (Mr.) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00019422 |
|---|---|

| <b>20 SCHEDULE SUBTOTALS</b>           |  | <b>SUBTOTAL AMOUNT</b> |
|--|--|------------------------|
| <b>NAME OF SCHEDULE</b>                |  |                        |
| 1. <input type="checkbox"/>            | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                     |
| 2. <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                     |
| 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                   | \$ 3,140.00            |
| 6. <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                     |
| 7. <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                     |
| 8. <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 3,768.00            |
| 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 | \$                     |

# 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: 1/2 Rpt: 4/7 | <b>2</b> FILER NAME<br>Laney, James E. (Mr.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019422 |
|--|--|--|

|                             |                              |
|-----------------------------|------------------------------|
| <b>4</b> Date<br>07/25/2024 | <b>5</b> Payee name<br>Chase |
|-----------------------------|------------------------------|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$628.00 | <b>7</b> Payee address; City; State; Zip Code<br>Cardmember Services<br>P.O. Box 94014<br>Palatine, IL 60094-4014 |
|----------------------------------|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Credit Card Payment | <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>Payment of credit card bill for storage expense. |
|---------------------------------|--|--|

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

|                    |                     |
|--------------------|---------------------|
| Date<br>09/03/2024 | Payee name<br>Chase |
|--------------------|---------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$628.00 | Payee address; City; State; Zip Code<br>Cardmember Services<br>P.O. Box 94014<br>Palatine, IL 60094-4014 |
|-------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Credit Card Payment | (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>Payment of credit card bill for storage expense. |
|------------------------|---|---|

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

|                    |                     |
|--------------------|---------------------|
| Date<br>09/24/2024 | Payee name<br>Chase |
|--------------------|---------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$628.00 | Payee address; City; State; Zip Code<br>Cardmember Services<br>P.O. Box 94014<br>Palatine, IL 60094-4014 |
|-------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Credit Card Payment | (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>Payment of credit card bill for storage expense. |
|------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| 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: 2/2 Rpt: 5/7 | <b>2</b> FILER NAME<br>Laney, James E. (Mr.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019422 |
|--|--|--|

|                             |                              |
|-----------------------------|------------------------------|
| <b>4</b> Date<br>10/25/2024 | <b>5</b> Payee name<br>Chase |
|-----------------------------|------------------------------|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$628.00 | <b>7</b> Payee address; City; State; Zip Code<br>Cardmember Services<br>P.O. Box 94014<br>Palatine, IL 60094-4014 |
|----------------------------------|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Credit Card Payment | <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>Payment of credit card bill for storage expense. |
|---------------------------------|--|--|

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

|                    |                     |
|--------------------|---------------------|
| Date<br>12/03/2024 | Payee name<br>Chase |
|--------------------|---------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$628.00 | Payee address; City; State; Zip Code<br>Cardmember Services<br>P.O. Box 94014<br>Palatine, IL 60094-4014 |
|-------------------------|--|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Credit Card Payment | <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>Payment of credit card bill for storage expense. |
|-------------------------------|--|--|

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

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F4:<br>Sch: 1/2 Rpt: 6/7                                  | <b>2</b> FILER NAME<br>Laney, James E. (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019422                         |
| <b>4</b> CREDIT CARD ISSUER   | Name of financial institution<br>Chase  | <b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD<br>\$         |
| <b>6</b> PAYMENT  | (a) Amount Charged<br>\$628.00  | (b) Date of Charge<br>07/08/2024   |
| <b>7</b> PAYEE  | (a) Payee name<br>Extra Space Storage   | (c) Date(s) Credit Card Issuer Paid<br>07/25/2024                                |
| <b>8</b> PURPOSE OF EXPENDITURE   | (a) Category<br>(See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | (b) Payee address; City, State, Zip Code<br>6412 Burnet Road<br>Austin, TX 78757 |
| <input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                     | Candidate/Officeholder name   | Office sought      Office held   |
| <b>PAYMENT</b>  | (a) Amount Charged<br>\$628.00  | (b) Date of Charge<br>08/08/2024   |
| <b>PAYEE</b>  | (a) Payee name<br>Extra Space Storage   | (c) Date(s) Credit Card Issuer Paid<br>09/03/2024                                |
| <b>PURPOSE OF EXPENDITURE</b>   | (a) Category<br>(See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | (b) Payee address; City, State, Zip Code<br>6412 Burnet Road<br>Austin, TX 78757 |
| <input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              | Candidate/Officeholder name   | Office sought      Office held   |
| <b>PAYMENT</b>  | (a) Amount Charged<br>\$628.00  | (b) Date of Charge<br>09/08/2024   |
| <b>PAYEE</b>  | (a) Payee name<br>Extra Space Storage   | (c) Date(s) Credit Card Issuer Paid<br>09/24/2024                                |
| <b>PURPOSE OF EXPENDITURE</b>   | (a) Category<br>(See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | (b) Payee address; City, State, Zip Code<br>6412 Burnet Road<br>Austin, TX 78757 |
| <input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              | Candidate/Officeholder name   | Office sought      Office held   |

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

|  |   |  |  |
|--|---|--|--|
| <b>1</b> Total pages Schedule F4:<br>Sch: 2/2 Rpt: 7/7   | <b>2</b> FILER NAME<br>Laney, James E. (Mr.)  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019422                 |
| <b>4</b> CREDIT CARD ISSUER  | Name of financial institution<br>see previous   |  | <b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD<br>\$ |
| <b>6</b> PAYMENT   | (a) Amount Charged<br>\$628.00  | (b) Date of Charge<br>10/08/2024   | (c) Date(s) Credit Card Issuer Paid<br>10/25/2024                        |
| <b>7</b> PAYEE   | (a) Payee name<br>Extra Space Storage   | (b) Payee address; City, State, Zip Code<br>6412 Burnet Road<br>Austin, TX 78757 |  |
| <b>8</b> PURPOSE OF EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category<br>(See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   |  | (b) Description<br>Storage expense.                                      |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name Office sought Office held   |  |  |
| <b>PAYMENT</b>   | (a) Amount Charged<br>\$628.00  | (b) Date of Charge<br>11/08/2024   | (c) Date(s) Credit Card Issuer Paid<br>12/03/2024                        |
| <b>PAYEE</b>   | (a) Payee name<br>Extra Space Storage   | (b) Payee address; City, State, Zip Code<br>6412 Burnet Road<br>Austin, TX 78757 |  |
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category<br>(See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   |  | (b) Description<br>Storage expense.                                      |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name Office sought Office held   |  |  |
| <b>PAYMENT</b>   | (a) Amount Charged<br>\$628.00  | (b) Date of Charge<br>12/08/2024   | (c) Date(s) Credit Card Issuer Paid                                      |
| <b>PAYEE</b>   | (a) Payee name<br>Extra Space Storage   | (b) Payee address; City, State, Zip Code<br>6412 Burnet Road<br>Austin, TX 78757 |  |
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category<br>(See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   |  | (b) Description<br>Storage expense.                                      |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name Office sought Office held   |  |  |