

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

| | | | | |
|--|---|--|--|--------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00088301 | 2 Total pages filed: 9 | |
| 3 COMMITTEE NAME Texas Truth Movement | | | OFFICE USE ONLY | |
| | | | Date Received ELECTRONICALLY FILED 07/14/2025 | |
| | | | Date Hand-delivered or Date Postmarked | |
| | | | Receipt # | Amount |
| | | | Date Processed | |
| | | | Date Imaged | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 27708 Tomball Pkwy Box 108 Tomball, TX 77375 | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Gary | | | |
| | NICKNAME LAST SUFFIX Gray | | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 23303 Cannon Creek Trail Tomball, TX 77377 | | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 23303 Cannon Creek Trail Tomball, TX 77377 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 635-9002 | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) | | | |
| | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination | | | |
| 10 PERIOD COVERED | Month Day Year | | | |
| | 01/01/2025 THROUGH 06/30/2025 | | | |
| 11 ELECTION | ELECTION DATE 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 | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|--|---|
| 12 COMMITTEE NAME Texas Truth Movement | 13 Filer ID (Ethics Commission Filers) 00088301 |
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| | | |
|---|--|--------------|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |

| | | |
|-------------------------------|---|-------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 772.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,002.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 10.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,556.89 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 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.

Gary Gray

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 - GPAC

FORM **GPAC**
COVER SHEET PG 3
3 of 9

| | | |
|--|---|---|
| 17 COMMITTEE NAME Texas Truth Movement | | 18 Filer ID (Ethics Commission Filers) 00088301 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,002.00 |
| 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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 1,556.89 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/9 |
| 2 FILER NAME Texas Truth Movement | | 3 Filer ID (Ethics Commission Filers) 00088301 |
| 4 Date 01/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Monica <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77095 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) |
| Date 01/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastineau, Paul <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 02/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Mary Ann <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 02/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Leann <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 01/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Denise <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |

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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/5 Rpt: 5/9 | 2 FILER NAME Texas Truth Movement | 3 Filer ID (Ethics Commission Filers) 00088301 |
| 4 Date 03/14/2025 | 5 Payee name Hale, Rachel | |
| 6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1302 Briarwood Trail Henderson TX, TX 75654 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Speaker Honorarium |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/25/2025 | Candidate/Officeholder name Payee name Jackson, Mary Ann | |
| Amount (\$) \$198.75 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 11611 Breckan Ct Cypress, TX 77429 | |
| 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 Printing |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/02/2025 | Candidate/Officeholder name Payee name Karthost | |
| Amount (\$) \$35.69 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 14015 Park Dr Building A Suite 112 Tomball, TX 77377 | |
| 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 Website Hosting |
| 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.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 2/5 Rpt: 6/9 | 2 FILER NAME Texas Truth Movement | 3 Filer ID (Ethics Commission Filers) 00088301 |
| 4 Date 02/03/2025 | 5 Payee name Karthost | |
| 6 Amount (\$) \$35.69 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 14015 Park Dr Building A Suite 112 Tomball, TX 77377 | |
| 8 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 Website Hosting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/01/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$35.69 <input type="checkbox"/> Expenditure from corporate funds | Payee name Karthost Payee address; City; State; Zip Code 14015 Park Dr Building A Suite 112 Tomball, TX 77377 | |
| 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 Website Hosting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/01/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$35.69 <input type="checkbox"/> Expenditure from corporate funds | Payee name Karthost Payee address; City; State; Zip Code 14015 Park Dr Building A Suite 112 Tomball, TX 77377 | |
| 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 Website Hosting |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/5 Rpt: 7/9 | 2 FILER NAME Texas Truth Movement | 3 Filer ID (Ethics Commission Filers) 00088301 |
| 4 Date 06/02/2025 | 5 Payee name Karthost | |
| 6 Amount (\$) \$35.69 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 14015 Park Dr Building A Suite 112 Tomball, TX 77377 | |
| 8 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 Website Hosting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/23/2025 | Payee name Linahan, Alice | |
| Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 104 Meadow Bend Dr Kingsland, TX 78639 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Speaker Honorarium |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/27/2025 | Payee name PostNet Tomball | |
| Amount (\$) \$113.75 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 27708 Tomball Parkway Tomball, TX 77375 | |
| 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 Printing |
| 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 4/5 Rpt: 8/9 | 2 FILER NAME Texas Truth Movement | 3 Filer ID (Ethics Commission Filers) 00088301 |
| 4 Date 02/12/2025 | 5 Payee name PostNet Tomball | |
| 6 Amount (\$) \$101.08 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 27708 Tomball Pkwy Tomball, TX 77375 | |
| 8 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 Printing |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/25/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name PostNet Tomball | | |
| Amount (\$) \$30.16 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 27708 Tomball Pkwy Tomball, TX 77375 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Printing |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Postnet TX233 | | |
| Amount (\$) \$35.69 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 27708 Tomball Parkway Tomball, TX 77375 | |
| 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 Printing |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 5/5 Rpt: 9/9 | 2 FILER NAME Texas Truth Movement | 3 Filer ID (Ethics Commission Filers) 00088301 |
| 4 Date 04/23/2025 | 5 Payee name Postnet TX233 | |
| 6 Amount (\$) \$38.95 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 27708 Tomball Parkway Tomball, TX 77375 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Printing |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/25/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name QuickQuack Car Wash | | |
| Amount (\$) \$22.99 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 9144 Fry Rd Cypress, TX 77433 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Door Prize - Feb Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/23/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Valley Ranch Grill | | |
| Amount (\$) \$27.07 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 22548 State Highway 249 Houston, TX 77070 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Speaker Meal |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |