#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00088607 Date Received COMMITTEE Red Stiletto Republican Women **ELECTRONICALLY FILED** NAME 08/02/2025 TREASURER Schott, Debra L. NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) August 5 ORIGINAL PERIOD Month Year Month Year Day Day Date Imaged **COVERED THROUGH** 06/26/2025 07/25/2025 **EXPLANATION OF CORRECTION** forgot to include one of the expenses incurred in the reporting period 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Debra L. Schott Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088607 3 COMMITTEE NAME **OFFICE USE ONLY** Red Stiletto Republican Women Date Received **ELECTRONICALLY FILED** 08/02/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 252 Lillianite New Braunfels, TX 78130 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Debra L. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Schott CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 252 Lillianite STREET **ADDRESS** (Residence or Business) New Braunfels, TX 78130 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 252 Lillianite MAILING **ADDRESS** New Braunfels, TX 78130 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (651) 503-8840 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2025 07/25/2025

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  \$ CONTRIBUTION  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ACTIVITY    Activate lists on plain piner to comprehe list imported to complete lists on plain piner to comprehe lists on plain piner to comprehe lists   Contribute lists on plain piner to comprehe lists on plain piner to comprehe lists   Contribute lists on plain piner to plain	Red Stiletto Republican	Women			00088607	
2. Measures   2. Measures   3. Officeholders   4. Supported   5. Opposed   5. Opp		(Identify by name or, if	A. Supported			
Contribution   Cont	paper to complete this		B. Opposed			
(Describe by date and location of decidion and nature of issue.)  B. Opposed  3. Officeholders Assisted (dentity by mane or, if applicable, classely by party.)  5 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. AFFIDAVIT  1. 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.  Debra L. Schott  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said			1.0			
3. Officeholders Assisted (glamiby by pame or, if proficioble, classity by pamy)  5 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   Concentration of this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. SWEAR OF THE REPORTING PERIOD  AFFILIANCE  JEWERS OF THE ACCOUNT OF THE ACCOUNT OF THE LAST DAY SIGnature of Campanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Debra L. Schott Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  SWORN to and subscribed before me, by the said		(Describe by date and location	A. Supported			
Assisted (glentily by name or, if glentily by name or, if glentils or, if glen			B. Opposed			
PLEDGES, LOANS, OR GUARANTEES OF LOANS, ÖR CONTRIBUTIONS MADE ELECTRONICALLY)   Check here if this report qualifies for the higher itemization threshold   CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		Assisted (Identify by name or, if				
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. 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.  Debra L. Schott  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day		PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS ADE ELECTRONICALLY)	, ÒR	\$	0.00
4. TOTAL POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  7. 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.  7. Debra L. Schott  8. Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  8. Sworn to and subscribed before me, by the said				EES OF LOANS)	\$	365.00
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1 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.  Debra L. Schott  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said		3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
BALANCE OF THE REPORTING PERIOD \$ 3,1  OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$  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.  Debra L. Schott  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said		4. TOTAL POLITICA	EXPENDITURES		\$	478.45
LAST DAY OF THE REPORTING PERIOD  SAFFIDAVIT  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.  Debra L. Schott  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day				O AS OF THE LAST	DAY \$	3,129.52
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.  Debra L. Schott  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day				NG LOANS AS OF		0.00
true and correct and includes all information required to be reported by me under Title 15, Election Code.  Debra L. Schott  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day	AFFIDAVIT	I			l	
Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this theday			true and correct a	and includes all infor		
Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this theday				Debra	L. Schott	
Sworn to and subscribed before me, by the said day			<u></u>			ırer
	AFFIX NOTARY	STAMP / SEAL ABOVE				
of, 20, to certify which, witness my hand and seal of office.					his the	day
	of	, 20, to certify \	hich, witness my hand and sea	al of office.		
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					<b>—</b> ———————————————————————————————————	

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

				4 of 8
<b>17</b> COMI	MITTE	E NAME	18 Filer ID	(Ethics Commission Filers)
Red	Stilett	o Republican Women	00088607	,
<b>19</b> SCHE	EDULE			
NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 365.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	<b>\$</b> 478.45
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 TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	struction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 1/1 Rpt: 5/8	
2	FILER NAME Red Stiletto I	Republican Women		3	Filer ID (Ethics Commission Filers) 00088607	
4	Date 07/01/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
_		New Braunfels, TX 78132				
8	Principal occur Teacher	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 07/18/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Realtor		Keller Williams			
	Date 07/06/2025	Full name of contributor  uut-of-state PAC (ID#:_ Stewart, Marcia (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$65.00
		New Braunfels, TX 78132				
	Principal occu Retired Teac	pation / Job title (See Instructions) her	Employer (See Instructions	)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ Thompson, LaFawn Contributor address; City; State; Zip Code  New Braunfels, TX 78130			Amount of Contribution (\$)	\$50.00
	Principal occu Administrativ	pation / Job title (See Instructions) e Assistant	Employer (See Instructions	)		
	Date 07/23/2025	Full name of contributor out-of-state PAC (ID#:_ Vanmeter, Tania  Contributor address; City; State; Zip Code  New Braunfels, TX 78132	)		Amount of Contribution (\$)	\$50.00
	Principal occu Spa Owner	pation / Job title (See Instructions)	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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 6/8	Red Stiletto Republican Women 00088607
4 Date	5 Payee name
07/03/2025	Direct Texas Marketing Grp
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$64.95	1260 S Business IH 35
Expenditure from corporate funds	New Braunfels, TX 78130
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  posters
	posters
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/28/2025	GoDaddy
Amount (\$)	Payee address; City; State; Zip Code
\$23.44	100 S Mill Ave
Expenditure from	
corporate funds	Tempe, AZ 85281
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Website fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Monthly hosting fees
	Montally hosting loss
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/06/2025	Intuit Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$21.32	405 N Angier Ave. NE
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	newsletter app
	Check if Austin, TX, officeholder living expense
	send newsletter & other communications
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

## 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 complete the	his form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 7/8	Red Stiletto Republican Women	00088607
4 Date	5 Payee name	
07/06/2025	Jotform, Inc.	
6 Amount (\$) \$41.57	7 Payee address; City; State; Zip Code 4 Embarcadero Center	
<b>Ф41.5</b> 7	SUITE 780	
Expenditure from	San Francisco, CA 94111	
corporate funds  8 PURPOSE		
OF		Scription Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
	col	llect membership info & payment
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/Ol		Office field
Date	Payee name	
07/18/2025	Project Broadcast	
Amount (\$)	Payee address; City; State; Zip Code	
\$26.65	300 La Vida Ct.	
Expenditure from corporate funds	Irving, TX 75062	
PURPOSE OF		scription
EXPENDITURE	texting app	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	for	texting members
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experience to belief eye		
Date	Payee name	
06/26/2025	Texas Federation of Republican Women	
Amount (\$) \$202.40	Payee address; City; State; Zip Code	
\$202.40	13740 N. Hwy 183, Suite J4	
Expenditure from corporate funds	Austin, TX 78750	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) De-	scription
EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	I — I —	embership Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	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 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
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1: Sch: 3/3 Rpt: 8/8	2 FILER NAME Red Stiletto Republican Women 3 Filer ID (Ethics Commission Filer 00088607	s)
<b>4</b> Date 06/29/2025	5 Payee name WildApricot, Inc	
6 Amount (\$) \$15.91  Expenditure from corporate funds	7 Payee address; City; State; Zip Code 144 Front Street West Suite 725 Toronto Ontario M5J2L7 Canada	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Membership site  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense monthly fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date 07/25/2025	Payee name WildApricot, Inc	
Amount (\$) \$82.21  Expenditure from corporate funds	Payee address; City; State; Zip Code  144 Front Street West Suite 725 Toronto Ontario M5J2L7 Canada	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Membership app  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense tracking & communication with members	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	