#### CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Melinda Mrs. NAME Date Received LAST SUFFIX NICKNAME RECEIVED Cox 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE **OFFICEHOLDER** JUL 11 2024 MAILING **ADDRESS** NEISD Change of Address DIVISION OF BUSINESS SERVICE AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** PHONE Receipt # Amount \$ FIRST MS / MRS / MR MI 6 CAMPAIGN TREASURER Shellie Mrs Date Processed NAME LAST NICKNAME Date Imaged Cecchine STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, STATE; ZIP CODE CITY: 7 CAMPAIGN TREASURER 3715 Verrado ADDRESS San Antonio Tx 78261 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE 393-2459 (210 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day 10 PERIOD Month Day Year COVERED 30 24 24 06 25 04 THROUGH ELECTION TYPE FLECTION DATE 11 ELECTION Runoff Primary Other Month Day Year Description 24 General Special 04 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE NEISD Trustee SMD 5 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE Bexar County Champions for Public Education COMMITTEE ADDRESS GENERAL San Antonio Tx 78259 PO Box 593158 Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC Beth Plummer COMMITTEE CAMPAIGN TREASURER ADDRESS 11 Nopalito San Antonio, Tx 78261 GO TO PAGE 2

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FORM C/OH

Revised 1/1/2024

CANDIDATE / OFFICEHOLDER

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Melinda Cox		<b>16</b> Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2902.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2494.94
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 1831.37
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true equired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
	Please complete either option below	<i>r</i> :
(1) Affidavit		
NOTARY STAMP/SE	AL	
Sworn to and subscribe	d before me by this the	day of,
	fy which, witness my hand and seal of office.	,
, 10 00.10	y mining managed by called	
Signature of officer adminis	tering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declara	tion	
My name is Melinda	Cox, and my date of birth is	
My address is	San Antonio Tx	USA
Executed in Bexar		(country) (pear)
	Signature of Candid	late/Officeholder (Declarant)
	Signature of Candida	atteromoenoider (Decidianti)
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## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	AN ADMINISTRATION OF THE PROPERTY OF THE PROPE	O (Ethics Commiss	ion Filers)		
Me	elinda Cox				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	650.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2252.73		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	4. SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS \$	2389.57		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	TIONS \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	25.96		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	79.41		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIO	ons \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	JRNED \$			

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME Melinda Cox	<	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#: Omar Leos Campaign Fund	7 Amount of contribution (\$)				
4/25/24	6 Contributor address; City; State; Zip Code 2817 Belvoir Rd San Antonio, Tx 78230	100.00				
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Inst	tructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
4/29/24	Contributor address; City; State; Zip Code 23727 Misty Peak San Antonio, Tx 78258	50.00				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
4/25/24	Bexar County Champions for Public Education PAC  Contributor address; City; State; Zip Code  PO Box 593158 San Antonio, Tx 78259	500.00				
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tructions)				
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)				
	Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						
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## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAME	E	3 Filer ID (Ethics Commission Filers)				
Melinda Co	DX .					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#: TSTA-PAC	)	8 Amount of Contribution \$	9 In-kind contribution description		
4/26/24	7 Contributor address; City; State;	Zip Code	1349.92	post cards		
	THE STATE OF THE S	58				
	8716 N. MoPac Expresway Austin, Tx 78	759	Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Dete	Full name of contributor	)	Amount of	In-kind contribution		
Date	Flynn Mauthe		Contribution \$	description		
5/1/24		140.73	signs			
3/1/24	Contributor address; City; State;	Zip Code	140.70	!		
	1718 Searcy Dr San Antonio, Tx 78232		Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

SEC PORTER DE COMPANION DE COMP						
Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2: 2				
2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)			
Melinda Co	OX.					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor	)		9 In-kind contribution		
	Jose Menendez		Contribution \$	l description		
5/8/24		Zip Code	762.08	Texting		
3/0/24	7 Contributor address; City; State;					
	4522 Fredricksburg A-22 Balcones Hgts,	1X 78201	Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor □ out-of-state PAC (ID#:			Amount of Contribution \$	I In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	 		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			er (FOR NON-JUDICI			
Principal occ	upation 7 300 title (POR NON-30DICIAL) (See Instructions)	Employe	er (FOR NON-JODICI	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Melinda Cox	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name					
4-25-24	Norton Lewis					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
105.54	12106 Valliant San Antoni	o, Tx 78216				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Advertising Expense	yard signs				
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
4/25/24	Scale To Win					
Amount (\$)	Payee address;	City;	State; Zip Code			
771.54	13742 Harper St Sa	anta Ana	CA 92703			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Advertising Expense	Texting				
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
5/5/24	Claire Barnett					
Amount (\$)	Payee address;	City;	State; Zip Code			
300.00	2922 Meadow Thrush San Antonio, Tx 78231					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Candidate/Officeholder/Political Committee Credit Card Payment  Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	1: 2 FILER NAME Melinda Cox				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame		101 - 1		
5/5/24	Genevie	ve Sugalski				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
300.00	14134 W	loodstream	San An	tonio, Tx 7823	1	
8	(a) Categor	y (See Categories listed at the top of	this schedule)	(b) Description	00 00 00 00 00 00 00 00 00 00 00 00 00	
PURPOSE OF EXPENDITURE	Consult	ing Expense		Consulting		
	(c)	Check if travel outside of Texas. Comple	te Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
5/6/24	Scale To	o Win				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
912.49	13742 Harper St Santa Ana			anta Ana	CA	92703
	Category	/ (See Categories listed at the top of t	nis schedule)	Description		18 100 - 100
PURPOSE	Adverti	sing Expense		Texting		
OF EXPENDITURE						
		Check if travel outside of Texas. Comple	te Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					Office held	
Date	Payee n	ame				
				·		
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
		180				
	Category	/ (See Categories listed at the top of t	nis schedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Comple	te Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name	90,000	Office sought		Office held
	Name of the second					
	AT	TACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS NEE	EDED	

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### EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Printing Expense Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER 1 TOTAL PAGES 2 FILER NAME 3 FILER ID (Ethics Commission Filers) SCHEDULE F4: 1 Melinda Cox 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution 5 CREDIT CARD ISSUER American Express (b) Date Expenditure Charged (a) Amount Charged (c) Date(s) Credit Card Issuer Paid 6 PAYMENT s 12.98 6/21/24 5/13/24 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1 Hacker Way Menlo Park, CA 94025 Meta 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Advertising Expense Facebook Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY if direct expenditure to benefit C/OH (a) Amount Charged (c) Date(s) Credit Card Issuer Paid PAYMENT (b) Date Expenditure Charged s12.98 6/13/24 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1 Hacker Way Menlo Park, CA 94025 Meta (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) EXPENDITURE Facebook Advertising Expense Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Complete ONLY if direct Office Held expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged PAYMENT PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** П Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### **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/Wades/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Service	Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Melinda Cox			3 Filer ID (Ethics	s Commission Filers)		
4 Date	5 Payee name		THE PARTY OF THE P				
4/21/24	American Expr	ess					
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code		
53.45 Reimbursement from political contributions intended	PO Box 96001		Los Angeles	CA	90096		
8	(a) Category (See Categorie	es listed at the top of this sche	edule) (b) Description				
PURPOSE OF EXPENDITURE	Advertising Expe	tising Expense Facebook and Pledge Cards					
	(c) Check if travel ou	tside of Texas. Complete Scheo	lule T. Check if Au	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	holder name	Office sought		Office held		
Date	Payee name				-V		
5/21/24	American Expr	ess					
Amount (\$)	Payee address;		City;	State;	Zip Code		
12.98  Reimbursement from political contributions intended	PO Box 96001		Los Angeles	CA	90096		
PURPOSE		es listed at the top of this sche					
OF EXPENDITURE	Advertising expe	nse	Facebook				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Office	holder name	Office sought		Office held		
Date	Payee name		WARY STORY				
6/21/24	American Expr	ess					
Amount (\$)	Payee address;		City;	State;	Zip Code		
12.98  Reimbursement from political contributions intended	PO Box 96001		Los Angeles	CA	90096		
PURPOSE		es listed at the top of this sche	2000/013050 1 1200000000000000000000000000000000				
OF EXPENDITURE	Advertising Expe	nse	Facebook				
	Check if travel ou	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder li			expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	nolder name	Office sought		Office held		
	ATTACH ADDIT	ONAL COPIES OF	THIS SCHEDULE AS NEE	EDED			

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