OFFICIAL RECORD CITY SECRETARY

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FT. WORTH, TX

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE/ OFFICEHOLDER	MS MRS / MR	FIRST	∩ MI	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
		BIVERS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #,	CITY; STATE; ZIP CODE	CSO REC'D MAY 1'23 PH3:33
Change of Address	(, 0	7 3 83	FWTX 76124	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS (MR)	DFIRST	1 1 MI	Receipt # Amount \$
NAME	NICKNAME	MOV/	CO	Date Processed
	NICKNAME	P), Ven(SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1 100		N, -	11115
(Residence or Business)	(90	i Carvedi	4 HUIX	76/12
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	()			
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	3 /	28/2023	THROUGH \mathcal{C}	/26/2023
11 ELECTION	ELECTION DA	 	ELECTION TY	
	Month Day	Year Primary	Runoff Other Description	
	9/6/	23 General		
12 OFFICE	OFFICE HELD (if any)	2.2.2.62	13 OFFICE SOUGHT (if kno	wn)
AA NOTICE ETC.		nense	1 (ounce)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER, THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR FTHEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
	<u> </u>			
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTR		\$
	2. TOTAL POLITICAL CONTRIBL (OTHER THAN PLEDGES, LOANS		\$4767162
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDIT	URES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAST (DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF T PERIOD	HE \$
		•	idate or Officeholder
	Please comple	ete either option below:	
(1) Affidavit	ELISA WINTERROWD Notary Public, State of Texas Comm. Expires 01-11-2027 Notary ID 13413861-8		
	perfore me by ayra Bivens	5 this the	1st day of May,
The fall	V 1	linterrowd	Admin, Assist
Signature of officer administr	ering oath Printed name of office	er administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarati	on		
My name is		, and my date of birth is _	
My address is		1	
	(street)	(city) (sta	te) (zip code) (country)
Executed in	County, State of	, .,	
		Signature of Candidat	te/Officeholder (Declarant)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, bo Not includ	de this page in the report
The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:
2 FILER NAME SUNA POWENS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: 1	Green Harvey Gallact of Toward Complete Complete
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)	1
Date Full name of contributor out-of-state PAC (ID#:	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (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 If contributor is out-of-state PAC, please see Instruct	tion guide for additional reporting requirements.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Com	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$3102326 \$1664836
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 16648 36
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$ 3576947
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	1DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$
$\overline{}$			

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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Satartes/Wages/Contract Lebor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	i Committee	Legal Services		///ages/Contract Labor	Other (entera catego	ry not listed above)
·			Guide explains how to	complete uns form.	2 Files ID (Ethion	Commission Filers)
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Eulice	Colillingsion Literal
4 Date	5 Paveen	ame i			1	
4.17.23	MV	MANN !	V ASILA			
6 Amount (\$)	7 Payee a	ddress; \		City;	State;	Zip Code
867314	PO	Box	1648	Austin	N	
8	(a) Catego	ry (See Categories liste	d at the top of this schedule)	(b) Description	7	
PURPOSE OF EXPENDITURE	(0,	sultar	J			
	(c)	Check if travel outside of	Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Ol		date / Officeholder	name	Office sought		Office held
Date	Payee n	ame				
4.17.23	Br	end A N	toward			
Amount (\$)	Payee a	iddress;		City;	State;	Zip Code
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Date	Payee	name NS V	W Co	nect		
Amount (\$)	Payee a	address;		City;	State;	Zip Code
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		Check if travel outside o	f Texas. Complete Schedule T.	Check if Aus	ntin, TX, officeholder living	s expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholde	r name	Office sought		Office held
	A	TTACH ADDITIO	NAL COPIES OF TH	IS SCHEDULE AS NE	EDED	

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
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A Tatal agent Cabadula Ede	2 50 50 1				3 Filer ID (Ethics	Commission Filers)
1 Total pages Schedule F1:	Z FILEK N	IAME				•
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1026						
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	000	sultant	·			
	(4)	Check if travel outside of Texas, Complete	Schedule T.	Check if Aust	in, TX, officebolder living	g expense
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Date	Payee n	ате			· · · · · · · · · · · · · · · · · · ·	
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		Check Tiravel outside of Texas. Complete	Schedule T.	Check # Aus	tin, TX, officeholder livin	g expense
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4/17/23	14	one Depot	<u> </u>			ut i
Amount (\$)	Payee a	address;		City;	State;	Zip Code
15905						
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PURPOSE OF EXPENDITURE						
		Check littravel outside of Texas, Complete	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.						
EXPENDITURE CATEGORIES FOR BOX 8(4)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations/Made By Candidate/Officeholdet/Political Credt Card Payment	Foes Cffic Food/Bavarage Expense Poil Call/Awards/Memorisis Expense Prin Committee Legal Services Sale	n Repayment/Relimburnement to Overhead/Rental Expense ing Expense ting Expense price/Nages/Contract Labor	Solicitation/Fundralising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (entera category not listed above)			
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1 Total pages Schedule F1:	2 FILER NAME	·	3 Filer ID (Ethios Commission Filers)			
4 Date A 0 7 202	5 Payeer LUIL KOPU.	<i>d</i>	To Code			
6 Amount (5)	7 ray.	City;	State; Zip Code			
38421	Handley Dr	Fw -	V			
8	(a) Category (See Categories listed at the top of this ached	(b) Description				
PURPOSE OF EXPENDITURE	Markety					
	(c) Check if travel outside of Texas. Complete Schedu	ieT. Check # Aus	itin, TX, officeholder living expense			
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Date/ 1/14/23	Payee name IN The Softwa	re				
Amount (\$)	Payee address,	City,	State; Zip Code			
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	Category (See Categories listed at the top of this sched	bie) Description				
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Date	Payee name					
Hory 14	I -	817624115				
Amount (\$)	Payee address;	City;	State; Zip Code			
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	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS N	EEDED			

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
AccountingBanking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

EventExpense
Foes
Food/Beverage Expense
Git/Awards/Memorials Expense

Loan Repayment/Reintbursement Office Overhead/Rental Expense Politing Expense Printing Expense Satartes/Wages/Contract Lation Solicitation/Fundraining Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (orders a relationy not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political		egee/Contract Labor	Other (entera catego	ry not listed above)
Credit Card Payment	The instruction Guide explains how to c	omplete this form.		,
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
Date \ 47	5 Payee name			
37pc1/27	MUMM NACO	Carr	State:	Zip Code
	7 Payee address:	Cīty;	Otale,	216 0000
817314				
·	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	A CILLIE			
OF EXPENDITURE	Willan	<u> </u>		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 7X, afficeholder living	
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date/	Payee name			
47/12/12	Nous 1 Mass			
11 1-125	Maibut WATER		-	Ti- Code
Amount (\$)	Payee address \	. City:	State;	Zip Code
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	Category (See Categories is ted at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
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SCHEDULE F1

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	Date	Payee name				\		
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	Amount (\$)	Payee addres	;s; , , , , , , , , , ,	- V		City;	State;	Zip Code
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SCHEDULE A1

The !	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
FILER NAME		3 Filer ID (Ethics Commission Filers)		
Date /, 1, 1, 3	5 Full name of contributor Out-of-state PAC (IDA:	7 Amount of contribution (\$)		
Principal occul	Idition 1 30D time (Occ. It and another)			
Defe	Full name of contributor OULSE TANKERN Contributor address; City: State: Zip Code TOCH WOLL TANKERN Author Address: Employer (See Instructions)	Amount of contribution (\$) 200		
Date 4.13, 23	Full name of contributor Contributor address; City; State; Zip Code 2 > 0 8	Amount of contribution (\$)		
Рітара Осоц	valion, pop rac feet a near rest.			
Date 4,10 123	Fufi name of contributor Out-of-state PAC (ID): PRATHICAL LUCIATION FAL Contributor address; City: State; Zip Code 6350 Baller, Walled Hul	Amount of contribution (\$)		
Principal occu	pation / Job title (See Instructions) Employer (See Instr	ructions)		

SCHEDULE A1

The	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Shirly PAC	7 Amount of contribution (\$)
1.26.23	6 Contributor address; City: State; Zip Code	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (IDA:	Amount of contribution (\$)
1,26,23	Contributor address; City: State; Zip Code 13617 Fehrman FW X 7 L 100	36,75
Principal occuj	pation / Job title (See Instructions) Employer (See Instruc	tions)
Pate / /	Full name of contributor out-of-state PAC (IDNE) AN NOTA BYO MY HW Contributor address: City: State: Zip Code 9000 Huners Hen That He X	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
•	Contributor address; City: 2p.Code 3855 Per Min Ari HWTY 76109	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	actions)

SCHEDULE A1

The Instruction Guide explains how to complete this form. FILER NAME Date 5 Full name of contributor 6 Contributor address; 2 LOO WHH TOWN Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Brund and and and and and and and and and a	If the requested information is not applicable, DO NOT include this page in the	report.
Date Date S Full name of contributor Out-of-state PAC (IDE:	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
MARGARCH De MOCI Contributor address: LEOD WITH #2044 PW X Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code 7 6 10 9 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) 10 9 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) Contributor address: City: State: Zip Code 13 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FILER NAME	3 Filer ID (Ethics Commission Filers)
Brinton Pay No. Contributor address; City: State: Zip Code 109, 42 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date	126. MARGARET DE MOSS 6 Contributor address; City; State; Zip Code 2600 WITH #2644 W X	100 00
Contributor address; City; State; Zip Code 23136604Nhy (1616 Grown Toles 109) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Electronary Contributor address; City; State; Zip Code 13666111113461 Remadil Toles	1.2 Brinton Pay Ne Contributor address; City, State; Zip Code 23 6321 Junear Rd	104.42
Contributor address; City: State; Zip Code 35 00	Contributor address; City; State; Zip Code 22 3136/04/14/14/6 Grd TV 76/109	104.42
	Contributor address; City; State; Zip Code 1366612+154	3500
	Principal decupation 7 sob title (See insuderiors)	

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT incl	ude this page in the I	eport.
The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 4.26.25	5 Full name of contributor out-of-state PAC (SINEVUM J HAMILTON 6 Contributor address; City; 1420 LAGUONA land	State; Zip Code	7 Amount of contribution (\$)
3 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	iore)
Date	Full name of contributor out-of-state PAC Contributor address; City: 1412 Spulled Full	State; Zīp Code	Amount of contribution (\$)
Principal occup	oation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 4 12 12 13	Full name of contributor out-of-state PAC A 10 M. Contributor ackiness. City. 103 N. W. Lomet the D. H.M.		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 4/24/23	Full name of contributor Contributor address; City:	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

			•
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME	<u>:</u>		3 Filer ID (Ethics Commission Filers)
4 Date		State; Zip Code	7 Amount of contribution (\$) 2500
o , maparosa	C menanting	_	,
Date	Full name of contributor)#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zíp Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
	r .		
	ATTACH ADDITIONAL COPIES OF		

SCHEDULE A1

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

it the reques	ged information is not applicable, bo not include this page in the	10ho
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDN:) MACY KellCVLC 6 Contributor address; City; State; Zip Code 1901 RANDOL MULT	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	anne)
Dete 4.26. 23	Full name of contributor out-of-state PAC (IDIE) BIFULO SadVELTY Contributor address; City: State; Zip Code	Amount of contribution (\$)
<i>U-2</i>	14501 Mendow lander Newark, X	
Principal occuj	pation / Job title (See Instructions) Employer (See Instru	ctions)
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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4 Date	5 Full name of contributor out of state PAC (IDS:) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date 4,26,23	Full name of contributor Oding Jacqueline Nes bitt Contributor address; City: State; Zip Code	Amount of contribution (\$)
,	9441 Menganse on two See Instructions) Employer (See Instru	ctions)
Date 4, 26, 23	Full name of condition out-of-state PAC (IDM: JIM (UN EL) Contributor address; City; State; Zip Code 13802 Belgrane VAY San Antunio TX	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instru	actions)
Date 4, 26, 23	Fuff name of contributor Contributor address; City: State: Zip Code 325 Grefoch L. C. C. A. Prairie T.	Amount of contribution (\$)
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pation / Job title (See Instructions) 9 Employer (See Instruc	RIOIS
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upation / Job title (See Instructions) Employer (See Instru	ctions)
Full name of contributor out-of-state PAC (IDE:)	Amount of contribution (\$)
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4 Date 4.6.13	5 Full name of contributor out-of-state PAC (IDIE:) 1	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See instructions) 9 Employer (See Instruc	(tions)
Date 3.3 23 Principal occu	Contributor out-of-state PAC (IDE) Contributor address; City: State; Zip Code 2421 LANGS for TW TX 76 (2) pation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 2 S O
Date J Principal occu	Full name of contributor out-of-state PAC (IDIF) Contributor address; City: State: Zip Code upation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$)
1 / 11 23	Full name of contributor Which were pactificate pactification out-of-state pactification. Contributor address; City: State; Zip Code 1103 Main Willeld TWING TWING	Amount of contribution (\$)
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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
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Date 121, 23 Principal occup	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Dation / Job title (See Instructions) Employer (See Instruc	Amount of contribution (\$) 20 pm pm
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2 FILER NAME	***************************************		3 Filer ID (Ethics Commission Filers)
4 Date 4 20 23	~	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu		9 Employer (See Instruct	fions)
1/12/23	Full name of contributor out-of-state PAC Contributor address; City: 2610 Pack 1 Contributor	state; Zip Code 575/02	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 7.4/19/23		State; Zip Code:	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC HOMENS 9 Mark Contributor address; City. 100 E. W. F.W.	State; Zip Code M 102	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)

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Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 510,87
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ionoj
Date Full name of contributor Sam Man Adam Contributor address; City: State; Zip Code	Amount of contribution (\$)
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Date Full name of contributor LLIC & DOWNER Contributor address: City: State: Zip Code 4400 Wilming Te 7 149	Amount of contribution (S)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ntions)
Date Full name of contributor U, 26,25 Contributor address; City: State; Zip Code 4408 V. MAJC (rock) L. T. J.	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
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2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor 6 Contributor address; City;	State; Zip Code 7 Amount of contribution (\$)
3 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date Full name of contributor James Druskell Contributor address; City;	State; Zip Code Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor, out-of-state PA U. 19, 23 Contributor address; City;	State; Zip Code Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Wark AllEN Contributor address; City:	Amount of contribution (\$) State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 4/26/23	5 Full name of contributor out-of-state PAC (Contributor address; City;	ID#:) State; Zip Code	7 Amount of contribution (\$) 21-00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	itions)
Date 4/26/23	Full name of contributor out-of-state PAC BMC FUED Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$) 2 00
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Date 4/6/23	Full name of contributor Out-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3. WS 8 Principal occur	5 Full name of contributor O'LOLL T. W. RITHE (IDS: 6 Contributor address; City; State; Zip Code 77 Mal \ Heart Told pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) F/VUD tions)
Date	Full name of contributor Out-of-state PAC (ID): Contributor address; City: State; Zip Code	Amount of contribution (\$)
4/1/23	430 Old Fitzhugh #7 Dripping Springs	,
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Date 4/10/23	Contributor address: City; State; Zip Code	Amount of contribution (\$)
4/10/23	Contributor address: City; State; Zip Code 6935 (1949) TX 76112	# 100
4/10/23	Contributor address: City; State; Zip Code	# 100
4/10/23	Contributor address: City: State: Zip Code Q35	# 100
9/10/13 Principal occur Date 4/24/	Contributor address: City; State; Zip Code 1993	Amount of contribution (\$)
9/10/13 Principal occur Date 4/24/	Contributor address: City: State: Zip Code Q35	Amount of contribution (\$)

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8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
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