

<b>CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</b>		<b>OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX</b>		<b>FORM C/OH COVER SHEET PG 1</b>		
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>25</b>		
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> MS <input type="radio"/> MRS / MR           </div> <div>             FIRST <b>GUINA</b> </div> <div>             MI <b>M</b> </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Bivens</b></div> <div>SUFFIX</div> </div>				<b>OFFICE USE ONLY</b>  Date Received  <b>CSO REC'D MAY 1 '23 PM3:33</b>	
	<div style="display: flex; justify-content: space-between;"> <div>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</div> <div>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</div> </div> <p><b>P.O. Box 8185 FW TX 76124</b></p> <div><input type="checkbox"/> Change of Address</div>					
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE ( )</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div>				Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <input checked="" type="radio"/></div> <div>             FIRST <b>ROY</b> </div> <div>             MI <b>CO</b> </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Bivens</b></div> <div>SUFFIX <b>JR</b></div> </div>				Receipt # Amount \$	
	<div style="display: flex; justify-content: space-between;"> <div>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</div> <div>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</div> </div> <p><b>1701 Carverly FW TX 76112</b></p>				Date Processed	
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE ( )</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div>				Date Imaged	
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>					
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>             Month Day Year  <b>3 / 28 / 2023</b> </div> <div>THROUGH</div> <div>             Month Day Year  <b>4 / 26 / 2023</b> </div> </div>					
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>             ELECTION DATE              Month Day Year  <b>9 / 6 / 23</b> </div> <div>             ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General <input type="checkbox"/> Special           </div> </div>					
12 OFFICE	OFFICE HELD (if any) <b>Council member</b>		13 OFFICE SOUGHT (if known) <b>Council</b>			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.					
	COMMITTEE TYPE		COMMITTEE NAME			
	<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			
<b>GO TO PAGE 2</b>						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

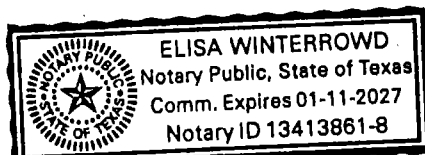
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 47671.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

*Gyna Bivens*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by Gyna Bivens this the 1st day of May, 2023, to certify which, witness my hand and seal of office.

*[Signature]* Elisa Winterrowd Admin. Assist.  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <i>Gyna Bowens</i>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date <i>4/13/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charter Schools NOW</i>			8 Amount of Contribution \$	9 In-kind contribution description <i>3429.00</i>
7 Contributor address; City; State; Zip Code <i>3005 S. Lamar Austin TX 78704</i>			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			11 Employer (FOR NON-JUDICIAL) (See Instructions)		
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)					
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Trinity Lakes Partners, LLC</i>			Amount of Contribution \$	In-kind contribution description <i>13219.36</i>
Contributor address; City; State; Zip Code <i>P.O. 185104 76181</i>			<input type="checkbox"/> 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)					
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31023 <sup>26</sup>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 16648 <sup>36</sup>
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 35769 <sup>47</sup>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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  
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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 4.17.23		5 Payee name MURPHY NASICA			
6 Amount (\$) 8673.14		7 Payee address: PO Box 1648		City: Austin TX	State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consultant		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4.17.23		Payee name Brenda Howard			
Amount (\$) 203.50		Payee address:		City: Forest Hill TX	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Telephone Bank		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name Install Connect			
Amount (\$) 800		Payee address:		City: 500 W State Street - Garland TX	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <del>500 W State St</del>		Description Sign Install		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Award/Memorial 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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 4-5-23		5 Payee name Murphy NALICK			
6 Amount (\$) 1026.60		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consultant		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-29-23		Payee name Murphy NALICK			
Amount (\$) 1000		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consultant		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/17/23		Payee name Home Depot			
Amount (\$) 159.05		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorabilia 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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date Apr 7 2023		5 Payee name Kwik Kopy			
6 Amount (\$) 384.29		7 City: State: Zip Code Handby Ar FL TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Marketing		(b) Description	
		(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/14/23		Payee name IN The Software			
Amount (\$) 690.72		Payee address, City: State: Zip Code Cedar Hill TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date April 14		Payee name Mullholland - 8176241153			
Amount (\$) 1190.75		Payee address, City: State: Zip Code Berry S FL TX 76104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Signs		Description	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Award/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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 3 April 27		5 Payee name Murphy Nasica			
6 Amount (\$) 867314		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consultant		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date April 12, '23		Payee name Murphy Nasica			
Amount (\$) 857.82		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/12/23		Payee name Murphy Nasica			
Amount (\$) 5650.00		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



15 day

# 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  
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:		2 FILER NAME Gina Owens		3 Filer ID (Ethics Commission Filers)	
4 Date 3-30		5 Payee name Murphy Nasick			
6 Amount (\$) 1,000		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-28-23		Payee name Murphy Nasick			
Amount (\$) 5737 <sup>37</sup>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-15-23		Payee name Race Track			
Amount (\$) 29.13		Payee address; City; State; Zip Code Forthworth			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description Transportation		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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		3 Filer ID (Ethics Commission Filers)
4 Date 4.26.23	5 Full name of contributor Billy or Martha Williams out-of-state PAC (ID#): 6 Contributor address; 4327 Vine Ridge Ct Arlington City; State; Zip Code	7 Amount of contribution (\$) 100 <sup>00</sup>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.13.23	Full name of contributor Louise Appleman out-of-state PAC (ID#): Contributor address; Fort Worth TX 76109 City; State; Zip Code	Amount of contribution (\$) 200 <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.13.23	Full name of contributor Elvira Rogers out-of-state PAC (ID#): Contributor address; 2308 Jenson Cir FWTX 761 City; State; Zip Code	Amount of contribution (\$) 50 <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.10.23	Full name of contributor Apartment Association PAC out-of-state PAC (ID#): Contributor address; 6350 Baker, Rockland Hill City; State; Zip Code	Amount of contribution (\$) 2,500 <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID# _____)			7 Amount of contribution (\$)	
4.26.23	Shirley Pace			104.42	
	6 Contributor address; City: State: Zip Code				
	5533 Chimney Rock				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID# _____)			Amount of contribution (\$)	
7.26.23	Willie Walker			36.75	
	Contributor address; City: State: Zip Code				
	13617 Fehrman FW TX 76105				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID# _____)			Amount of contribution (\$)	
4/26/23	Aminie Talygo Arr HW			50	
	Contributor address; City: State: Zip Code				
	9000 Hunters Glen Trail HW TX				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID# _____)			Amount of contribution (\$)	
4/16/23	<del>Andrew Bruce Appleman</del>			<del>200</del>	
	Contributor address; City: State: Zip Code				
	<del>3855 Belvoir Dr. FW TX 76109</del>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

# 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		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/23	5 Full name of contributor Margaret De Moss out-of-state PAC (ID#): 6 Contributor address; City; State; Zip Code 2600 W 7th #2644 Ft Worth TX	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/26/23	Full name of contributor Brinton Payne out-of-state PAC (ID#): Contributor address; City; State; Zip Code 6321 Juneau Rd	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/22	Full name of contributor Elaine Petrus out-of-state PAC (ID#): Contributor address; City; State; Zip Code 3736 Country Club Circle FW TX 76109	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Elfreda Jones out-of-state PAC (ID#): Contributor address; City; State; Zip Code 1366 Gillett Siple Kennedy TX	Amount of contribution (\$) 35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 4.26.23	5 Full name of contributor Shevyn Hamilton out-of-state PAC (ID#): Contributor address; City; State; Zip Code 1420 Laguna Lane	7 Amount of contribution (\$) \$ 35.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.26.23	Full name of contributor DeCarb Harris out-of-state PAC (ID#): Contributor address; City; State; Zip Code 2412 Spiller FW TX	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/23	Full name of contributor Demarcus Berry out-of-state PAC (ID#): Contributor address; City; State; Zip Code 103 N. Wilbomet Ave Dallas TX	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/23	Full name of contributor Dresden Flynn White out-of-state PAC (ID#): Contributor address; City; State; Zip Code 1553 Sweetpine Ln Roanoke TX	Amount of contribution (\$) 36.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 <input type="checkbox"/> out-of-state PAC (ID#: _____) For The Children <hr/> 6 Contributor address; City; State; Zip Code P.O. Box 159 FW TX 76102	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# _____) MAY KELLCHER 6 Contributor address; City; State; Zip Code 1901 Ransol Hill FL TX	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.26.23	Full name of contributor out-of-state PAC (ID# _____) BIRDIE SADHERRY Contributor address; City; State; Zip Code 14801 Meadow Lane Cir Newark, TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.26.23	Full name of contributor out-of-state PAC (ID# _____) ROBERT PETRIC Contributor address; City; State; Zip Code 7217 Charlene Ct Abilene TX	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.26.23	Full name of contributor out-of-state PAC (ID# _____) LAM NGUYEN Contributor address; City; State; Zip Code 4717 E. Rosedale FW TX 76105	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 4/25/23	5 Full name of contributor Walter Dansby out-of-state PAC (ID#) Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 700
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.26.23	Full name of contributor Gary & Jacqueline Nesbitt out-of-state PAC (ID#) Contributor address; City; State; Zip Code 9441 Merganser Dr FW TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.26.23	Full name of contributor Jim Conley out-of-state PAC (ID#) Contributor address; City; State; Zip Code 13802 Belgrave Way San Antonio TX	Amount of contribution (\$) 5237
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.26.23	Full name of contributor Carlton McConnell out-of-state PAC (ID#) Contributor address; City; State; Zip Code 325 Gregory Ln. Grand Prairie TX	Amount of contribution (\$) 5000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 4.13.23	5 Full name of contributor Barbara Holston out-of-state PAC (ID#: 6 Contributor address; 880 Racquet Club Pkwy City; State; Zip Code	7 Amount of contribution (\$) 200
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.7.23	Full name of contributor Gary Cumble out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.21.23	Full name of contributor Mitch Reutman out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.6.23	Full name of contributor Rebecca Williams out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 4.6.23	5 Full name of contributor Tyler Arbogast out-of-state PAC (ID#): 6 Contributor address; City: State: Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3.31.23	Full name of contributor Michael Moore out-of-state PAC (ID#): Contributor address; City: State: Zip Code 2421 Livingston FW TX 76105	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.20.23	Full name of contributor <del>Billy or Martha Williams</del> out-of-state PAC (ID#): Contributor address; City: State: Zip Code <del>4327 Kiro Bridge Ct.</del>	Amount of contribution (\$) <del>100</del>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/11/23	Full name of contributor Mr & Mrs Lee Bass out-of-state PAC (ID#): Contributor address; City: State: Zip Code 203 Main FW TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4.21.23	5 Full name of contributor Bradford Barnes out-of-state PAC (ID#: Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 1000 (pay pal)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.25.23	Full name of contributor Timothy Carlson out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00 (pay pal)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.22.23	Full name of contributor Ron Wolf out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00 pay pal
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.21.23	Full name of contributor Michael Bell out-of-state PAC (ID#: Contributor address; City; State; Zip Code Whitney Herty 16112	Amount of contribution (\$) 2500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 4/20/23	5 Full name of contributor Debra Brown Sturns out-of-state PAC (ID#): 6 Contributor address; City; State; Zip Code 612 Highwoods Tr 76112	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/23	Full name of contributor Greater FW Assoc / Realtors out-of-state PAC (ID#): Contributor address; City; State; Zip Code 2650 Parkview HWY 76102	Amount of contribution (\$) \$1500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/23	Full name of contributor Bishop Kenneth Spears out-of-state PAC (ID#): Contributor address; City; State; Zip Code 6400 Briercliff Ct FW TX 76132	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Hammers & Nicks out-of-state PAC (ID#): Contributor address; City; State; Zip Code 100 E. 15th FW TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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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 (ID#)	7 Amount of contribution (\$)	
4/26/23	Ralph Adams 7120 Playa Imperial Ln	520,87	
6 Contributor address; City; State; Zip Code			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
4.26.23	Sam Ramadan 8101 Shelton Dr FL TX	100 <sup>00</sup>	
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
4.25.23	ERIC BOATNER 4400 Wilhanger FL TX 76119	104.42	
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
4.26.23	Jesse Taylor 4408 Village Creek FL TX 76119	35	
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 4.19.23	5 Full name of contributor Richard Chavez out-of-state PAC (ID#: Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.19.23	Full name of contributor James Driskell out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.19.23	Full name of contributor Travis Clegg out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.17.23	Full name of contributor Mark Allen out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**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		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/23	5 Full name of contributor out-of-state PAC (ID#: _____) Garfield Fisher 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/26/23	Full name of contributor out-of-state PAC (ID#: _____) Bruce Peter Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Joe Panagua Contributor address; City; State; Zip Code	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/23	Full name of contributor out-of-state PAC (ID#: _____) Mike Micallef Contributor address; City; State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 3.2023	5 Full name of contributor Orator F.W. Real Estate out-of-state PAC (ID#: 6 Contributor address; 777 Main Flw TX 76102 City; State; Zip Code	7 Amount of contribution (\$) \$1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1/23	Full name of contributor Accountable Government Fund out-of-state PAC (ID#: Contributor address; 430 Old Fitzhugh #7 Dripping Springs TX 78620 City; State; Zip Code	Amount of contribution (\$) \$5000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/23	Full name of contributor Beverly Sims out-of-state PAC (ID#: Contributor address; 6935 Craig Flw TX 76112 City; State; Zip Code	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/24/23	Full name of contributor Gary Havenel out-of-state PAC (ID#: Contributor address; P.O. Box Fort Worth TX 76121 City; State; Zip Code	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 4.26.23	5 Full name of contributor Glenda Thompson out-of-state PAC (ID#: Contributor address; City; State; Zip Code 7413 Arbovitel FW TX 76120	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.26.23	Full name of contributor LAWANA Peoples out-of-state PAC (ID#: Contributor address; City; State; Zip Code 4620 Winterhead Drive	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.26.23	Full name of contributor Randle Harwood out-of-state PAC (ID#: Contributor address; City; State; Zip Code 2004 Church Park Dr	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.26.23	Full name of contributor Quay Le out-of-state PAC (ID#: Contributor address; City; State; Zip Code 1504 Lindsey St	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		