

OFFICIAL RECORD

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

CITY SECRETARY
FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID

2 Total pages filed:

13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Pamela

NICKNAME

LAST

SUFFIX

Bogges

OFFICE USE ONLY

Date Received

CSD REC'D
APR 6 '23 PM 3:52

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY;

ZIP CODE

604 E. 4th St.

Ste. 101

Fort Worth, TX 76102

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr. Steve

NICKNAME

LAST

SUFFIX

Gebhardt

6 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

500 Main St., Ste. 640

Fort Worth, Tx 76102

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 502-3600

8 REPORT
TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer
appointment (officeholder only)

July 15

8th day before election

Exceeded modified
reporting limit

Final Report (Attach C/OH-FR)

9 PERIOD
COVERED

Month Day Year

02/17/2023

THROUGH

Month Day Year

03/27/2023

10 ELECTION

ELECTION DATE

Month Day Year

05/06/2023

Primary

General

ELECTION TYPE

Runoff

Special

Other

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Fort Worth City Council, District 9

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 13

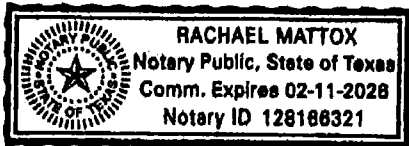
13 C / OH NAME Boggess, Pamela	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,408.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,584.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,865.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.





 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pamela Boggess, this the 6th day of April, 2023, to certify which, witness my hand and seal of office.




 Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Bogges, Pamela	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,350.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 58.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 27,484.61
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 100.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/13
2 FILER NAME Bogges, Pamela		3 Filer ID
4 Date 03/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Colby 6 Contributor address; City; State; Zip Code 4700 Gordon Ave. Fort Worth, TX 76115	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Southwestern Baptist Theological Seminary
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Linda Contributor address; City; State; Zip Code 2810 Merrimac St. Fort Worth, TX 76107	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) State Farm Agency Owner		Employer (See Instructions) Linda Allen State Farm Agency
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrne, DeeDee Contributor address; City; State; Zip Code 2217 Ward Pkwy. Fort Worth, TX 76110	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Byrne Brothers Foods
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downey-Hill, Laura Contributor address; City; State; Zip Code 1601 Kings Ct. Southlake, TX 76092	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner Publisher		Employer (See Instructions) Downey Publishing
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunaway, Brian Contributor address; City; State; Zip Code 2308 Winton Terrace West Fort Worth, TX 76109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/13
2 FILER NAME Bogges, Pamela		3 Filer ID
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunaway, James R. 6 Contributor address; City; State; Zip Code 500 Alta Dr. Fort Worth, TX 76107	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Dunaway
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferry, Michael Contributor address; City; State; Zip Code 2212 6th Ave. Fort Worth, TX 76110	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Assistant District Attorney		Employer (See Instructions) Tarrant County
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Craig Contributor address; City; State; Zip Code 2300 Winton Terrace West Fort Worth, TX 76109	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Ronald Contributor address; City; State; Zip Code 1880 Hulen St. Fort Worth, TX 76107	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klick, Donald Contributor address; City; State; Zip Code PO Box 7592 Fort Worth, TX 76111	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/13
2 FILER NAME Boggess, Pamela		3 Filer ID
4 Date 02/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Alana 6 Contributor address; City; State; Zip Code 2600 Museum Way, #1103 Fort Worth, TX 76107	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Williams Trew
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shores, Stacy Contributor address; City; State; Zip Code 284 Wingate Fort Worth, TX 76107	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shores, Stacy Contributor address; City; State; Zip Code 2844 Wingate Fort Worth, TX 76107	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Libby Contributor address; City; State; Zip Code PO Box 7119 Fort Worth, TX 76111	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard Jr., Don Contributor address; City; State; Zip Code 3100 W. 7th St. Ste. 300 Fort Worth, TX 76107	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Western Companies

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/13	
2 FILER NAME Boggess, Pamela		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/25/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klick, Donald	8 Amount of contribution (\$) \$58.00	9 In-kind contribution description Bass Hall Symphony tickets x2
	7 Contributor address; City; State; Zip Code PO Box 7592 Fort Worth, TX 76110	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Real Estate		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 8/13	2 FILER NAME Bogges, Pamela	3 Filer ID
4 Date 03/27/2023	5 Payee name Anedot	
6 Amount (\$) \$165.60	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste. 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/06/2023	Candidate/Officeholder name Murphy Nasica	
Amount (\$) \$2,240.00	Office sought Office held	
Date 03/06/2023	Payee name Murphy Nasica	
Amount (\$) \$1,931.50	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/06/2023	Candidate/Officeholder name Murphy Nasica	
Amount (\$) \$1,931.50	Office sought Office held	
Date 03/06/2023	Payee name Murphy Nasica	
Amount (\$) \$1,931.50	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 9/13	2 FILER NAME Bogges, Pamela	3 Filer ID
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4 Date 03/06/2023	5 Payee name Murphy Nasica
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6 Amount (\$) \$131.12	7 Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/07/2023	Payee name Murphy Nasica
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Amount (\$) \$2,930.00	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/07/2023	Payee name Murphy Nasica
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Amount (\$) \$666.39	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 10/13	2 FILER NAME Boggess, Pamela	3 Filer ID
4 Date 03/08/2023	5 Payee name Murphy Nasica	
6 Amount (\$) \$390.00	7 Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer canvassing
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/08/2023	Payee name Murphy Nasica	
Amount (\$) \$50.00	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T, <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/08/2023	Payee name Murphy Nasica	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T, <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website and digital advertising
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 11/13	2 FILER NAME Bogges, Pamela	3 Filer ID
4 Date 03/08/2023	5 Payee name Murphy Nasica	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T, <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/13/2023	Payee name Murphy Nasica	
Amount (\$) \$1,215.75	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T, <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/27/2023	Payee name Murphy Nasica	
Amount (\$) \$5,500.00	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T, <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 12/13		2 FILER NAME Bogges, Pamela		3 Filer ID
4 Date 03/27/2023		5 Payee name Murphy Nasica		
6 Amount (\$) \$436.25		7 Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/27/2023		Payee name Murphy Nasica		
Amount (\$) \$6,328.00		Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design, printing, postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 13/13		2 FILER NAME Boggess, Pamela		3 Filer ID	
4 Date 02/17/2023		5 Payee name Pamela, Boggess			
6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 604 E. 4th St. Ste. 101 Fort Worth, TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	