OFFICIAL RECORD FORM C/OH **CANDIDATE / OFFICEHOLDER** CITY SECRETARY FT. WORTH, TX COVER SHEET PG 1 **CAMPAIGN FINANCE REPORT** Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR FIRST Mi **OFFICE USE ONLY OFFICEHOLDER** Pamela NAME Date Received CSO REC'D **NICKNAME** LAST SUFFIX APR 6 '23 PM3:52 Boggess Date Hand-delivered or Date Postmarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** 604 E. 4th St. MAILING Receipt # Amount **ADDRESS** Ste. 101 Change of Address Fort Worth, TX 76102 Date Processed Date Imaged MS/MRS/MR CAMPAIGN FIRST МІ TREASURER NAME NICKNAME SUFFIX STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN STATE: ZIP CODE 500 Main St., Ste. 640 TREASURER ADDRESS (Residence or Business) Fort Worth, Tx 74102 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** 502-3600 PHONE REPORT **TYPE** 15th day after campaign treasurer appointment (officeholder only) January 15 30th day before election Runoff July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Day Month Year Month Day Year COVERED 02/17/2023 **THROUGH** 03/27/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Primary Runoff X Other 05/06/2023 General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Fort Worth City Council, District 9

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& TOTALS		COVER S	HEET PG 2 2 of 13
13 C / OH NAME	Boggess, Pamela	14	Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures These expenditures may have been made without the officeholders are required to report this information on	candidate's or officeholde	r's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	C speciale	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAN P ES OF LOANS, OR CONTRIBUTIONS MADE ELECTR	LEDGES, LOANS, RONICALLY)	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	29,408.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	\$	0.00
		CAL EXPENDITURES	\$	27,584.61
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING P	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST ERIOD	DAY OF THE \$	1,865.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF RTING PERIOD	THE LAST DAY \$	0.00
AFFIX NO	RACHAEL MATTOX Stary Public, State of Texe comm. Expires 02-11-2020 Notary ID 128166321 DTARY STAMP / SEAL AB scribed before me, by the serious of the seri	Signature of the Source of the	perjury, that the accompation required to be represented to be rep	anying report is eported by me day
Signature of off	cer adimli istering	Printed name of officer administering	Title of officer a mi	nistering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			COVERS	3 of 13
18 FILER NAME 19 Filer ID				
Boggess, Pamela				
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	29,350.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	58.00
з, 🔲	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	27,484.61
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	100.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

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

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

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1; Sch: 3/3 Rpt: 6/13	
2	FILER NAME Boggess, Pa	FILER NAME Boggess, Pamela		3 Filer ID	
4	Date 02/23/2023	 5 Full name of contributor 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 occu Sales	pation / Job title (See Instructions)	9 Employer (See Instructions Williams Trew)	
	Date 03/01/2023	Full name of contributor 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 occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions Homemaker)	
	Date 03/27/2023	Full name of contributor 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 occu Homemaker	upation / Job title (See Instructions)	Employer (See Instructions Homemaker	;)	
	Date 03/12/2023	Full name of contributor 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 occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self	s)	
	Date 02/22/2023	Full name of contributor 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 occu President	pation / Job title (See Instructions)	Employer (See Instructions Western Companies	3)	
			-		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/13 3 Filer ID 2 FILER NAME Boggess, Pamela TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Amount of 9 In-kind contribution contribution (\$) description 5 Date 6 Full name of contributor ut-of-state PAC (ID#:_ 02/25/2023 Klick, Donald \$58.00 Bass Hall Symphony Contributor address; City; State; Zip Code tickets x2 PO Box 7592 Fort Worth, TX 76110 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) Real Estate 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (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/Politica Credit Card Payment	Fees Office Overher Food/Beverage Expense Polling Expens - Glt/Awards/Memorials Expense Printing Expen	sse Travel Out of District ss/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 1/5 Rpt: 8/13	Boggess, Pamela	
4	Date	5 Payee name	-
	03/27/2023	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$165.60	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	Description Check If travel outside of Texas. Complete Schedule T, Check If Auslin, TX, officeholder living expense Online donation processing fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	t Office held
	Date	Payee name	
	03/06/2023	Murphy Nasica	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,240.00	PO Box 1648 Fort Worth, TX 78767	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check li Austin, TX, officeholder living expense Yard Signs
***	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
_	Date	Рауее пате	
	03/06/2023	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	Description Check If travel outside of Texas, Complete Schedule T, Check If Austin, TX, officeholder living expense Signs
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ot Office held

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 2/5 Rpt: 9/13 Boggess, Pamela 4 Date Payee name 03/06/2023 Murphy Nasica Payee address; 6 Amount (\$) City; State; Zip Code \$131.12 PO Box 1648 Fort Worth, TX 78767 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T, Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Printing 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/07/2023 Murphy Nasica City; State; Zip Code Amount (\$) Payee address; PO Box 1648 \$2,930.00 Fort Worth, TX 78767 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Auslin, TX, officeholder living expense Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/07/2023 Murphy Nasica Payee address; City; State: Zip Code Amount (\$) \$666.39 PO Box 1648 Fort Worth, TX 78767 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T, Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Printing Office held Candidate/Officeholder name Office sought Complete ONLY If direct expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense	EXPENDITURE CATEGO		ndralsing Expense
Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense U Committee Legal Services	Office Overhead/Rental Expense Transportation Polling Expense Travel in Distri Printing Expense Travel Out of D	Equipment & Related Expense ct
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
Total pages Schedule F1: Sch: 3/5 Rpt: 10/13	2 FILER NAME Boggess, Pamela	3 Filer ID	
Date			
03/08/2023	5 Payee name Murphy Nasica		
Amount (\$) \$390.00	7 Payee address; City; State PO Box 1648	e; Zip Code	
	Fort Worth, TX 78767		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	(b) Description Check if travel outside of Texas, Co Check if Austin, TX, officeholder livi Volunteer canvassing	•
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought Office	held
Date	Payee name	***	
03/08/2023	Murphy Nasica		
Amount (\$)	Payee address; City; Stat	e; Zip Code	<u> </u>
\$50.00	PO Box 1648		
	Fort Worth, TX 78767		
PURPOSE OF	(a) Category (See Categories listed at the top of this s Consulting Expense	chedule) (b) Description Check If travel outside of Texas. C. Check If Austin, TX, officeholder liv	omplete Schedule T,
EXPENDITURE		Travel	ing expense
	Candidate/Officeholder name H	Office sought Office	
EXPENDITURE Complete ONLY if direct			
EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Н		
Complete ONLY if direct expenditure to benefit C/O	Payee name Murphy Nasica		
Complete ONLY if direct expenditure to benefit C/ODate 03/08/2023 Amount (\$)	Payee name Murphy Nasica Payee address; City; Sta	Office sought Office	
Complete ONLY if direct expenditure to benefit C/ODate 03/08/2023 Amount (\$)	Payee name Murphy Nasica Payee address; City; Star PO Box 1648	Office sought Office	heid omplete Schedule T,

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)**

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Polklos Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Gulde explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 4/5 Rpt: 11/13	Boggess, Pamela
4 Date	5 Payee name
03/08/2023	Murphy Nasica
5 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	PO Box 1648
42,000,00	1 0 Ban 20 10
	F M d. TV 70707
	Fort Worth, TX 78767
B PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas, Complete Schedule T,
	Check if Austln, TX, officeholder living expense
	Design
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
03/13/2023	Murphy Nasica
Amount (\$)	
\$1,215.75	PO Box 1648
	Fort Worth, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVERABLE UPF	Advertising Expense Check If travel outside of Texas, Complete Schedule T.
EXPENDITURE	Check if Auslin, TX, officeholder living expense
	Signs
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payeo namo
	Payee name
03/27/2023	Murphy Nasica
Amount (\$)	Payee address; City; State; Zip Code
\$5,500.00	PO Box 1648
	Fort Worth, TX 78767
PURPOSE	Lab
OF	
EXPENDITURE	Consulting Expense Check if travel outside of Texas, Complete Schedule 1. Check if Austlin, TX, officeholder living expense
	Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	- mer 5
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Version V3.5.1.3ac88bc0

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Relmbursement Office Overhead/Rental Expense Event Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense Travel in District

Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Polling Expense
Printing Expense
Salarles/Wages/Contract Labor Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District
Travel Out of Olstrict
OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 5/5 Rpt: 12/13 Boggess, Pamela 4 Date Payee name 03/27/2023 Murphy Nasica 6 Amount (\$) Payee address; City; State; Zip Code PO Box 1648 \$436.25 Fort Worth, TX 78767 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if Iravel outside of Texas. Complete Schedule T,
Check if Austin, TX, officeholder living expense OF Advertising Expense **EXPENDITURE** Photography Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/27/2023 Murphy Nasica City; State; Zip Code Amount (\$) Payee address; \$6,328.00 PO Box 1648 Fort Worth, TX 78767 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T, OF Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design, printing, postage Office held Candidate/Officeholder name Office sought Complete ONLY If direct expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Loan Repayment/Relmbursement Event Expense Advertising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Glt/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule G: 2 FILER NAME Sch: 1/1 Rpt: 13/13 Boggess, Pamela 4 Date Payee name 02/17/2023 Pamela, Boggess City; Payee address; State; Zip Code 6 Amount (\$) \$100.00 604 E. 4th St. Reimbursement from political contributions intended Ste. 101 Fort Worth, TX 76110 PURPOSE (b) Description Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) OF Check If Austin, TX, officeholder living expense Fees **EXPENDITURE** Filing Fee Office held Complete ONLY If direct Candidate/Officeholder name Office sought expenditure to benefit C/OH www.ethics.state.tx.us