

**OFFICIAL RECORD**

**CITY SECRETARY OFFICEHOLDER  
CAMPAIGN FINANCE REPORT  
FT. WORTH, TEXAS**

3/15/11

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.	<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed</b> 9
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<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS (MRS) / MR <input checked="" type="checkbox"/> MR FIRST MI NICKNAME LAST SUFFIX Telli Thomas
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<b>OFFICE USE ONLY</b>	
Date Received	APR 14 2011
Date Hand Delivered or Date Marked	APR 14 2011
Receipt #	Amount
Date Processed	
Date Imaged	

<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX, APT / SUITE # CITY STATE ZIP CODE 5341 Wooten Dr Ft Worth Tx 76133 <input type="checkbox"/> Change of Address
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<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (817) 739-2109
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<b>6 CAMPAIGN TREASURER NAME</b>	MS (MRS) / MR <input checked="" type="checkbox"/> MR FIRST MI NICKNAME LAST SUFFIX Michelle Ulliman
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<b>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</b>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY STATE ZIP CODE 6416 W in St Ft. Worth Tx 76133
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<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (817) 683-2818
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<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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<b>10 PERIOD COVERED</b>	Month Day Year THROUGH Month Day Year 3 / 15 / 11 THROUGH 4 / 4 / 11
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<b>11 ELECTION</b>	ELECTION DATE ELECTION TYPE Month Day Year 5 14 11 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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<b>12 OFFICE</b>	<b>13 OFFICE SOUGHT (if known)</b>
OFFICE HELD (if any)	City Council District 6

<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name: N/A Address / PO Box Apt / Suite # City State Zip Code
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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** Toli Thomas **16 ACCOUNT # (Ethics Commission Filers)**

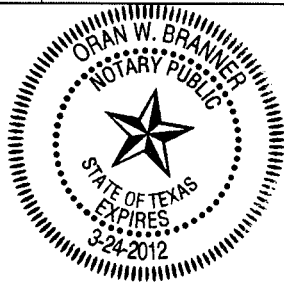
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

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.

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  <u>N/A</u>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4657. —</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2894.75</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1762.25</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

**19 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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Oran W Branner, this the 14 day of April, 20 11, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Oran W Branner  
Printed name of officer administering oath

Sales Associate  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Tolli Thomas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/14/11

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Rebecca Brooks Britton

7 Amount of contribution (\$)

500 -

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

6614 Sabrose Ct E  
Ft Worth Tx 76133

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

3/15/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Tom Tiegen

Amount of contribution (\$)

300 -

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6009 Trail Lake Dr  
Ft Worth Tx 76133

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Database Administrator

Employer (See Instructions)

Lockheed Martin

Date

3/18/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Steven A Epstein

Amount of contribution (\$)

200 -

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1617 Steinburg Ln  
Ft. Worth Tx 76134

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/18/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Irene Kjornes

Amount of contribution (\$)

50 -

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6176 Wrigley Way  
Ft Worth Tx 76133

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Data Analyst

Employer (See Instructions)

Owen Oil Tools / Core Laboratories

Date

3/18/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

LT Clyde W Picht USAF (RET)

Amount of contribution (\$)

100 -

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5016 Monarda Way  
Ft. Worth Tx 76123

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>5</b>	
2 FILER NAME <b>Tolli Thomas</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/18/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Judy L Hamilton - Williams</b>	7 Amount of contribution (\$) <b>50-</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>9815 Shady Ln Ft Worth, Tx 76120</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Retired Educator</b>		10 Employer (See Instructions)	
Date <b>3/24/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Col. Guy E Dickey</b>	Amount of contribution (\$) <b>100-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4403 Credle Ft Worth, TX 76133</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>3/24/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Doyle Willis Jr</b>	Amount of contribution (\$) <b>250-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2300 Primrose Ft Worth TX 76111</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney Senior retired</b>		Employer (See Instructions) <b>Self</b>	
Date <b>3/24/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Janna Ferguson</b>	Amount of contribution (\$) <b>100-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5632 Wonder Dr Ft Worth Tx 76133</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>3/24/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dr. G.F. Dominiak</b>	Amount of contribution (\$) <b>500-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4401 CARDIFF Ft Worth Tx 76133</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

1000

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
5

2 FILER NAME  
Tollie Thomas

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
3/29/11

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
James Thomson

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
7304 Old Mill Run  
Ft. Worth Tx 76133

300 -

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Retiree

10 Employer (See Instructions)  
FWISD

Date  
3/29/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Walter Williams

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
32566 U.S. 281  
Lipan, Tx 76462

50 -

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
4/4/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Judy L. Hamilton

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
9815 Shady Ln  
Ft. Worth Tx 76126

50 -

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
3/30/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
J.D. Foods Inc Benitos S side Rest

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1904 Hemphill St  
Ft. Worth Tx 76110

200 -

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Restaurant Owner

Employer (See Instructions)

Date  
3/31/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Tony Day phinot

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
5254 Trail Lake Dr  
Ft. Worth Tx 76133

100 -

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Real Estate

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Tolli Thomas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/31/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rona Georgia Stapleton	7 Amount of contribution (\$) 20 -	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4712 Flat Rock Rd Ft Worth Tx		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Domestic Engineer		10 Employer (See Instructions)	
Date 4/1/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Steve Epstein	Amount of contribution (\$) 200 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1617 Steinburg Ln Ft Worth Tx 76134		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 4/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ashley Brazzel	Amount of contribution (\$) 25 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5913 Chesapeake Plc Ft Worth Tx 76132		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)	
Date 4/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Byron Miller	Amount of contribution (\$) 500 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5321 Wooten Ft Worth Tx 76133		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 4/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kathleen H. Lobrecht + Morris	Amount of contribution (\$) 50 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6324 Wallingford Dr Ft Worth Tx 76133		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired Engineer		Employer (See Instructions) USDA - NRES	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Tollie Thomas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Steven P. Ancy

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4/4/11

6 Contributor address; City; State; Zip Code

5305 Trail Lake Dr  
Ft Worth Tx 76133

250-

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ORAMA

10 Employer (See Instructions)

FW Common Credit Union

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/1/11

Boqart Designs  
Contributor address; City; State; Zip Code

7500 Sweet Meadow Dr  
Ft. Worth Tx 76123

762.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

web design

Employer (See Instructions)

Boqart Designs

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <b>Totti Thomas</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>3/29/11</b>	5 Payee name <b>Designer Graphics / Donnelly Inc</b>	
6 Amount (\$) <b>2348.36</b>	7 Payee address; City; State; Zip Code <b>12401 Hwy 155 South Tyler Tx 75703</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign Signs</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>_____</b>	Office sought _____ Office held _____

Date <b>3/22/11</b>	Payee name <b>Southwest Bank</b>	
Amount (\$) <b>\$22.-</b>	Payee address; City; State; Zip Code <b>3737 SW Loop 820 Ft. Worth Tx 76133</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Accounting / Banking</b>	Description (If travel outside of Texas, complete Schedule T) <b>Print Campaign Post Checks</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>_____</b>	Office sought _____ Office held _____

Date <b>3/29/11</b>	Payee name <b>Fed Ex</b>	
Amount (\$) <b>0.56</b>	Payee address; City; State; Zip Code <b>5737 S. Hulen St Ft. Worth Tx 76132</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Postage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Overnight check to Designer Graphics</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>_____</b>	Office sought _____ Office held _____

Date <b>4/4/11</b>	Payee name <b>Paypal</b>	
Amount (\$) <b>15.83</b>	Payee address; City; State; Zip Code <b>paypal.com</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees - Donations -</b>	Description (If travel outside of Texas, complete Schedule T) <b>Electronic Donation Fees</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>_____</b>	Office sought _____ Office held _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense, Accounting/Banking, Consulting Expense, Event Expense, Fees, Gift/Awards/Memorials Expense, Legal Services, Food/Beverage Expense, Polling Expense, Printing Expense, Salaries/Wages/Contract Labor, Solicitation/Fundraising Expense, Travel In District, Travel Out Of District, Office Overhead/Rental Expense, Loan Repayment/Reimbursement, Transportation Equipment & Related Expense, Contributions/Donations Made By Candidate/Officeholder/Political Committee, OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME Foltz, Thomas 3 ACCOUNT # (Ethics Commission Filers)

4 Date 4/4/11 5 Payee name Travis Paermer

6 Amount (\$) 500 - 7 Payee address; City; State; Zip Code P.O. Box 11517 Ph W or th, Tx 76110

8 PURPOSE OF EXPENDITURE (a) Category Consulting - Campaign (b) Description Campaign Consulting

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Table with columns: Date, Payee name, Amount (\$), Payee address; City; State; Zip Code, PURPOSE OF EXPENDITURE, Category, Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Table with columns: Date, Payee name, Amount (\$), Payee address; City; State; Zip Code, PURPOSE OF EXPENDITURE, Category, Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Table with columns: Date, Payee name, Amount (\$), Payee address; City; State; Zip Code, PURPOSE OF EXPENDITURE, Category, Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Table with columns: Date, Payee name, Amount (\$), Payee address; City; State; Zip Code, PURPOSE OF EXPENDITURE, Category, Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED