

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH instruction guide explains how to complete this form.

1 Filer ID (Ethics Commission File)

2 Total pages filed: 11

3 CANDIDATE / OFFICEHOLDER NAME

MRS / MR
FIRST: AUCIA L.
LAST: FLEURY
NICKNAME: FLEURY
SUFFIX:

OFFICE USE ONLY
Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 130 PARK LN
APT / SUITE #: TROPHY CLUB TX 76262
CITY: STATE: ZIP CODE:

Date Received: July 15, 2020
Date hand-delivered or Date Postmarked: [Signature]

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (817) PHONE NUMBER: 797-3229
EXTENSION: MI:

6 CAMPAIGN TREASURER NAME

MRS / MR: TRACY
FIRST: TRACY
LAST: HUNTER
NICKNAME: SUFFIX:

Receipt # Amount \$
Date Processed
Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 19 MONTELEONE TROPHY CLUB TX 76262
APT / SUITE #: CITY: STATE: ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) PHONE NUMBER: 995-2370
EXTENSION:

9 REPORT TYPE

January 15
 30th day before election
 Runoff
 July 15
 8th day before election
 Exceeded Modified Reporting Limit
 15th day after campaign treasurer appointment (Officerholder Only)
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 02 / 14 / 20 THROUGH Month Day Year: 06 / 30 / 20

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 3 / 20
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE FIELD (if any):
OFFICE SOUTHT (if known): MAYOR

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME

Alicia Flency

15 Filer ID (Ethics Commission Files)

16 NOTICE FROM POLITICAL COMMITTEES(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
 GENERAL
 SPECIFIC

COMMITTEE NAME
 COMMITTEE ADDRESS
 COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS

1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 135.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 158.10
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
4.	TOTAL POLITICAL EXPENDITURES	\$ 1181.26
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 576.84
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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
Alicia Flency

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alicia Flency this the 15th day of July, 2020, to certify which, witness my hand and seal of office

Signature of officer administering oath David Edstrom Printed name of officer administering oath David Edstrom Title of officer administering oath Notary

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME

Alicia Fleury

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF 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
 GENERAL
 SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME

Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 135.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1758.10
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE:	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1181.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 576.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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
Alicia L. Fleury



AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said _____ this the 15TH day of July, 2020, to certify which, witness my hand and seal of office.

Signature of officer administering oath
Anna J. Estroff
Printed name of officer administering oath
ANNA J. ESTROFF
Title of officer administering oath
NOTARY

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 *Alicia Feunry*

21 SCHEDULE SUBTOTALS

NAME OF SCHEDULE

SUBTOTAL AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1023.10
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1181.26
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

Alicia Eubery

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (09%)

7 Amount of contribution (\$)

2/15/20

CAROL BECKMAN

200.00

6 Contributor address: City: State: Zip Code

2218 TROPHY CLUB DR 776262

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (09%)

Amount of contribution (\$)

1/25/20

CATHY AMAND

100.00

Contributor address: City: State: Zip Code

811 LIEBERG CT SOUTHWEST TX, 75282

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (09%)

Amount of contribution (\$)

2/11/20

USA RUSSO

100.00

Contributor address: City: State: Zip Code

2506 TRASTUM DR TROPHY CLUB TX 75282

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (09%)

Amount of contribution (\$)

2/15/20

RJ WOLF

100.00

Contributor address: City: State: Zip Code

1919 E HOWAN CATER LN DROKERY, TX 75137

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

		1 Total pages Schedule A1: 5	
2 FILER NAME		3 Filer ID (Ethics Commission Filer)	
Alicia Flurry			
4 Date	5 Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)
2/15/20	WENDIE BAILEY		50.00
	6 Contributor address:	City:	State:
	201 OULAKO DR	ROTHSCHILD	TX 76242
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
2/15/20	TRACEY HUNTER		150.00
	Contributor address:	City:	State:
	14 MOUNTEREY DR	PROTHIER	TX 76242
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
2/16/20	KERLY DEBOCKE		48.25
	Contributor address:	City:	State:
	207 SILVANE DR	PROPHY	TX 76242
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
2/19/20	ROBIN ARABLO		96.80
	Contributor address:	City:	State:
	8355 THOMPSON RD	AUSTIN	TX 76247
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

3 Filer ID (Ethics Commission Filer)

2 FILER NAME
ALICIA FRENCH

4 Date

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

7 Amount of contribution (\$)

2/23/20

JILL MILICAN

100.00

6 Contributor address:

2903 TRADWICK FLORENCE CURTIS

City: _____ State: _____ Zip Code: 76562

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/23/20

GINA FRENCH

100.00

30 Cypress Court

Contributor address: TRUSHY CURTIS

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 (\$)

2/23/20

RHONDA DOMINGAZ

50.00

Contributor address:

415 SYLVINE DE TRASHY CURTIS

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 (\$)

2/23/20

SARA MONTGOMERIE

48.25

Contributor address:

192 DURANTO DR TRASHY CURTIS

City: _____ State: _____ Zip Code: _____

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

Alicia Fluecy

1 Total pages Schedule A1: 5
3 Filer ID (Ethics Commission Filer)

4 Date

3/14/20

5 Full name of contributor

SUZANNE HARPER

7 Amount of contribution (\$)

96.80

6 Contributor address:

16 FAIR GREEN DR TROOPY CYS TX 75262

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/14/20

Full name of contributor

SUSAN GOSTROM

Amount of contribution (\$)

150.00

Contributor address:

269 DAV HILL DR TROOPY CYS TX 75262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/20

Full name of contributor

DAVE BOERTH

Amount of contribution (\$)

48.25

Contributor address:

216 CUESTRON DE RANNOCKE TX 75262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Amount of contribution (\$)

Contributor address:

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

The instruction guide explains how to complete this form.

1 Total pages Schedule A1: 5

3 Filer ID (Ethics Commission Filers)

2 FILER NAME
RUCIA PETERY

7 Amount of contribution (\$)
48.25

4 Date
2/23/20

5 Full name of contributor
CHRISTINA HICKLER

6 Contributor address:
12 FAIRGREEN DR NEARBY CURET
76262

City: _____ State: _____ Zip Code: _____

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
2/20/20

Full name of contributor
MARIL ANCON

Contributor address:
13201 RIVERVIEW RD LEVER HOLLOW

City: _____ State: _____ Zip Code: _____

Full name of contributor
PAMELA SWAN

Contributor address:
2809 STEWART DR TROTH CURT
76262

City: _____ State: _____ Zip Code: _____

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/1/20

Full name of contributor
GABRIEL WALLACE

Contributor address:
500 GLENHURST CT MARHCURST
76262

City: _____ State: _____ Zip Code: _____

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/1/20

Full name of contributor
GABRIEL WALLACE

Contributor address:
500 GLENHURST CT MARHCURST
76262

City: _____ State: _____ Zip Code: _____

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F-1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-----------------------------|--------------------------------|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitor/Fundraising Expense |
| Accounting/Budget | Fee | Office Overhead/Rental Expense | Transportation Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel Out of District |
| Contributions/Donations Made By Candidate/Officer/holder/Political Committee | Coordination/Inmate Expense | Salaries/Wages/Contract Labor | Travel Out of District |
| Candidate/Officer/holder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (Order a category not listed above) |
| Cash Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F-1: 2 FILER NAME: Alicia Beverly 3 Filer ID (Ethics Commission Filer)

4 Date: 1/23/20 5 Payee name: MLX.COM

6 Amount (\$): 86.95 7 Payee address: 500 PEPPERFRANCIS BLVD 6TH FLOOR State: TX Zip Code: 76262

8 PURPOSE OF EXPENDITURE: ADVERTISING (a) Category (See Categories listed at the top of this schedule) (b) Description: WEBSTREMAIL

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officer/holder name: Alicia Beverly Office sought: Office held:

Date: 1/23/20 Payee name: ART 2

Amount (\$): 25000 Payee address: 2550 SUBCAT BLVD City: FREDRICK State: TX Zip Code: 76262

PURPOSE OF EXPENDITURE: EVENT Category (See Categories listed at the top of this schedule) Description: PAWT PARTY

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officer/holder name: Office sought: Office held:

Date: 2/23/20 Payee name: DWANE TOTE

Amount (\$): 25.98 Payee address: 1700 N US Hwy 377 City: RAWNOK State: TX Zip Code: 76262

PURPOSE OF EXPENDITURE: EVENT Category (See Categories listed at the top of this schedule) Description: SECURELARG

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officer/holder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Candidate/Donors Meals By
Candidate/Officer/Political
Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Legal Services
The Instruction Guide explains how to complete this form.

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Printing Expense
Printing Expenses/Contract Labor
Salary/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

1 Total pages Schedule F1: 2 FILER NAME: **Alicia Pharcy** 3 Filer ID (Ethics Commission Filer)

4 Date: **2/14/20** 5 Payee name: **STAPLES** City: State: Zip Code:

6 Amount (\$): **27.05** 7 Payee address: **200 W WIMBAC #221** City: State: Zip Code:
SOUTH LAKE TX 76092

8 PURPOSE OF EXPENDITURE: **PRINTING** (a) Category (See Categories listed at the top of this schedule) **PRINTING** (b) Description: **CARDS**

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

Date: **2/14/20** Payee name: **SUPER CHEAP SIGNS** City: State: Zip Code:

Amount (\$): **692.11** Payee address: **9200 W PARKERD CAPITAL BLVD A100** City: State: Zip Code:
AUSTIN TX 78758

PURPOSE OF EXPENDITURE: **PRINTING** Category (See Categories listed at the top of this schedule) **PRINTING** Description: **SIGNS**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officer/holder name: Office sought: Office held:

Date: **3/16/20** Payee name: **SIGNS PLUS** City: State: Zip Code:

Amount (\$): **43.30** Payee address: **206 BYRON AVE SAN BLVD** City: State: Zip Code:
REYNOLDS TX 76766

PURPOSE OF EXPENDITURE: **PRINTING** Category (See Categories listed at the top of this schedule) **PRINTING** Description: **STICKERS**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officer/holder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(e)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Constitutional/Constitutional Committee
- Candidate/Officer/Political Committee
- Cash/Party
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Award/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Operational Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solidation/Fundraising Expense
- Transportation/Equipment & Related Expense
- 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: **ARACIA PITUREY** 3 Filer ID (Ethics Commission Filer)

4 Date: **11/21/20-11/21/20** 5 Payee name: **PAYPAL** City: State: Zip Code

6 Amount (\$): **16.60** 7 Payee address: **22711 N. 151ST SAN JOSE CA 95131** City: State: Zip Code

8 PURPOSE OF EXPENDITURE: **FEES** (a) Category (See Categories listed at the top of this schedule) **FEES** (b) Description **FEES**

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

Date: **3/6/20** Payee name: **DOUGAR-DEE** City: State: Zip Code

Amount (\$): **38.47** Payee address: **1210 N US HWY 377** City: State: Zip Code

PURPOSE OF EXPENDITURE: **EVENT** Category (See Categories listed at the top of this schedule) **CANDY, BALLOONS**

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

Date: Payee name: City: State: Zip Code

Amount (\$): Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule) Description

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED