

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 Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>MS.</i></div> <div>FIRST <i>DUDRA</i></div> <div>MI <i>D.</i></div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>BUTLER</i></div> <div>SUFFIX</div> </div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; color: blue;">4-25-25</div> <div style="font-size: 1.5em; color: blue;">4:50 pm</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1701 CORDELL DRIVE SAN ANGELO TX 76901</i>	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 300-7923</i>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>MR.</i></div> <div>FIRST <i>JAVIER</i></div> <div>MI</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>CRUZ, JR.</i></div> <div>SUFFIX</div> </div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>9044 CHITAL CT. SAN ANGELO TX 76901</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(832) 729-2409</i>		
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 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 <i>/ /</i> </div> <div>THROUGH</div> <div> Month Day Year <i>4 / 25 / 25</i> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <i>5 / 3 / 25</i> </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)	13 OFFICE SOUGHT (if known) <i>SINGLE MEMBER DISTRICT 2</i>	
14 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. 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

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)

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,520.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 3,842.40

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 2,601.62

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ -0-

18 SIGNATURE

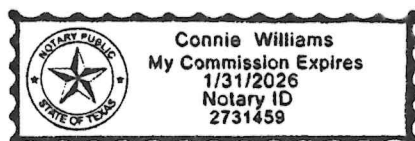
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dudra Butler

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dudra Butler this the 25th day of April,
20 25, to certify which, witness my hand and seal of office.

Connie Williams Connie Williams Deputy City Clerk
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)

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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,520.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,842.40
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	\$

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 DUDRA D. BUTLER		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEAUTY MIXIX	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3306 SIERRA CT SAN ANGELO TX 76904		
8 Principal occupation / Job title (See Instructions) FED EX MANAGER		9 Employer (See Instructions)
Date 4/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA G. VELEZ	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7701 RIALTO BLVD #812 AUSTIN, TX 78735-7449		
Principal occupation / Job title (See Instructions) RETIRED EDUCATOR		Employer (See Instructions)
Date 4/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY OR JACKIE MARTIN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1010 ALTA LOMA CIR SAN ANGELO TX 76901-4550		
Principal occupation / Job title (See Instructions) WOMAN		Employer (See Instructions)
Date 4/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN MARK MCLAUGHLIN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code P.O. BOX 1170 SAN ANGELO, TX 76902		
Principal occupation / Job title (See Instructions) BANKER		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

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

DUDRA D. BUTLER

3 Filer ID (Ethics Commission Filers)

4 Date

4/2/25

5 Full name of contributor

☐ out-of-state PAC (ID#:

STELLA SOTO LASSWELL

7 Amount of contribution (\$)

150.00

6 Contributor address;

City;

State;

Zip Code

1909 DOUGLAS DR. SAN ANGELO
76904

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

4/13/25

Full name of contributor

☐ out-of-state PAC (ID#:

TINA DR DOUG BEAN

Amount of contribution (\$)

750.00

Contributor address;

City;

State;

Zip Code

520 S. WASHINGTON SAN ANGELO
76901

Principal occupation / Job title (See Instructions)

ANCHER

Employer (See Instructions)

Date

4/16/25

Full name of contributor

☐ out-of-state PAC (ID#:

RICK + GLENDA BACON

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

7706 FM RD 2289 SAN ANGELO, TX
76901

Principal occupation / Job title (See Instructions)

COUNTY COMMISSIONER

Employer (See Instructions)

Date

4/19/25

Full name of contributor

☐ out-of-state PAC (ID#:

DON HALL JR.

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

VERMO CAMPAIGN DONATION DALLAS

Principal occupation / Job title (See Instructions)

RETIRED MILITARY

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

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 <i>DUDAA D. BUTLER</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/20/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NANCY OLSON</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>VENMO CAMPAIGN DONATION 76904</i>		
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date <i>4/21/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JARED HOHENSEE</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code <i>VENMO CAMPAIGN DONATION</i>		
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 (\$)
Contributor address; City; State; Zip Code		
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 (\$)
Contributor address; 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.

LOANS**SCHEDULE E**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 E:
2 FILER NAME <i>Dudra Butler</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>1,500.00</i>
5 Date of loan <i>2/18/2025</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dudra Butler</i>	9 Loan Amount (\$) <i>\$1,500.00</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>1701 Cordell Dr. San Angelo TX 76901</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>retired</i>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 3		2 FILER NAME Dudra Butler		3 Filer ID (Ethics Commission Filers)	
4 Date 4/11/25		5 Payee name Media Advantage, LLC			
6 Amount (\$) \$ 145.00		7 Payee address; City; State; Zip Code PO Box 2677 San Angelo TX 76902			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description Blow Thru banners plus shipping		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/11/25		Payee name Media Advantage, LLC			
Amount (\$) \$ 480.00		Payee address; City; State; Zip Code PO Box 2677 San Angelo TX 76902			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description yard signs (100) no wire expedited		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/11/25		Payee name Media Advantage, LLC			
Amount (\$) \$ 450.00		Payee address; City; State; Zip Code PO Box 2677 San Angelo TX 76902			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description Social media Management thru 5/5		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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/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: <div style="text-align: center; font-size: 1.5em;">3</div>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 4/14/25		5 Payee name Media Advantage, LLC			
6 Amount (\$) \$471.25		7 Payee address; City; State; Zip Code PO Box 2677 San Angelo TX 76902			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description 6x11 Postcards(3201)pieces		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/14/25		Payee name Media Advantage, LLC			
Amount (\$) \$480.15		Payee address; City; State; Zip Code PO Box 2677 San Angelo TX 76902			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Label & sort (.15) each		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/14/25		Payee name Media Advantage, LLC			
Amount (\$) \$1,568.50		Payee address; City; State; Zip Code PO Box 2677 San Angelo TX 76902			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Postage		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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/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: <div style="text-align: center; font-size: 1.5em;">3</div>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)										
4 Date 4/14/25	5 Payee name Media Advantage, LLC											
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code PO Box 2677 San Angelo TX 76902											
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description SHIPPING										
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense											
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH												
<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Date 4/14/25</td> <td style="width:80%; border: none;">Payee name Media Advantage, LLC</td> </tr> <tr> <td style="border: none;">Amount (\$) \$97.50</td> <td style="border: none;">Payee address; City; State; Zip Code PO Box 2677 San Angelo TX 76902</td> </tr> <tr> <td style="border: none;">PURPOSE OF EXPENDITURE</td> <td style="border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Category (See Categories listed at the top of this schedule) Advertising expense</td> <td style="width:50%; border: none;">Description Graphic Design</td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> </td> </tr> </table>			Date 4/14/25	Payee name Media Advantage, LLC	Amount (\$) \$97.50	Payee address; City; State; Zip Code PO Box 2677 San Angelo TX 76902	PURPOSE OF EXPENDITURE	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Category (See Categories listed at the top of this schedule) Advertising expense</td> <td style="width:50%; border: none;">Description Graphic Design</td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>	Category (See Categories listed at the top of this schedule) Advertising expense	Description Graphic Design	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 4/14/25	Payee name Media Advantage, LLC											
Amount (\$) \$97.50	Payee address; City; State; Zip Code PO Box 2677 San Angelo TX 76902											
PURPOSE OF EXPENDITURE	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Category (See Categories listed at the top of this schedule) Advertising expense</td> <td style="width:50%; border: none;">Description Graphic Design</td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>	Category (See Categories listed at the top of this schedule) Advertising expense	Description Graphic Design	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense								
Category (See Categories listed at the top of this schedule) Advertising expense	Description Graphic Design											
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense												
<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held									
<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Date</td> <td style="width:80%; border: none;">Payee name</td> </tr> <tr> <td style="border: none;">Amount (\$)</td> <td style="border: none;">Payee address; City; State; Zip Code</td> </tr> <tr> <td style="border: none;">PURPOSE OF EXPENDITURE</td> <td style="border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Category (See Categories listed at the top of this schedule)</td> <td style="width:50%; border: none;">Description</td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> </td> </tr> </table>			Date	Payee name	Amount (\$)	Payee address; City; State; Zip Code	PURPOSE OF EXPENDITURE	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Category (See Categories listed at the top of this schedule)</td> <td style="width:50%; border: none;">Description</td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>	Category (See Categories listed at the top of this schedule)	Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date	Payee name											
Amount (\$)	Payee address; City; State; Zip Code											
PURPOSE OF EXPENDITURE	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Category (See Categories listed at the top of this schedule)</td> <td style="width:50%; border: none;">Description</td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>	Category (See Categories listed at the top of this schedule)	Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense								
Category (See Categories listed at the top of this schedule)	Description											
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense												
<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held									

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED