

# 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:

11

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
	Mr	Jesus				
	NICKNAME	LAST	SUFFIX	Date Received		
	Jesse	Moreno				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	4823 Bryan		Dallas TX	75204		
	<input type="checkbox"/> Change of Address					
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 214 )	682 1633				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked		
	Mr	Mark				
	NICKNAME	LAST	SUFFIX	Receipt # Amount \$		
		Melton		Date Processed		
	Date Imaged					
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	200 Crescent		1600	Dallas TX	75201	
	(Residence or Business)					
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 214 )	682 1633				
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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)					
<b>10</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07	01	2020	12	31	2020
	THROUGH					
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	05	01	2021	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)		
				Council District 2		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**

Mr Jesus Moreno

**15 Filer ID** (Ethics Commission Filers)

**16 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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 12276.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$ 759.05

**CONTRIBUTION  
BALANCE**

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

\$ 11516.95

**OUTSTANDING  
LOAN TOTALS**

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

\$ 0.00

**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.

\*\*\*ELECTRONICALLY CERTIFIED\*\*\*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Jesus Moreno, this the 15th  
day of January, 20 21, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

**19** FILER NAME  
Mr Jesus Moreno

**20** Filer ID (Ethics Commission Filers)

<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,276.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 759.05
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
1 of 5

**2** FILER NAME

Mr Jesus Moreno

**3** Filer ID (Ethics Commission Filers)

**4** Date  
09/15/2020

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

Joe Carreon

**7** Amount of contribution (\$)

150.00

**6** Contributor address; City; State; Zip Code

3150 Kendale Drive

Dallas, TX 75220

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
09/17/2020

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

Rudy Karimi

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

306 S. Glasgow Drive

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/07/2020

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

Ellen Williams

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

8604 Greenville Ave. Suite 200

Dallas, TX 75243

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/07/2020

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

Don Williams

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

8604 Greenville Ave. Suite 200

Dallas, TX 75243

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:  
2 of 5

**2** FILER NAME

Mr Jesus Moreno

**3** Filer ID (Ethics Commission Filers)

**4** Date  
10/12/2020

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Paul Sims

**6** Contributor address;

City; State; Zip Code

8811 Antrim Drive

Dallas, TX 75218

**7** Amount of contribution (\$)  
500.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
10/12/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Angela Hunt

Contributor address;

City; State; Zip Code

8811 Antrim Drive

Dallas, TX 75218

Amount of contribution (\$)  
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/12/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Hampton

Contributor address;

City; State; Zip Code

5408 Swiss Ave.

Dallas, TX 75214

Amount of contribution (\$)  
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/20/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Timothy Dickey

Contributor address;

City; State; Zip Code

3134 Lockmoor Lane

Dallas, TX 75220

Amount of contribution (\$)  
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
3 of 5

**2** FILER NAME

Mr Jesus Moreno

**3** Filer ID (Ethics Commission Filers)

**4** Date  
10/28/2020

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Jonathon Hetzel  
.....  
**6** Contributor address; City; State; Zip Code  
7002 Vivian Ave. Dallas, TX 75223

**7** Amount of contribution (\$)  
1000.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
12/11/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Adam Bazaldua  
.....  
Contributor address; City; State; Zip Code  
6926 Belteau Lane Dallas, TX 75227

Amount of contribution (\$)  
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/16/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Larry Vineyard  
.....  
Contributor address; City; State; Zip Code  
2622 Commerce St. Dallas, TX 75226

Amount of contribution (\$)  
525.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/17/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Philip Kingston  
.....  
Contributor address; City; State; Zip Code  
5901 Palo Pinto Ave. Dallas, TX 75206

Amount of contribution (\$)  
1000.00

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:  
4 of 5

**2** FILER NAME

Mr Jesus Moreno

**3** Filer ID (Ethics Commission Filers)

**4** Date  
12/17/2020

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

Taylor Adams

**7** Amount of contribution (\$)  
1.00

**6** Contributor address; City; State; Zip Code

519 N. Oak Cliff Blvd. Dallas, TX 75208

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
12/18/2020

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

Jerry Alexander

Amount of contribution (\$)  
1000.00

Contributor address; City; State; Zip Code

3500 Renaissance Tower Dallas, TX 75270

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/21/2020

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

Thomas Tucker

Amount of contribution (\$)  
500.00

Contributor address; City; State; Zip Code

4809 Cole Ave. Suite 330 Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/22/2020

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

Brooke Moser

Amount of contribution (\$)  
1000.00

Contributor address; City; State; Zip Code

3927 Main St. Dallas, TX 75226

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 of 5

**2** FILER NAME

Mr Jesus Moreno

**3** Filer ID (Ethics Commission Filers)

**4** Date  
12/22/2020

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Evan August

**6** Contributor address; City; State; Zip Code  
2000 McKinney Ave. Suite 2150 Dallas, TX 75201

**7** Amount of contribution (\$)  
1000.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
12/22/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Minerva R Rodriguez

Contributor address; City; State; Zip Code  
1036 Opal Drive DeSoto, TX 75115

Amount of contribution (\$)  
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 3	<b>2</b> FILER NAME Mr Jesus Moreno	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/21/2020	<b>5</b> Payee name Shadys Burgers & Brewhaha	
<b>6</b> Amount (\$) 61.64	<b>7</b> Payee address; City; State; Zip Code 9661 Audelia Rd Dallas, TX 75238	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 10/22/2020	Payee name Café Brazil	
Amount (\$) 11.04	Payee address; City; State; Zip Code 611 N. Bishop Ava Suite Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 10/22/2020	Payee name Target	
Amount (\$) 98.14	Payee address; City; State; Zip Code 2417 N Haskell Ave Dallas, TX 75204	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Candy
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 3	<b>2</b> FILER NAME Mr Jesus Moreno	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/02/2020	<b>5</b> Payee name Square Space	
<b>6</b> Amount (\$) 233.82	<b>7</b> Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 09/30/2020	Payee name Square	
Amount (\$) 4.65	Payee address; City; State; Zip Code 1455 Market Street Suite 500 San Francisco, CA 94103	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 10/31/2020	Payee name Square	
Amount (\$) 58.90	Payee address; City; State; Zip Code 1455 Market Street Suite 500 San Francisco, CA 94103	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		

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  
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.

<b>1</b> Total pages Schedule F1: 3 of 3	<b>2</b> FILER NAME Mr Jesus Moreno	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/31/2020	<b>5</b> Payee name Square	
<b>6</b> Amount (\$) 165.86	<b>7</b> Payee address; City; State; Zip Code 1455 Market Street Suite 500 San Francisco, CA 94103	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date  09/21/2020	Candidate / Officeholder name  Ruby Dawn & Co	
Amount (\$) 125.00	Payee address; City; State; Zip Code 5314 Columbia Ave Dallas, TX 75214	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Pictures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)  	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		