

# Supplemental Report Officeholder

# FORM Cover Sheet SR

1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Jaime</b>	MI	2. Total Pages Filed: <b>9</b>
	NICKNAME	LAST <b>Resendez</b>	SUFFIX	3. Office Held <b>Council District 5</b>
4. SUPPLEMENTAL 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			
5. PERIOD / COVERED	7/1/2024    THROUGH    12/31/2024			
6. ELECTION	Month    Day    Year <b>5/3/2025</b> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> N/A			
7. OFFICE-HOLDER	CONTRIBUTION TOTALS	1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
	EXPENDITURE TOTALS	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
		4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL (Campaign)	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 7,450.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES		\$ 2,327.66
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD		\$ 0.00
<div style="display: flex; justify-content: space-between;"> <div> <p>10. AFFIDAVIT</p> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="text-align: center;"> <p>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.</p> <p>***ELECTRONICALLY CERTIFIED***</p> <p>_____ Signature of Candidate or Officeholder</p> </div> </div>				
Sworn to and subscribed before me, by the said <u>Jaime Resendez</u> , this the <u>15th</u> day of <u>January</u> , 20 <u>25</u> , to certify which, witness my hand and seal of office.				
<div style="display: flex; justify-content: space-between;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>				

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 1 of 3
<b>2</b> FILER NAME Jaime Resendez		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/24/2024  Campaign Contribution	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jude Akpunku <hr/> <b>6</b> Contributor address; City; State; Zip Code 2639 Main St Dallas, TX 75226 Business Owner Miznon	<b>7</b> Amount of contribution (\$) 250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/20/2024  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Isackson <hr/> Contributor address; City; State; Zip Code 4340 Von Karman Ave Suite 110 Newport Beach, CA 92600 Village Properties	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2024  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobe Chandler <hr/> Contributor address; City; State; Zip Code 4827 Memphis St Dallas, TX 75207 Alpine Start Development	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2024  Campaign Contribution  Attorney	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Black <hr/> Contributor address; City; State; Zip Code 1133 S Madison Ave Dallas, TX 75208	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 of 3
2 FILER NAME Jaime Resendez		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024  Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid Beucler ..... 6 Contributor address; City; State; Zip Code 8235 Elm Street Dallas, TX 75226	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 <del>State Properties</del> Employer (See Instructions)
Date 11/15/2024  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Holloway ..... Contributor address; City; State; Zip Code 4325 Elm Street Dallas, TX 75226	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		<del>Holloway Benefit Concepts</del> Employer (See Instructions)
Date 08/06/2024  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Carey ..... Contributor address; City; State; Zip Code P.O. Box 24743 Lewisville, TX 75029	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		<del>Ramp Development</del> Employer (See Instructions)
Date 08/06/2024  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Carey ..... Contributor address; City; State; Zip Code P.O. Box 24743 Lewisville, TX 75029	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		<del>Ramp Development</del> Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 3 of 3
<b>2</b> FILER NAME Jaime Resendez		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/20/2024  Campaign Contribution	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson Henley ..... <b>6</b> Contributor address; City; State; Zip Code 5415 Ursula Lane Dallas, TX 75229	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Henley Properties
Date 11/20/2024  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Henley ..... Contributor address; City; State; Zip Code 5415 Ursula Lane Dallas, TX 75229	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor 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: 1 of 5	2 FILER NAME Jaime Resendez	3 Filer ID (Ethics Commission Filers)
4 Date 07/03/2024	5 Payee name Molcajetes	
6 Amount (\$) 164.60 Campaign Funds for Campaign Expenditures	7 Payee address; 2306 S Buckner Blvd Dallas, TX 75227 City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/08/2024	Payee name Naleo Educational Fund	
Amount (\$) 100.00 Campaign Funds for Campaign Expenditures	Payee address; 1415 North Loop W Suite 1020 Houston , TX 77008 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Parking Management Service Dallas	
Amount (\$) 18.00 Campaign Funds for Campaign Expenditures	Payee address; 11289 Goodnight Ln Dallas, TX 75229 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Parking Lot
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 2 of 5	2 FILER NAME Jaime Resendez	3 Filer ID (Ethics Commission Filers)
4 Date 08/26/2024	5 Payee name Mikes Chicken	
6 Amount (\$) 22.49 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 4234 Maple Ave Dallas, TX 75219	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting
	(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 09/19/2024	Payee name Molcajetes	
Amount (\$) 39.48 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 2306 S Buckner Blvd Dallas, TX 75227	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meeting
	<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 10/01/2024	Payee name Bonton Farms	
Amount (\$) 45.47 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 12650 Ravenview Rd Dallas, TX 75253	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meeting
	<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
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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 5		<b>2</b> FILER NAME Jaime Resendez		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/07/2024		<b>5</b> Payee name DALLAS COUNTY DEMOCRATS			
<b>6</b> Amount (\$) 1000.00 Campaign Funds for Campaign Expenditures		<b>7</b> Payee address; 1414 N Washington AveDallas, TX 75204 City; State; Zip Code			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description Donation		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/16/2024		Payee name Molcajetes			
Amount (\$) 32.86 Campaign Funds for Campaign Expenditures		Payee address; 2306 S Buckner Blvd Dallas, TX 75227 City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Meeting		
	<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 11/19/2024		Payee name Platinum Parking			
Amount (\$) 9.08 Campaign Funds for Campaign Expenditures		Payee address; 2101 Elm St Dallas, TX 75201 City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Parking Lot		
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

## SCHEDULE F1

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

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule F1: 4 of 5		<b>2</b> FILER NAME Jaime Resendez		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/25/2024		<b>5</b> Payee name Centro De Diamantes			
<b>6</b> Amount (\$) 33.00 Campaign Funds for Campaign Expenditures		<b>7</b> Payee address; City; State; Zip Code 1642 S Buckner Blvd Dallas, TX 75217			
<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 Meeting	
		<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date  12/06/2024		Payee name  Luckys Tacos			
Amount (\$) 333.75 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 9600 Lake June Rd Dallas, TX 75217			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Event Food	
		<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  12/10/2024		Payee name  Act Blue J Gonzalez			
Amount (\$) 100.00 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 400 S Zang Suite 1022 Dallas, TX 75208			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description Contribution	
		<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
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 5 of 5		<b>2</b> FILER NAME Jaime Resendez		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/20/2024		<b>5</b> Payee name Molcajetes			
<b>6</b> Amount (\$) 46.89 Campaign Funds for Campaign Expenditures		<b>7</b> Payee address; City; State; Zip Code 2306 S Buckner Blvd Dallas, TX 75227			
<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 Meeting	
		<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/11/2024		Payee name Dallas Youth Athletic Association			
Amount (\$) 250.00 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 2524 W Ledbetter Dr Dallas, TX 75233			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description Donation	
		<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 11/24/2024		Payee name Paypal Fees			
Amount (\$) 132.04 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 2211 N 1st St San Jose, CA 95131			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Fees		Description Paypal Fees	
		<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	
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