

RECEIVED

2023 JAN 11 AM 11: 03

CITY SECRETARY DALLAS, TEXAS

December 30, 2022

Robert H. McCarthy, Jr. robert.mccarthy@klgates.com

T 512 482 6836 F 512 482 6859

City Secretary's Office Dallas City Hall 1500 Marilla Room 5 D South Dallas, TX 75201

Re: Monthly Filing General-Purpose Committee Campaign Finance Report for the period ending December 25, 2022, for K&L Gates LLP Committee for Good Government

To Whom It May Concern:

Enclosed, as required pursuant to Chapter 15A of the Dallas City Code, please find a copy of the K&L Gates LLP Committee for Good Government Campaign Finance Report referenced above that was filed electronically with the Texas Ethics Commission. A confirmation e-mail is attached.

Please appropriately file this document. If you have any questions, please give me a call at (512) 482-6836.

Very truly yours,

Robert H. McCarthy, Jr.

Robert HMcCarthy Jr

Enclosures

RECEIVED

From:

do-not-reply@ethics.state.tx.us

To:

McCarthy, Robert

Subject:

Williamson, Ofelia G.

00016405 Texas Ethics Commissions Electronic Filing System Acknowledgment

Date: Wednesday, January 4, 2023 11:35:20 AM

2023 JAN 11 AM 11: 03

CITY SECRETARY
DALLAS, TEXAS

External Sender:

Texas Campaign Finance Report Filing Acknowledgement for K & L Gates LLP Committee for Good Government (Filer ID:00016405) submitted by Ofelia Williamson. This is to acknowledge the receipt and acceptance of your electronic filing. Your filing for K & L Gates LLP Committee for Good Government (Filer ID:00016405) was received and accepted by our system at Wed Jan 04 11:35:13 CST 2023 and was assigned the report number of: TX-100884746. Please keep this acknowledgment, as it may be necessary to refer to it in the future.

		ILING GENERAL-PURPOSE CAMPAIGN FINANCE REPOR	Т	COVER SHEET PG 1
Th	e MPAC Instruction C	uide explains how to complete this form. 1 Filer ID (Ethics C 00016	ommission Filers)	2 Total pages filed: 11
3	COMMITTEE NAME	<u> </u>		OFFICE USE ONLY
	K & L Gates LLP Co	mmittee for Good Government		Dale Received ELECTRONICALLY FILED 01/04/2023
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP	
	ADDRESS	1717 Main St., Ste. 2800		
	Change of Address	Dallas, TX 75201		Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hailu delivered of Bate Feelings
٦	TREASURER NAME	Mr. Robert H.		Receipt # Amount
	NAME			Date Processed
		NICKNAME LAST	SUFFIX	••
		McCarthy		Date Imaged
L			0.77	TATE: 7ID CODE
6	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / 2801 Via Fortuna, Suite 650	'SUITE#; CITY; ST	ATE; ZIP CODE
l	(Residence or Business)	Austin, TX 78746		
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT 2801 Via Fortuna, Suite 650	/ SUITE #;	TATE; ZIP CODE
١	Change of Address	Austin, TX 78746		
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 482-6836	EXTENSION	
9	REPORT TYPE		n day after campaign surer termination	Dissolution (Attach PAC-DR)
1	MONTHLY REPORT FILING	X January 5 April 5	July 5	October 5
١	DEADLINE	February 5 May 5	August 5	November 5
١		March 5 June 5	September 5	December 5
1	1 PERIOD COVERED	Month Day Year THROUGH	Month 12/25	Day Year 5/2022
			3E 2	RECEIVED 2023 JAN II AMII: 03 CITY SEGRETARY DALLAS, TEXAS
		GO TO PAG		Version V3.5.1.3ac88bc
F	orms provided by Te	xas Ethics Commission www.ethics.stat	e.tx.us	version v3.5.1.3ac88bc

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	(Ethics Commission Filers)			
K & L Gates LLP Comn	00016	405		
14 COMMITTEE	1. Candidates	A. Supported Ms. Judith Zaffirini State Sena	ator	
ACTIVITY	(Identify by name or, if applicable, classify by party.)	110100000000000000000000000000000000000		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		A. Curanantad		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	5	\$ 0.00
	2. TOTAL POLITICA	AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
		D POLITICAL EXPENDITURES		
EXPENDITURE TOTALS	3. TOTAL ONITEMIZE		\$ 0.00	
	4. TOTAL POLITICA	AL EXPENDITURES		\$ 12,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS IG PERIOD	T DAY	\$ 5,393.42
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	= THE	\$ 0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of true and correct and includes all infunder Title 15, Election Code.	perjury, tha formation re	at the accompanying report is equired to be reported by me
				D. alle
		Mr. Robe		
		Signature of C	Jampaign	rreasurer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said		, this the _	day
of	, 20, 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

MONTHLY FIL	ING GPAC R	EPORT: PURPOSE		ADDENDUM
				Page 3 of 11
COMMITTEE NAME				thics Commission Filers)
& L Gates LLP Committe			00016405	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Ken King State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ms. Angle Chen Button Sta	ate Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
	Hature of issue.)	B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party)	A. Supported Mr. John Bryant State Re	oresentative	9
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party)			
	applicable, classify by part	9		

MONTHLY FIL	ING GPAC R	EPOR1	r: PURP	OSE		FORM MPAC ADDENDUM Page 4 of 11
					13 Filer ID	(Ethics Commission Filers)
2 COMMITTEE NAME (& L Gates LLP Committe	ee for Good Governm	ent			00016405	•
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte		Meyer State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Support				
		B. Oppose	d			
	Officeholders Assisted (Identify by name or, If applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Support	ed Mr. Bryan	Hughes State Se	enator	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
	Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted			
		B. Oppose	ed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ted Ms. Lulu I	Flores State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
		B. Oppos	ed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party					

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 5 of 11 (Ethics Commission Filers) 13 Filer ID 12 COMMITTEE NAME 00016405 K & L Gates LLP Committee for Good Government A. Supported Mr. Matt Shaheen State Representative 1. Candidates 14 COMMITTEE **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) A. Supported Ms. Lois Kolkhorst State Senator 1. Candidates COMMITTEE ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) A. Supported Ms. Angela Paxton State Senator COMMITTEE 1. Candidates **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

MONTHLY FIL	ING GPAC R	EPORT:	PURPOSE		FORM MPAC ADDENDUM Page 6 of 11
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
K & L Gates LLP Committee	e for Good Governm	ent		00016405	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Sarah Eckhardt State S	enator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ms. Erin Zwiener State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.				

SUBTOTALS - MPAC COVER SHEET PG 3						
17 COMMITTEE NAME K & L Gates LLP Committee for Good Government	18 Filer ID 00016405	7 of 11 (Ethics Commission Filers)				
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT				
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$				
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	OR	\$				
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR. LABOR ORGANIZATION	ATION OR	\$				
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC	SANIZATION	\$				
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	₹	\$				
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$				
9. SCHEDULE E: LOANS		\$				
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 12,500.00				
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	\$					
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense OTHER (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. (Ethics Commission Filers) Filer ID 1 Total pages Schedule F1: 2 FILER NAME 00016405 K & L Gates LLP Committee for Good Government Sch: 1/4 Rpt: 8/11 4 Date Pavee name Angela Paxton Campaign 12/07/2022 State; Zip Code Amount (\$) Payee address; City: P.O. Box 2878 \$1,000.00 Expenditure from McKinney, TX 75070 corporate funds (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution to support candidate Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 12/02/2022 Angie Chen Button Campaign Payee address; City; State; Zip Code Amount (\$) \$500.00 P.O. Box 832748 Expenditure from Richardson, TX 75083 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution to support candidate Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name Bryan Hughes Campaign 12/06/2022 State; Zip Code Payee address; City; Amount (\$) Bryan Hughes Campaign \$2,500.00 PO Box 450 Expenditure from Mineola, TX 75773 corporate funds PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Campaign contribution to support candidate

Office held

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Relmbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Office Overhead/Rental Expense Accounting/Banking Fees Travel in District Consulting Expense Food/Beverage Expense Polling Expense Travel Out of District Printing Expense Gift/Awards/Memorials Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 3 Filer ID Total pages Schedule F1: 2 FILER NAME 00016405 K & L Gates LLP Committee for Good Government Sch: 2/4 Rpt: 9/11 4 Date Pavee name 12/09/2022 Erin Zwiener State; Zip Code Amount (\$) Payee address; City; PO Box 184 \$500.00 Expenditure from Driftwood, TX 78619 corporate funds (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution to support candidate Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name John Bryant Campaign 12/02/2022 Payee address; State; Zip Code Amount (\$) P.O. Box 140977 \$500.00 Expenditure from Dallas, TX 75214 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution to support candidate Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name Judith Zaffirini Campaign 12/01/2022 State; Zip Code Payee address; City; Amount (\$) \$1,000.00 P.O. Box 627 Expenditure from Laredo, TX 78042 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution to support candidate Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)**

SCHEDULE F1

Advertising Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	Committee Legal Services Salaries/Wages/Contract Labor OTHER (effect a category not instead above)						
Credil Card Payment	The Instruction Guide explains how to complete this form.						
Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 3/4 Rpt: 10/11	K & L Gates LLP Committee for Good Government 00016405						
	5 Payee name						
	•						
11/29/2022	Ken King Campaign						
Amount (\$)	7 Payee address; City; State; Zip Code						
\$1,000.00	P.O. Box 517						
Expenditure from	Canadian, TX 79014						
corporate funds	I a s						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) Contributions (Donations Mode Ry) Contributions (Donations Mode Ry) Check if travel outside of Texas, Complete Schedule T.						
OF EXPENDITURE	Contributions/Donations Made by						
EXI ENDITORE	Candidate/Officeholder/Political Committee Campaign contribution to support candidate						
	Campaign continbution to support candidate						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Date	Payee name						
12/07/2022	Lois Kolkhorst Campaign						
Amazunt (A)	Payee address; City; State; Zip Code						
Amount (\$)	, , ,						
\$1,000.00	PO Box 2546						
Expenditure from corporate funds	Brenham, TX 77834						
	Max a delice						
PURPOSE OF	Control of Tayon Complete Schedule T						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee						
	Campaign contribution to support candidate						
	Outhputgh danta and to express and						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	Н						
Data	T Bound some						
Date	Payee name						
12/08/2022	Lulu Flores Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	PO Box 40969						
4555.55							
Expenditure from							
corporate funds	Austin, TX 78704						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Contributions/Donations Made By						
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense						
	Campaign contribution to support candidate						
	Candidate/Officeholder name Office sought Office held						
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeriolder flame						
expenditure to benefit C/C	лт						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 3 Filer ID Total pages Schedule F1: 2 FILER NAME 00016405 K & L Gates LLP Committee for Good Government Sch: 4/4 Rpt: 11/11 4 Date Payee name 12/07/2022 Matt Shaheen Campaign Amount (\$) Payee address; City; State; Zip Code \$1,000.00 3917 Malton Drive Expenditure from Plano, TX 75025 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution to support candidate Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name Morgan Meyer Campaign 12/02/2022 Payee address; City: State; Zip Code Amount (\$) \$2,000.00 3838 Oak Lawn, Suite 400 Expenditure from Dallas, TX 75219 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution to support candidate Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 12/09/2022 Sarah Eckhardt Campaign State: Zip Code Amount (\$) Payee address; City: \$1,000.00 P.O. Box 301586 Expenditure from Austin, TX 78703 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution to support candidate Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH