CANDIDA'	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	MS / MRS / MR	David	C,MI	OFFICE USE ONLY		
a CANDADATE (NICKNAME	Whithy	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		Josewy TX 76712	D. Barkley		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	715-2452	EXTENSION	Date Hand-delivered or Date Postmarked 4-25-25		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR)	Arthur	B	Recelpt # Amount \$ Date Processed		
	Bruce	Hamelin	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); APT / S	SUITE#, CITY; Woodway	STATE: ZIP CODE		
(Residence or Business)				Automobile .		
8 CAMPAIGN TREASURER PHONE	(281)	PHONE NUMBER 5785	EXTENSION			
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 3	Day Year / 25 / 20 25	Month THROUGH	Day Year / 25 / 2025		
11 ELECTION	ELECTION DA	те	ELECTION TYPE			
	Month Day 0 5 / 0 3 /	Year Primary ZOZ5 General	Runoff Other Description	ity Council		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SQUENT (IF know Woodway C	ity Council		
14 NOTICE FROM POLITICAL	I THE CANDIDATE / DESC	EUNINED TUECE EVOENNITUDE	TO MAY HAVE DEEN MADE WITHOUT THE OAD	MADE BY POLITICAL COMMITTEES TO SUPPORT INDICATES ON OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	CWhitby	16 Filer	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS, OR GUARANTEES OF LECTRONICALLY CONTRIBUTIONS MADE ELECTRONICALLY ON THE PROPERTY OF THE PROPE	OANS, OR	\$ 6
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$ 1452.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDIT	URE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES		\$ 2429.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINT OF REPORTING PERIOD	AINED AS OF THE LAST DAY	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTST LAST DAY OF THE REPORTING PERIOD	ANDING LOANS AS OF THE	\$
18 SIGNATURE I S	swear, or affirm, under penalty of perjury, that the accor	npanying report is true and co	prect and includes all information
rec	quired to be reported by me under Title 15, Election Code:	The state of the s	7
		aird Chille	H
		Signature of Candidate	or Officeholder
	Please complete eithe	er option below:	
30	CAROLYN UECKERT		
11 N	Notary Public, State of Texas		
(1) Affidavit	Comm. Expires 10-24-2026 Notary ID 134030715		
	7.0 10 1000/13		
Supplemental of the supple			
NOTARY STAMP/SEAL	^ .		^ .
Sworn to and subscribed	before me by <u>Carolyn Uecker</u> which, witness my hand and seal of office.	this the <u>25</u>	day of April,
, to outling t	which, withess my hand and search office.		
Signature of officer administer	ring 0ath Printed name of officer administer	ing gath	Title of officer administering oath
	OR I	mg com	This of officer authinistering ball
(2) Unsworn Declaration			
(2) Olisworn Declaratio	<i>7</i> 11		
My name is	, a	nd my date of hirth is	
My address is			*
	(street)	(city) /stat-)	/min and a)
Executed in		7	(zip code) (country)
	County, State of, on the	day of (month)	, 20 (year)
		Signature of Candidate/Office	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	EII ED N	IANAC				
	David C Whith					
21		ULE SUBTOTALS OF SCHEDULE A1, AZ, F1		SUBTOTAL AMOUNT		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ Z85 ao		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1167.81		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	4. SCHEDULE E: LOANS					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	\$					
7.		\$				
8,	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.		\$				
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.		\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

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	C Whitby			3 Filer ID (Ethics Commission Filers)
4 Date 4-3-2025	5 Full name of contributor Karla Bulloc	□ out-of-state PAC (ID#:		7 Amount of contribution (\$)
	6 Contributor address;	City; State;		\$10.00
8 Principal occup	ation / Job title (See Instructions)	9 Empl	loyer (See Instruction	ons)
Date	Full name of contributor Clint Matter	Out-of-state PAC (ID#:		Amount of contribution (\$)
4-14-2023	Contributor address;	City; State; Woodway TK	Zip Code	#50.00
Principal occup	ation / Job title (See Instructions)	Empl	loyer (See Instruction	ons)
Date	Full name of contributor	out-of-state PAC (ID#:	i i	Amount of contribution (\$)
4-18-2025	Contributor address;	Man City; State; Woodway 7	Zip Code	#50 000
Principal occup	ation / Job title (See Instructions)		loyer (See Instruction	ons)
Date	Full name of contributor	Out-of-state PAC (ID#:)	Amount of contribution (\$)
4.6.2025	Bentley Betts Contributor address;		Zip Code X 767/ Z	\$150.°
Principal occupa	ation / Job title (See Instructions)	Empl	loyer (See Instructi	ons)
		J		
	. ATTACH ADDITI	ONAL COPIES OF THIS S	SCUEDIU E A C NI	EDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

n dio roqu	ested information is not applicable, bo No	i metude tins page in the	report.
	ne Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAM	vid C Whitby	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state Contributor address; City;	7 Amount of contribution (\$)	
3 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor 🔲 out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ilons)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zlp Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	 upation / Job title (See Instructions)	Employer (See Instruc	tions)
ACTION OF THE PROPERTY OF THE	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS N	IEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	1 Total pages Schedule A2:			
David Chhitby	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 773.	59	
5 Date 6 Full name of contributor out-of-state PAC (ID#:		9 In-kind contribution description Sign Wire Nolder Side of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC	IAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR Ji	JDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spot	ise (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#: Amine Day Za Contributor address: City; State; Wood way Ty	Zip Code / 767/2	Amount of Contribution \$	In-kind contribution description Website Design Ide of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			AL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR Ju	JDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF I	THIS SCHEDU ion guide for	ILE AS NEEDED additional reportin	g requirements.	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

T	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2 FILER NAM	mid C Whitby		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 4/- 73-7025	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ ZZ7.56 Check if travel outsi	9 In-kind contribution description Contribution description descrip		
•	in a section and the section a	11 Employe	5. () G.() (G.)	AL/(OCC MONOCOMS)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description	
			Check If travel outsi	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI,	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ií	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instructi	HIS SCHEDU	JLE AS NEEDED	a requirements	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	1 14			
The Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:		
David C Whitby		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 773	.59	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Gode 767/2	8 Amount of Contribution \$	9 In-kind contribution description Business Cards	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	·	FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	ıtor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (If any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#: 4-27-225 Gary Tolly Contributor address; City: State; Woodway	Zip Code	Amount of Contribution \$	In-kind contribution description	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check If travel outsider (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUI	DICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction	HIS SCHEDU	LE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDIT	URE CATE	GORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Gard Payment		Event Expense Fees Coffice Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)				
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1 Total pages Schedule F1:	2 FILER N	AME C L	Hide	, , ,		3 Filer ID (Ethic	s Commission Filers)	
⁴ Date 3-31- Zo25	5 Payee na	ime	STOR	77	er 1944 – Lean 1945 – Uniternal Allena (III) Neutron (II) an Vennya (Lean (III) Allena (III) All	Description of the destroy of the same on a graph way be all the section and the section of the	andrings a light of the state of	,
6 Amount (\$)	7 Payee ac	Idress;	> /e/c		City;	State;	Zlp Code	*****
548.01	208	Hewitt	Dr <	STE 10	3 Whico	X	76712	
8	(a) Categor	y (See Categories lister	at the top of this	schedule)	(b) Description	<u> </u>		
Purpose Of Expenditure	Adve	ertising	Expe	use_	Compaig	n Sign	S	
	(c)	Check if travel outside of	Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder fivin	g expense	
© Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder i	name		Office sought		Office held	***
Date	Payee na	ma		**************************************	en e men han en derfensk kriener men en av erken pen er	ender for ged eine der der der der der der der der der de		
4-24-2025		me Dep	ot					
Amount (\$)	Payee ad				City;	State;	Zip Code	
34.55	5605	- W. Was	LO Ur	Wo	co	TK	76710	
	Category	(See Gategories listed	at the top of this s	chedule)	Description		remanustation which we have been applied by the property against a consistence explanation of the property and the property a	
PURPOSE OF EXPENDITURE	Adver	fising	EXPEN)5E_	T-Post.	for Sign	2.	
		Check if travel outside of	lexas. Complete S	chedule T.	Check if Austi	n. TX, officeholder livin	g expense	****
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder r	iame	annesis and the second sec	Office sought		Office held	
Date	Payee na	me . ^			neren erget er en er Met dette blike hille de en en en en er en e	1971-1971-1971-1971-1971-1971-1971-1971		,
4-24-2055		Hordu	sare					
Amount (\$)	Payee add		***************************************	r \	City;	State;	Zlp Code	
21.64	1424	How'th	<i>y</i>	the	cott		76712	
PURPOSE OF EXPENDITURE	Category	(See Categories listed a	at the top of this s	chedule)	Description			-
Ī		Check if travel outside of T	exas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder	name		Office sought		Office held	
	ATT	ACH ADDITION	AL COPIES	OF THIS S	CHEDULE AS NE	EDED		

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

Event Expense Fees

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Exp

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Gift/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains	•				
1 Total pages Schedule F1:	David C Whitby 5 Payee name		3 Filer ID (Ethics Commission Filers)			
4-7-2025	UPS STORE					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
*44.39	208 Hewitt Dr STE	· · · · · · · · · · · · · · · · · · ·	76712			
8	(a) Category (See Categories listed at the top of this sol	hedule) (b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Campaix	Signs			
	(C) Check if travel outside of Texas. Complete Sche	edule T. Check if Austir	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
4-23-2025	Hole in the Roof Mark	Keting				
Amount (\$)	Payee address;	City;	State; Zip Code			
319.80	1125 Washington Ave	Wheo	TX 76701			
	Category (See Categories listed at the top of this scho	edule) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Cumpan	Signs			
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austir	n. TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
4-21-2025	United States Postal S	pervice				
Amount (\$)	Payee address;	Clty;	State; Zlp Code			
\$12.41	430 W State Highway	y G Wheo	TX 76702			
	Category (See Categories listed at the top of this sche					
PURPOSE OF EXPENDITURE	Advertising Expense	e Postag	e			
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austir	n, TX, officeholder living expense			
Complete ONLY 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 ELER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount State: Zip Code City: 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Online Presence EXPENDITURE Check if travel outside of Taxes, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Barnes + Noble Booksellars 4-21-2025 Amount (\$) Payee address; City; State; Zip Code 4909 W. Waco 76710 10.81 Category (See Categories listed at the top of this schedule) Description PURPOSE Thank you Notes / Re OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3-31-2025 Amount (\$) State; Zip Code 1125 Washington Ave 76701 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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 Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 4-17-2025 6 Amount (\$) City; State: Zip Code 37.37 (a) Category (See Categories listed at the top of this schedule) Food for Meet and Greet **PURPOSE** Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder flying expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 4-22-2025 Amount (\$) Payee address; City; Zip Code State; 9100 Woodway Dr *14.60 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name McLennon County Republican Domeson 4-18.2025 Amount (\$) Payee address; City; State: Zlp Code Category (See Categories listed at the top of this schedule) PURPOSE Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH