

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:

12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mrs. Sherry
NICKNAME LAST SUFFIX
Simon

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5564 Eastwedge Drive
Fort Worth, TX 76137

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 703-9068

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Judy
NICKNAME LAST SUFFIX
Buchholz

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7917 Rampston Place
Fort Worth, TX 76137

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(682) 472-7748

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
01 / 01 / 2017 THROUGH 3 / 27 / 2017

11 ELECTION

ELECTION DATE
Month Day Year
05 / 06 / 2017

ELECTION TYPE
 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD Board of Trustee, Place 5

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Sherry Simon

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.

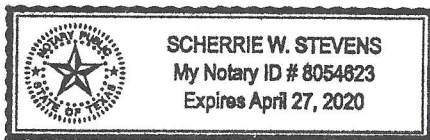
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 63.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 878.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 20.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,182.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -262.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 380.50

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.



Sherry Simon
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sherry Simon, this the 24 day of April, 2017, to certify which, witness my hand and seal of office.

Scherrrie W. Stevens Scherrrie W. Stevens Notary
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

Sherry Simon

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 941.00
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	\$ 380.50
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,203.27
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 5

2 FILER NAME

Sherry Simon

3 Filer ID (Ethics Commission Filers)

4 Date

2/12/17

5 Full name of contributor

Kristi & Thomas Healey

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

8308 Trace Ridge Parkway, Fort Worth, TX 76137

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/27/17

Full name of contributor

Carla Jutson

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1705 Fairhaven, Mansfield, TX 76063

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/17

Full name of contributor

Leslie Fraser

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

3805 Devonaire Drive, Aledo, TX 76008

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/17

Full name of contributor

Nan Sprester

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

4648 Seneca Drive, Fort Worth, TX 76137

Amount of contribution (\$)

\$20.00

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:

2 of 5

2 FILER NAME

SHERRY SIMON

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

DANA ABBOTT-GLAZIER

7 Amount of contribution (\$)

\$ 20.00

6 Contributor address;

City; State; Zip Code

7309 BENNINGTON DR, WATAUGA, TX 76148

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/28/17

Full name of contributor

out-of-state PAC (ID#: _____)

SONYA HARDY

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

5104 MERCED DR, FT. WORTH, TX 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/17

Full name of contributor

out-of-state PAC (ID#: _____)

JODI BRINKLEY

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

9104 CRANDALL DRIVE, KELLER, TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/17

Full name of contributor

out-of-state PAC (ID#: _____)

TERRY BUCKNER

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

5109 JENNINGS DRIVE, NORTH RICHLAND HILLS
TX 76180

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:

3 of 5

2 FILER NAME

SHARRY SIMON

3 Filer ID (Ethics Commission Filers)

4 Date

3/6/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

CAROLINE SHERMAN

7 Amount of contribution (\$)

\$30.00

6 Contributor address;

City; State; Zip Code

1034 CANTERBURY LANE, KELLER, TX 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/17

Full name of contributor

out-of-state PAC (ID#: _____)

ELIZABETH DASOLD

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

1303 PARK PLACE BLVD, #1002 HURST, TX 76053

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

Full name of contributor

out-of-state PAC (ID#: _____)

ANN ACCAS

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

3229 RITA LANE HALTOM CITY, TX 76117

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/17

Full name of contributor

out-of-state PAC (ID#: _____)

ANGELIQUE YOUNG

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

6101 N. 30th McALLEN, TX 78504

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

SHERRY SIMON

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/17

5 Full name of contributor

MICHAEL MCPHAIL

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$25.00

6 Contributor address; City; State; Zip Code

815 DIXON DRIVE IRVING TX 75061

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/17

Full name of contributor

MARTHA WILLIAMS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

8105 MOUNT SHASTA CIRCLE, FORT WORTH, TX 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/17

Full name of contributor

TERRI NIELSEN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20.00

Contributor address; City; State; Zip Code

1709 CHASE OAKS DR, KELLER, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/17

Full name of contributor

CHRISTINE ABBOTT

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

808 PATTI DRIVE, BEDFORD, TX 76022

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

SHERRY SIMON

3 Filer ID (Ethics Commission Filers)

4 Date

3/15/17

5 Full name of contributor

CARLELA VOGEL

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$25.00

6 Contributor address; City; State; Zip Code

901 OLDGATE ROAD FORT WORTH, TX 76108

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/14/17

Full name of contributor

S. BELITA MARISIAK

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$18.00

Contributor address; City; State; Zip Code

P.O. BOX 702867, DALLAS, TX 75370

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/17

Full name of contributor

DELAINE SIMON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

5901 W. LEHIGH AVE #4 DENVER, CO 80235

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/17

Full name of contributor

ERIC KATZ

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

8868 SUNSET TRACE DR, FORT WORTH, TX 76244

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Sherry Simon		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 350.00
5 Date of loan 2/26/17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry Simon	9 Loan Amount (\$) \$350.00 ⁵⁰ \$380.50
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 5564 Eastwedge, Fort Worth, TX 76137	10 Interest rate 0%
		11 Maturity date 5/6/17
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" 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		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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.

1 Total pages Schedule F1: 1 of 3		2 FILER NAME Sherry Simon		3 Filer ID (Ethics Commission Filers)	
4 Date 2/28/17		5 Payee name Bulldog Bliss Creative			
6 Amount (\$) \$75.00		7 Payee address; City; State; Zip Code 4000 Teaff St, Austin, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fundraising Expense		(b) Description <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 3/2/17		Payee name Vista Print			
Amount (\$) \$134.45		Payee address; City; State; Zip Code Hudsonweg 8, Venlo, the Netherlands 5928LW			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <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 3/14/17		Payee name Haltom City Post Office			
Amount (\$) \$21.84		Payee address; City; State; Zip Code 5709 Broadway Ave, Haltom City, TX 76117			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Postage Expense		Description <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	

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.

1 Total pages Schedule F1: 293		2 FILER NAME Sherry Simon		3 Filer ID (Ethics Commission Filers)	
4 Date 3/14/17		5 Payee name Super Cheap Signs			
6 Amount (\$) \$562.19		7 Payee address; City; State; Zip Code 9200 Waterford Center, Blvd, ste 100, Austin, TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <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	
Date 3/16/17		Payee name Dollar Tree Stores, Inc.			
Amount (\$) \$3.25		Payee address; City; State; Zip Code 3520 Denton Highway, Haltom City, TX 76117			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fundraising Expense		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		Candidate / Officeholder name		Office sought	
Date 3/19/17		Payee name Office Depot			
Amount (\$) \$69.26		Payee address; City; State; Zip Code 7608 Denton Highway, Watauga, TX 76148			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		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		Candidate / Officeholder name		Office sought	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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.

1 Total pages Schedule F1: 3 of 3	2 FILER NAME Sherry Simon	3 Filer ID (Ethics Commission Filers)
4 Date 3/20/17	5 Payee name Dollar Tree Stores, Inc.	
6 Amount (\$) \$ 5.41	7 Payee address; City; State; Zip Code 8028 Denton Hwy, Watauga, TX 76148	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description <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 3/21/17	Payee name Educational Products Inc.	
Amount (\$) \$ 155.88	Payee address; City; State; Zip Code 1342 I-35E, Carrollton, TX 75006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description <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 3/22/17	Payee name Vista Print	
Amount (\$) \$ 155.44	Payee address; City; State; Zip Code Hudsonweg 8, Venlo, The Netherlands 5928LW	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <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: _____	