

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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
Ms. Darla A. Jones						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE			
	110-A E. Mezquite, South Padre Island, TX 78597					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(956)	433- 0488 /583				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
Ms. Dianna L. Harvill						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #: CITY: STATE: ZIP CODE			
	12 Spoonbill Cove Rd., Laguna Vista, TX 78578					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(956)	455-1830				
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	04	26	19	THROUGH	6	21
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
6 / 29 / 19			<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				Mayor		

OFFICE USE ONLY

Date Received

**RECEIVED BY
CITY SECRETARY**

JUN 21 2019

**CITY OF SOUTH PADRE
ISLAND**

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Darla A. Jones** 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: **Rio Grande Valley Committee for Good Government**

COMMITTEE ADDRESS: **PO Box 3875, SPI, TX 78597**

COMMITTEE CAMPAIGN TREASURER NAME: **George Block**

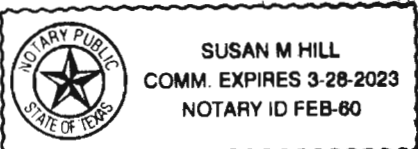

COMMITTEE CAMPAIGN TREASURER ADDRESS: **PO Box 3875, SPI, TX 78597**

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5340.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3063.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5561.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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.

Signature of Candidate or Officeholder: *[Signature]*

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Darla A. Jones*, this the *21ST* day of *June*, 20 *19*, to certify which, witness my hand and seal of office.

[Signature] *Susan M. Hill City Secy/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 Darla A. Jones		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5340-
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3063.93
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 3**

2 FILER NAME

DARLA A. JONES

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/19

5 Full name of contributor

RAY HUNT

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

7 Amount of contribution (\$)

500 -

6 Contributor address;

City; State; Zip Code

1900 N. AKARD DALLAS TX 75201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/27/19

Full name of contributor

NANCY ANN HUNT

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

Amount of contribution (\$)

500 -

Contributor address;

City; State; Zip Code

1900 N. AKARD DALLAS TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/19

Full name of contributor

HEATHER HUNT GRAHAM

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

Amount of contribution (\$)

350 -

Contributor address;

City; State; Zip Code

5709 THAMES CT DALLAS, TX 75252

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/19

Full name of contributor

VICTORIA SCHAREN

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

Amount of contribution (\$)

30 -

Contributor address;

City; State; Zip Code

720 N. SHORE DR. PORT ISABEL TX 78578

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 3

2 FILER NAME

DARLA A. JONES

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/19

5 Full name of contributor out-of-state PAC (ID#: _____)

JOHN HAYWOOD

7 Amount of contribution (\$)

1000-

6 Contributor address: City; State; Zip Code

300 CAROL #6 Port Neches, TX 78578

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/6/19

Full name of contributor out-of-state PAC (ID#: _____)

KEITH ARNOLD

Amount of contribution (\$)

75-

Contributor address: City; State; Zip Code

3535 SANTA FE #31 CORPUS CHRISTI TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/19

Full name of contributor out-of-state PAC (ID#: _____)

ROBERT FUDGE

Amount of contribution (\$)

250-

Contributor address: City; State; Zip Code

5293 ARLINGTON LN TRAVERSE CITY, MI 49685

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/20/19

Full name of contributor out-of-state PAC (ID#: _____)

DAVID MAJDA

Amount of contribution (\$)

350-

Contributor address: City; State; Zip Code

6001 N. 25TH LN 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:

3 of 3

2 FILER NAME

DARLA A. JONES

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/19

5 Full name of contributor out-of-state PAC (ID#: _____)

EVELYN ENGBLOM

7 Amount of contribution (\$)

200 -

6 Contributor address: City; State; Zip Code

3312 AZALEA BLISSOM AUSTIN TX 78748

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/23/19

Full name of contributor out-of-state PAC (ID#: _____)

GIGNAC & ASSOC

Amount of contribution (\$)

985 -

Contributor address: City; State; Zip Code

416 STARR ST. CORPUS CHRISTI TX 78401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/19

Full name of contributor out-of-state PAC (ID#: _____)

EMERGENCE MEDICINE PA

Amount of contribution (\$)

1000 -

Contributor address: City; State; Zip Code

1902 Peace St #A HARLINGEN TX 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/19

Full name of contributor out-of-state PAC (ID#: _____)

GARDINA ENT.

Amount of contribution (\$)

100 -

Contributor address: City; State; Zip Code

PO Box 2354 SPI TX 78597

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 Darla A. Jones		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/1/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Darla A. Jones	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 110-A E. Mezquite, South Padre Island, TX 78597	10 Interest rate N/A
		11 Maturity date N/A
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 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: 184	2 FILER NAME BARLA A. JONES	3 Filer ID (Ethics Commission Filers)
4 Date 5/6/19	5 Payee name PI PRESS	
6 Amount (\$) 1104⁰⁰	7 Payee address; City; State; Zip Code PO BOX 308 PORT ISABEL, TX 78578	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP.	(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
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Date 5/9/19	Payee name PI PRESS	
Amount (\$) 138⁰⁰	Payee address; City; State; Zip Code PO BOX 308 PORT ISABEL, TX 78578	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV. EXP.	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	Office held
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Date 5/18/19	Payee name DREAMMAKERS	
Amount (\$) 379⁰⁰	Payee address; City; State; Zip Code 216 Paradise Lane #H Brownsville, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV. EXP.	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	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2 of 4</i>	2 FILER NAME <i>DARLA A. Jones</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/24/19</i>	5 Payee name <i>Toucan Graphics</i>	
6 Amount (\$) <i>194.05</i>	7 Payee address; City; State; Zip Code <i>14725 S. Padre Isl. Dr. #4 Corpus Christi 78418</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/24/19</i>	Payee name <i>Cap'n Ray's</i>	
Amount (\$) <i>50.18</i>	Payee address; City; State; Zip Code <i>1313 Padre Blvd. SPI, TX 78597</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food & Bev. Exp.</i>	Description <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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Date <i>5/30/19</i>	Payee name <i>S.O.S.</i>	
Amount (\$) <i>65.98</i>	Payee address; City; State; Zip Code <i>2216 Padre Blvd. #13 SPI, TX 78597</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>	Description <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <i>3 of 4</i>	2 FILER NAME <i>DARLA A. Jones</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/4</i>	5 Payee name <i>Padre Island Brewery</i>	
6 Amount (\$) <i>\$557.47</i>	7 Payee address; City; State; Zip Code <i>3400 Padre Blvd., S.P.I., TX 78597</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Bev. Exp</i>	(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
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Date <i>6/5/19</i>	Payee name <i>SOS</i>		
Amount (\$) <i>\$465.7</i>	Payee address; City; State; Zip Code <i>2216 Padre Blvd. #B SPI, TX 78597</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/8/19</i>	Payee name <i>SOS</i>		
Amount (\$) <i>\$199.18</i>	Payee address; City; State; Zip Code <i>2216 Padre Blvd. #B SPI, TX 78597</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: 4 of 4		2 FILER NAME: DARLA A. Jones		3 Filer ID (Ethics Commission Filers)	
4 Date: 6/12/19		5 Payee name: Sea's Restaurant			
6 Amount (\$): 72.78		7 Payee address: City; State; Zip Code 5717 Padre Blvd. SPI, TX 78597			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Bev.		(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				
Date: 6/13/19		Payee name: Blackboards			
Amount (\$): 188.29		Payee address: City; State; Zip Code 103 E. Saturn, SPI, TX 78597			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Bev.		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				
Date: 6/14/19		Payee name: Juicam Snappical			
Amount (\$): 47.63		Payee address: City; State; Zip Code 14725 S. Padre Isl. Dr. #4 Corpus Christi, TX 78418			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Exp.		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				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED