CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS MRS DMR 3 CANDIDATE / OFFICE USE ONLY Daphne **OFFICEHOLDER** NAME Date Received RECEIVEL NICKNAME TAUSON ADDRESS / PO BOX: 4 CANDIDATE / APT / SUITE #: STATE: APR 29 2022 **OFFICEHOLDER** POB 180004 Anlington 76096 TN MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 714-9900 PHONE Receipt # Amount \$ MS MRS PMR MI 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN **TREASURER** Village DRIVE # 1017 Euliss TN 76059 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (817) 564-2559 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD avarez Month Jacob Day Month Year COVERED THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Trustee 4 14 NOTICE FROM 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. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 144.00					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9703.92					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 144.00					
	4. TOTAL POLITICAL EXPENDITURES	\$9559.92.					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	\$ 9559.92					
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 	HE \$					
	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						
(1) Affidavi	Please complete either option below: Lisa Ann Benjamin Notary Public, State of Texas Notary ID 12397575-1 My Commission Exp. 09-15-2025						
NOTARY STAMP/SEAL	before me by Daphne Jackson this the 2	of April ,					
20 22, to certify	which, witness my hand and seal of office. Figure L'Sa Ann Benjamin Ad	Nuin Asst to Supt Title of officer administering oath					
	OR						
(2) Unsworn Declaration							
My name is	, and my date of birth is						
2.5 = 6	<u> </u>						
, 444.444		re) (zip code) (country)					
Executed in	County, State of, on theday of(month)						
	Signature of Candidate	e/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Daphne Taerem	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1075,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 25.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		\$ 6
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 850.35
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ <i>D</i>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ \$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 9
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ 0
1			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

if the requested information is not applicable, DO NO! Include this page in the report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Duphue Faceson	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$) . 375.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:) Rogu DiPlacy: Contributor address: City: State: Zip Code	Amount of contribution (\$)		
4/16/22	Roger DetVary. State: Zip Code 74 76013	375.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)		
Date 4/24	Full name of contributor	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)		
Date 4/24	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)		
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

If the requ	lested information is not applicable, DO NOT	include this page in the r	ероп.
Th	he Instruction Guide explains how to complete the	this form.	1 Total pages Schedule A
2 FILER NAMI	Daplue Jacusm		3 Filer ID (Ethics Commission Filers)
4 Date 4/25	5 Full name of contributor out-of-state f	State: Zip Code 74 76/20	7 Amount of contribution (\$) 25. 00
8 Principal occ	ccupation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state F	PAC (ID#)	Amount of contribution (\$)
4/11	Melinda Stone	State: Zip Code	25.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.					
The	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	le A2: /	
2 FILER NAME	Daphne Facusm		3 Filer ID (Ethics Con	nmission Filers)	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$		
5 Date 4/16		Zip Code N 760/3	Contribution \$	9 In-kind contribution description Lunchun de of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA	L)(See Instructions)	
Carry	principal occupation (FOR JUDICIAL)		etied		
12 Contributors	principal occupation (FOR JUDICIAL)	13 Contribi	itor's job title (FOR JUI	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	e (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	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	L)(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	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
K	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instructi			requirements.	

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B:			
2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF	UNITEMIZED PLEDGES	\$			
5	Date	6 Full name of pledgor	8 Amount 9 In-kind contribution of Pledge \$ description			
		7 Pledgor address; City: State; Zip Code				
			Check if travel outside of Texas. Complete Schedule T.			
10	Principal occu	pation / Job title (See Instructions) 11 Employer (See	Instructions)			
	Date	Full name of pledgor	Amount In-kind contribution of Pledge \$ description			
		Pledgor address; City; State; Zip Code	1			
			Check if travel outside of Texas. Complete Schedule T.			
	Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)			
	Date	Full name of pledgor	Amount of In-kind contribution Pledge \$ description			
		Pledgor address; City; State; Zip Code				
			Check if travel outside of Texas. Complete Schedule T.			
	Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)			
	Date	Full name of pledgor	Amount of In-kind contribution Pledge \$ description			
		Pledgor address; City; State; Zip Code				
			Check if travel outside of Texas. Complete Schedule T.			
	Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)			
_						
	If	ATTACH ADDITIONAL COPIES OF THIS SCHEDU contributor is out-of-state PAC, please see instruction guide for				

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:	2 FILER NAME Daphne Jackson	Filer ID (Ethics Commission Filers)		
4 Date 4/15	5 Payee name Daphne Tackson			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
25.00	POB 180004	Anticoper The 16096		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Travel in District	Delivery Yard Signs		
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Dapane Tackson	Office sought Office held Trustu 4		
Date	Payee name			
4/4/22	Dashne Jackson	_		
Amount (8)	Payee address;	City; State; Zip Code		
25.00	POB 180004	Ansagten Tx 76096		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Travelin	Delivery Yard Styns.		
	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/OF	Daphne Jallson	Trustie 4		
Date	Payee name			
4/4/22	aip Vista Print			
Amount (\$)	Payee address;	City; State; Zip Code		
61.80	Internet			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expuse	Business Cords		
	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/OF	Daghne Jallson	Trustee 4		
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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

ClearCard Faymon	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	Dagine Jacuson		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/22	E Pavee name		
6 Amount (\$) 25. 00	LANI TAYLOR: 7 Payee address; 2029 E Illinois Ave Da	City: Ues TN	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Lebon	(b) Description Post Work	ker.
	(C) Check if travel outside of Texas. Complete Schedule T.	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	Payee name		
4/26	LANI Taylon		
Amount (\$)	Payee address;	City;	State; Zip Code
\$25,00	2029 E. Illnies Ave	Dallas	TK 75216
PURPOSE OF EXPENDITURE	Salaries/Wages/Wages	Poll Wo	nter.
	Check if travel outside of Texas Complete Schedule T	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 4/23/22	Rush Order Tels		
Amount (\$)	Payee address;	City;	State; Zip Code
	800-620-1233 - 2	Entunct	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advurtising Expanses	Description Lampai'qu	To Shirts.
	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		Trustee	4
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED)ED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Daphne Jackson	3 Filer ID (Ethics Commission Filers)		
4 Date 4/22/22	5 Payee name Ladies Who lunes	h Lunchum Rose Garden Tea Ra		
6 Amount (\$) **20,00	7 Payee address: 4720 S. Covpus ST	City; State; Zip Code Anlington Ty 76017		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 7000/Beverage Effective	(b) Description Ladies Lunchesse		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Markey (lavery)	Office sought Office held		
Date 4/14/22	Payee name Daphine Muphy 4	affres		
Amount (\$)	Payee address;	City: State; Zip Code		
	5375. S. Coopen ST.	ADD. TH 76017.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in district	Gas delivery of yard sange		
	Check if travel outside of Texas Complete Schedule T	Check if Austin. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Facuson.	Office sought Office held Toustee 4		
Date	Payee name			
4/08/22.	murphy Express			
Amount (\$)	Payee address;	City; State; Zip Code		
	5375 S. Coopen St.	Anlington 76017.		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel in destrict	gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Daphne Fackson	Office sought Office held Taustice 4		
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 Consulting Expense Contributions/Donations Made By **Event Expense** Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Travel Out Of District

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Daphae Jackson 3 Filer ID (Ethics Commission Filers)			
4 Date 4/19/22	5 Payee name Murphy Express			
6 Ambunt (\$)	7 Payee address: City: State: Zip Code 5375 5. Corpus St. Aulington 76617.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in district gas.			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name			
Date 4/23	Payee name Mushy Effress			
Amount (\$)	Payee address; City; State; Zip Code 5375 S. Coopen St. And Tx 76017			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Gasoline Gasoline			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense Candidate / Officeholder name Office sought Office held Trustice 4			
	grippine Cities I			
Date 4/27	Payee name Danid Jackson			
Amount (\$)	Payee address; City; State; Zip Code POD 180004 Aul. TX 16096			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Wages / Cavatract Labore foll Worker.			
	Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Daphne Jackson Trustee 4			
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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Daphne Jack	son	3 Filer ID (Ethic	s Commission Filers)
4 Date 4/27/22	5 Payee name GO 2. Graphics			
6 Amount (\$) /65,62	2 FILER NAME Daphne Jack 5 Payee name GO 2. Graphics 7 Payee address: 224. N. Story Road	city: Inving	State;	Zip Code 7506/
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		-
PURPOSE OF EXPENDITURE	advertising Expense	30 yara	L Signs t	brackets.
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX. officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/8/22	Vista Print Payee address; Internet			
Amount (\$)	Payee address;	City;	State;	Zip Code
461.80	Internet			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising Expuse	Basiness	Cards/2	dectron
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Jackson	Office sought Trustue	: 4	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	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 expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	-	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				