CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mrs	FIRST Sarah	MI B.	OFFICE USE ONLY
NAME	NICKNAME	LACT		Date Received
	NICKNAME	LAST McMurrough	SUFFIX	RECEIVED
4 CANDIDATE/	ADDRESS / PO BOX	APT / SUITE #;	CITY; STATE; ZIP CODE	A G. Ale) Sur observation and
OFFICEHOLDER	4602 Willow H	Park Ct	Arlington TX 76017	APR 0 4 2024
MAILING ADDRESS				· Mandrey Comen
Change of Address				BY: Washing
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	
OFFICEHOLDER	,		EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(817)	975-0893		Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	Dr	Christopher	D	Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
		McMurrough		Date imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #, CITY:	STATE: ZIP CODE
TREASURER	4602 Willow H	Park Ct.	Arlington	TX 76017
ADDRESS (Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER		TOTAL TOMOLITY	ENTEROION	
PHONE	(817)	909-1165		
9 REPORT TYPE	January 15	X 30th day before		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	01	01 / 2024	THROUGH 03	31 / 2024
11 ELECTION	ELECTION DA	TE	ELECTION TYP	E
	Month Day	Year Primary		
	05 / 04	2024 X General	Description	
	05 / 04 /	2024		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	vn)
	AISD School E	Board - Place 1		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
Additional Pages	GENERAL			
(1000)	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAIVIFAIGI	I FINANCE REPORT			
15 C/OH NAME			16 Filer ID (Ethics Com	mission Filers)
Sarah B McMurrou	gh			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		\$ 0.00	
	2. TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOA	BUTIONS NS. OR GUARANTEES OF LOANS	\$3,950.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$0.00	
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 558.01	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	ΓΙΟΝS MAINTAINED AS OF THE LA	AST DAY \$7,954.58	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS (G PERIOD	OF THE \$ 0.00	
	quired to be reported by me under Title 15, E	Sema	Candidate or Officeholder	
(1) Affidavit	Michelle Vasquez Notary Public, State of Texas Notary ID 134497098 My Commission Exp. 08-08-2027	lete either option belo	w:	
NOTARY STAMP/SEA Sworn to and subscribed 20 to certify Signature of officer administer	which, witness my hand and seal of office.	urrough. this the nelle Vasquez icer administering oath	Coordi	pril.
		OR		
(2) Unsworn Declarati	on			
My name is Sarah B Mo	Murrough	, and my date of birth i	is 2/12/1985	
My address is 4602 Will				SA
, 444.555.0	(street)	(city)	(state) (zip code)	(country)
Executed in Tarrant	County, State of Texas	, on the $\frac{1st}{}$ day of $\frac{April}{}$ (mon	1, 20_ ²⁴	et 535
		Signature of Cano	didate/Officeholder (Declai	rant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com							
	Sarah B McMurrough							
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$3,950.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0.00					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0.00					
4.	SCHEDULE E: LOANS	\$0.00						
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$49.60						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$0.00					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0.00					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$508.41					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$0.00					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$0.00					
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$0.00							

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: 5								
2 FILER NAME Sarah B. McMurr	cough				3 Filer ID (Ethics Commission Filers)			
4 Date 1/17/2024	5 Full name of contributor Danielle Leathers	out-of-state PAC	(ID#:		7 Amount of contribution (\$) 25.00			
	6 Contributor address;	City; Burleson	State;	Zip Code 76028				
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	l utions)			
Date 1/17/2024	Full name of contributor Kim Le	out-of-state PAC			Amount of contribution (\$)			
	Contributor address;	City; Arlington	State;					
Principal occup	ation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)			
Date 1/22/2024	Full name of contributor Brooke Phillips	out-of-state PAC	; (ID#:		Amount of contribution (\$) 25.00			
	Contributor address;	City; Arlington	State;	Zip Code 76016				
Principal occup	ation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)			
Date 1/22/2024	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$) 25.00			
	Contributor address;	City; Arlington	State;	Zip Code 76016				
Principal occupation / Job title (See Instructions)				oyer (See Instruc	I tions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.								

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

				- page a	
The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME Sarah B. McMuri	cough				3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2024	5 Full name of contributor Michael and Jennifer Clark	out-of-state PAC			7 Amount of contribution (\$) 25.00
	6 Contributor address;	City; Arlington	State;		
8 Principal occu	pation / Job title (See Instructions)		9 Emple	oyer (See Instruc	itions)
Date 1/23/2024	Full name of contributor	out-of-state PAC			Amount of contribution (\$)
	Contributor address;	City; Arlington	State;		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					ctions)
Date 1/23/2024	Full name of contributor Sara and David Kestenbaum	out-of-state PAC			Amount of contribution (\$) 25.00
	Contributor address;	City; Arlington	State;		
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
Date 1/27/2024	Full name of contributor Kristen Clark	out-of-state PAC	; (ID#:		Amount of contribution (\$) 50.00
	Contributor address;	City; Arlington	State;	Zip Code 76017	
Principal occupation / Job title (See Instructions)				oyer (See Instruc	I ctions)
	ATTACH ADDITI				

Forms provided by Texas Ethics Commission

SCHEDULE A1

T	The Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAI					3 Filer ID (Ethics Commission Filers
4 Date 1/27/2024	5 Full name of contributor Cameron Haddad				
	6 Contributor address;	City;	State;	Zip Code	
		Arlington	TX	76012	
8 Principal o	ccupation / Job title (See Instructions)		9 Emp	oyer (See Instruc	ctions)
Date 2/1/2024	Full name of contributor David and Susie Sargent	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 500.00
	Contributor address;	City;	State;	Zip Code	
		Arlington	тx	76006	
Principal oc	ccupation / Job title (See Instructions)		Emp	oyer (See Instruc	ctions)
Date 3/5/2024	Full name of contributor Jeff Williams	out-of-state PAC (ID#:		}	Amount of contribution (\$) 500.00
	Contributor address;	City;	State;	Zip Code	
		Arlington	тx	76016	
Principal oc	ccupation / Job title (See Instructions)		Emp	oyer (See Instruc	ctions)
Date 3/8/2024	Full name of contributor TREPAC	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
	P.O. Box 2246	Austin	тx	78768	
Principal oc	ccupation / Job title (See Instructions)		Emp	loyer (See Instru	I. ctions)
			<u> </u>		

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 Sarah B. McMur					3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2024	5 Full name of contributor Blake and Lori Kretz	ut-of-state PAC			7 Amount of contribution (\$) 50.00
	6 Contributor address;		State;	Zip Code 76016	
8 Principal occu	upation / Job title (See Instructions)		9 Empl	oyer (See Instruc	ctions)
Date 3/12/2024	Full name of contributor Dan Dipert	out-of-state PAC			Amount of contribution (\$) 250.00
	Contributor address;	City; Arlington	State;	Zip Code 76013	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
Date 3/12/2024	Full name of contributor	_)	Amount of contribution (\$) 250.00
	Contributor address;	City; Arlington	State;	Zip Code 76013	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
Date 3/12/2024	Full name of contributor Tom Cravens	out-of-state PAC) (ID#:)	Amount of contribution (\$) 150.00
	Contributor address;	City; Arlington	State;	Zip Code 76013	
Principal occupation / Job title (See Instructions)				loyer (See Instruc	ctions)
	ATTACH ADDIT	TONAL COPIES (

SCHEDULE A1

If the requested information is not applicable. DO NOT include this page in the report

	rested information is not applical	JIC, DO HOT III	olude til	io page ili tile	Toporti
T	he Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAM	·· ·				3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2024	5 Full name of contributor Chad and Joy Bates	out-of-state PAC			7 Amount of contribution (\$) 100.00
	6 Contributor address;	City; Arlington	State;		
8 Principal oc	ccupation / Job title (See Instructions)		9 Emp	oyer (See Instruc	tions)
Date 3/12/2024	Full name of contributor Michael and Rebecca Gerro	out-of-state PAC			Amount of contribution (\$) 500.00
	Contributor address;	City; Arlington	State;		
Principal oc	cupation / Job title (See Instructions)		Empl	oyer (See Instruc	l ctions)
Date 3/16/2024	Full name of contributor Emily LaHue Berrong	_	C (ID#:)		Amount of contribution (\$) 50.00
	Contributor address;	City; Arlington	State;		
Principal oc	cupation / Job title (See Instructions)		Emp	oyer (See Instruc	l ctions)
Date 3/17/2024	Full name of contributor Joanna Butcher	out-of-state PA	C (ID#:		Amount of contribution (\$) 25.00
	Contributor address;	City; Pantego	State;	Zip Code 76013	
Principal oc	cupation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
			I .		
	ATTACH ADDIT	IONAL COPIES			

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	1000 - 1000 - 1000	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
3/17/2024	Anedot	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
49.60	1340 Poydras St.	New Orleans LA 70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Fees	Online donation platform
OF EXPENDITURE		
The state of the s	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/Operations 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment		Cit/Awards/Memonals Expense Legal Services The Instruction Guide explains	_	s/Contract Labor		ut Of District nter a catego	ry not listed above)
1 Total pages Schedule G:	2 FILER NA Sarah B.	ME McMurrough	,		3 Filer	ID (Ethics	Commission Filers)
4 Date 1/31/2024	5 Payee nan Meta Pla	ne tforms, Inc.					
6 Amount (\$) 75.00 Reimbursement from political contributions intended	7 Payee add	ress; low Road		City; Menlo Pa	rk	State; CA	Zip Code 94030
8 PURPOSE OF EXPENDITURE	Adverti	(See Categories listed at the top of this schening Expense heck if travel outside of Texas. Complete Sche		Description Facebook adve			
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Check if Austin	, IX. officer	lotder living e	Office held
Date 2/4/2024	Payee nan Meta Pla	ne tforms, Inc.					
Amount (\$) 75.00 Reimbursement from political contributions intended	Payee add	•		City; Menlo Pa	ırk	State; CA	Zip Code 94029
PURPOSE OF EXPENDITURE	Adverti	(See Categories listed at the top of this sci sing Expense Check if travel outside of Texas. Complete Sch		Description Facebook adve			expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name	Offi	ce sought			Office held
Date 2/5/2024	Payee nan Meta Pla	ne tforms, Inc.					
Amount (\$) 1.42 Reimbursement from political contributions intended	Payee add	ress; low Road		City; Menlo Park	(State; CA	Zip Code 94028
PURPOSE OF EXPENDITURE	Adverti	(See Categories listed at the top of this sch	İ	Description Facebook adve			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	theck if travel outside of Texas. Complete Scho ate / Officeholder name		Check if Austin	, TX, officet	nolder living e	Office held
	ATTA	CH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEED	ED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category and listed shows)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above Credit Card Payment					ry not listed above)		
Oleca Gald Payment		The Instruction Gui	de explains how to	complete this form.			
1 Total pages Schedule G: 3		AME . McMurrough			3 Filer	ID (Ethics	Commission Filers)
4 Date	5 Payee na	me					
2/8/2024	Meta Pl	atforms, Inc.					
6 Amount (\$)	7 Payee ad	dress;		City;		State;	Zip Code
75.00	1603 Wi	llow Road		Menlo 1	Park	CA	94027
Reimbursement from political contributions intended							
8	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description			
PURPOSE OF	Advert	ising Expense		Facebook ad	vertising		
EXPENDITURE	(c)	Check if travel outside of Texas.	Complete Schedule T.	Check if Aus	tin, TX. officeho	older living e	xpense
9	Candi	date / Officeholder nar	ne	Office sought			Office held
Complete ONLY if direct expenditure to benefit C/OH							
Date	Payee na	me					
2/12/2024	Meta Pl	atforms, Inc.					
Amount (\$)	Payee ad	dress;		City;		State;	Zip Code
75.00 Reimbursement from	1602 Wi	llow Road		Menlo 1	Park	CA	94026
political contributions intended							
D. I.D. C. C.	Categor	(See Categories listed at the	top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advert	ising Expense		Facebook adv	vertising		
		Check if travel outside of Texas.	Complete Schedule T.	Check if Aus	tin, TX, officeh	older living e	expense
Complete ONLY if direct expenditure to benefit C/0		date / Officeholder nar	ne	Office sought			Office held
Date	Payee na	me					
3/5/2024	Meta Pl	atforms, Inc.					
Amount (\$)	Payee ac	ldress;		City;		State;	Zip Code
68.61	1601 Wi	llow Road		Menlo Par	k C	CA	94025
Reimbursement from political contributions intended							
PURPOSE	Category	(See Categories listed at the	top of this schedule)	Description			
OF EXPENDITURE	Advert	ising Expense		Facebook ad	vertising		
		Check if travel outside of Texas.	Complete Schedule T.	Check if Aus	tin, TX, officeh	older living e	xpense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder na	me	Office sought			Office held
	ATT	ACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NEE	DED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Politing 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 complete this form.						
1 Total pages Schedule G: 3	2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics	Commission Filers)			
4 Date 3/12/2024	5 Payee name Amazon						
6 Amount (\$) 51.90 Reimbursement from political contributions intended	7 Payee address; 410 Terry Ave N	City; Seattle	State; WA	Zip Code 98109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T.	, TX. officeholder living ex	pense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held			
Date 3/14/2024	Payee name Amazon						
Amount (\$) 32.43 Reimbursement from political contributions intended	Payee address; 410 Terry Ave N	City; Seattle	State; WA	Zip Code 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zip ties					
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH	Office sought	n, TX, officeholder living ex	Office held			
Date 3/23/2024	Payee name Amazon						
Amount (\$) 54.05 Reimbursement from political contributions intended	Payee address; 410 Terry Ave N	City; Seattle	State; WA	Zip Code 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zip ties					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin	i, TX, officeholder living ex	pense Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED				