

# 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	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="text-align: center; font-size: 1.2em;">Crystal</div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="text-align: center; font-size: 1.2em;">Dávila</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b> </div> <div style="padding: 5px;"> Date Received   <div style="font-size: 1.5em; color: blue; font-weight: bold;">PASADENA ISD</div> <div style="font-size: 1.5em; color: red; font-weight: bold;">JUL 17 2023</div> <div style="font-size: 0.8em; color: blue; font-weight: bold;">ACCOUNTABILITY &amp; COMPLIANCE</div> </div>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>ADDRESS / PO BOX;</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="text-align: center; font-size: 1.2em;">2210 Fenwood Drive. Pasadena, TX 77502</div>	<div style="padding: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <span>Receipt #</span> <span>Amount \$</span> </div> <div style="padding: 5px;"> Date Processed </div> <div style="padding: 5px;"> Date Imaged </div>			
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="text-align: center; font-size: 1.2em;">( 713. ) 518-8029</div>				
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="text-align: center; font-size: 1.2em;">Yasmeen</div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="text-align: center; font-size: 1.2em;">Dávila</div>				
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>STREET ADDRESS (NO PO BOX PLEASE);</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="text-align: center; font-size: 1.2em;">214 Kolb Road, Pasadena, TX. 77502</div>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="text-align: center; font-size: 1.2em;">( 346. ) 717-5669</div>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> Month      Day      Year  1. / 15. / 2023 </div> <div>THROUGH</div> <div> Month      Day      Year  7. / 15. / 2023 </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE  Month      Day      Year  5. / 1. / 2023 </div> <div style="width: 60%;"> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>				
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> OFFICE HELD (if any)  Pasadena ISD Board of Trustee, Position 2 </div> <div style="width: 50%;"> 13 OFFICE SOUGHT (if known) </div> </div>				
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<div style="font-size: 0.8em;"> 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. </div> <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:20%; padding: 5px;"> COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME   COMMITTEE ADDRESS   COMMITTEE CAMPAIGN TREASURER NAME   COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2436.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

*Crystal Dávila*

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is Crystal Dávila, and my date of birth is 5/6/1993.

My address is 2210 Fenwood Drive, Pasadena, TX, 77502, USA.  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of TX, on the 17 day of July, 20 23.  
(month) (year)

*Crystal Dávila*

Signature of Candidate/Officeholder (Declarant)



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1510.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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**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		3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Hoffman 6 Contributor address; City; State; Zip Code 8330 El Mundo. Houston, TX 77054	7 Amount of contribution (\$) 15.00
8 Principal occupation / Job title (See Instructions) Senior Research Assistant		9 Employer (See Instructions) TIRR Memorial Hermann
Date 5/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathryn Martinez Contributor address; City; State; Zip Code 303 James. Houston, TX. 77009	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Community Relations		Employer (See Instructions) Calp
Date 5/7/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan De Leon Contributor address; City; State; Zip Code 1114 Sulphur Street. Houston, TX. 77034	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/7/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocio Rubio Contributor address; City; State; Zip Code 307 Avenue E. South Houston, TX. 77587	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) Fundraiser		Employer (See Instructions) Holocaust Houston Museum
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 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		3 Filer ID (Ethics Commission Filers)
4 Date 5/6/2023	5 Full name of contributor Kathy Eads <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 914 Wafer. Pasadena, TX 77506	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) PISD
Date 5/6/2023	Full name of contributor Sonia Lopez <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3217 Hage Street. Houston, TX. 77093	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) Assistant General Counsel		Employer (See Instructions) Lone Star College
Date 5/6/2023	Full name of contributor Tiffanie Harrison <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1206 Hummingbird Ct. Round Rock, TX 78681	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 5/6/2023	Full name of contributor Jessica Hernandez <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1129 Vista Road. Pasadena, TX 77504	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) GCCISD
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 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		3 Filer ID (Ethics Commission Filers)
4 Date  5/6/2023	<div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Blaine Cowen</b></div> <div>6 Contributor address; City; State; Zip Code <b>3307 Baron Street. Houston, TX. 77020</b></div>	7 Amount of contribution (\$)  30.00
8 Principal occupation / Job title (See Instructions) <b>Teacher</b>		9 Employer (See Instructions) <b>PISD</b>
Date  5/3/2023	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Franklin Bynum</b></div> <div>Contributor address; City; State; Zip Code <b>PO Box 801. Houston, TX 77001</b></div>	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) <b>Lawyer</b>		Employer (See Instructions) <b>Self</b>
Date  5/4/2023	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Erin Dinardo</b></div> <div>Contributor address; City; State; Zip Code <b>1507 Cage Street. Houston, TX. 77020</b></div>	Amount of contribution (\$)  20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  5/3/2023	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sophia Saenz</b></div> <div>Contributor address; City; State; Zip Code <b>1106 Missouri Street South Houston, TX 77587</b></div>	Amount of contribution (\$)  30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

4 Date

☐ out-of-state PAC (ID#: \_\_\_\_\_)

5/3/2023

25.00

City:

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Date \_\_\_\_\_

☐ out-of-state PAC (ID#: \_\_\_\_\_)

5/3/2023

Contributor address;

City;

State;

Zip Code

50.00

Teacher

Houston ISD

Date \_\_\_\_\_

☐ out-of-state PAC (ID#: \_\_\_\_\_)

5/3/2023

Contributor address;

City;

State;

Zip Code

25.00

Teacher

Employer  
PISD

Date \_\_\_\_\_

☐ out-of-state PAC (ID#):

5/3/2023

Contributor address;

City;

State

Zip Code

50.00

## Project Manager

## Aria Signs

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

**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		3 Filer ID (Ethics Commission Filers)
4 Date 5/3/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivanna Crippa 6 Contributor address; City; State; Zip Code 4222 Blind River Drive. Pasadena, TX 77504	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Thera		9 Employer (See Instructions) Deep Eddy Pschotherapy
Date 5/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Velez Contributor address; City; State; Zip Code 4225 Mangum Rd Apt 29. Houston, TX 77092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ABB
Date 5/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Treviño-Rodríguez Contributor address; City; State; Zip Code 3229 Mulford Street. Houston, TX. 77023	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Individual Partnerships Manager		Employer (See Instructions) TCRP
Date 5/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yvette Bettancourt Contributor address; City; State; Zip Code 8306 Dover. Houston, TX 77061	Amount of contribution (\$) 30.00
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**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		3 Filer ID (Ethics Commission Filers)
4 Date 5/3/2023	5 Full name of contributor Elizabeth Santos <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1106 Post. Houston, TX 77502	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) HISD
Date 5/3/2023	Full name of contributor Ben Buso <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 8715 Meadowcroft Dr. Houston, TX 77063	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) HISD
Date 5/3/2023	Full name of contributor Andres Vazquez <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 704 Avenue I. South Houston, TX 77587	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/3/2023	Full name of contributor Raul Martinez <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6005 Allendale Rd, 55. Houston, TX 77017	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Studio Manager		Employer (See Instructions) DUALSTREETS
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 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		3 Filer ID (Ethics Commission Filers)
4 Date 5/3/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Escobar 6 Contributor address; City; State; Zip Code 3603 Earwood Ct Pearland, TX 77584	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions) IT Support		9 Employer (See Instructions) Draeger
Date 5/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Rivera Contributor address; City; State; Zip Code 5714 Elysian St. Houston, TX 77009	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Outreach Coordinator		Employer (See Instructions) TCRP
Date 5/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariano Garcia Contributor address; City; State; Zip Code 1919 Crestwood Lane Pasadena, TX 77502	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) GeoControl Systems
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# 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  
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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Crystal Davila	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/3/2023	<b>5</b> Payee name Primos Taco House	
<b>6</b> Amount (\$) 1050.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 723 Queens Road, Pasadena, TX 77502	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising Event	<b>(b)</b> Description Restaurant expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED