

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  10
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: Ms. FIRST: Guadalupe MI: NICKNAME: "Lupe" LAST: Arriola SUFFIX:		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX: 6731 Bridge St #224 CITY: Fort Worth, TX STATE: TX ZIP CODE: 76112 <input type="checkbox"/> Change of Address		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: (817) PHONE NUMBER: 451-1070 EXTENSION:		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: Mr. FIRST: Christopher MI: NICKNAME: "Chris" LAST: Sanchez SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 5925 Forest Lane Fort Worth, TX CITY: Fort Worth, TX STATE: TX ZIP CODE: 76112		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: (817) PHONE NUMBER: 451-1070 EXTENSION:		
<b>9 REPORT TYPE</b>	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year: 07 / 01 / 2010 THROUGH Month Day Year: 12 / 31 / 2010		
<b>11 ELECTION</b>	ELECTION DATE: / / ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> City Council Dist # 4	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<b>GO TO PAGE 2</b>			

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEXAS

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

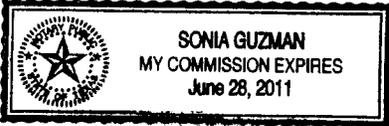
**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>	<b>16 ACCOUNT # (Ethics Commission Filers)</b>
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,815.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 948.50
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,293.14
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

**19 AFFIDAVIT**

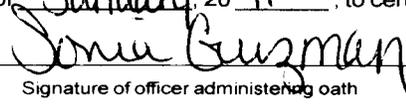


AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Guadalupe Arriola, this the 18<sup>th</sup> day of January, 2011, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

SONIA GUZMAN

 Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5**

2 FILER NAME  
**Guadalupe "Lupe" Arriola**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**8/16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Perdue, Brackett, Flores, UH + Burns**

7 Amount of contribution (\$)  
**\$500.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**Fort Worth, TX 76102**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**8/13**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Carol J. Stanford**

Amount of contribution (\$)  
**\$100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**2043 Ward PKWY  
Fort Worth, TX 76110**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**8/10**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**C. Sanders**

Amount of contribution (\$)  
**\$100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**6737 Lanto St  
Los Angeles, CA 90040**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**8/13**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jake Schrum**

Amount of contribution (\$)  
**\$50.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**Po Box 770  
Georgetown, TX 78627**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**8/22**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Anita Lucev**

Amount of contribution (\$)  
**\$100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1003 Via La Pez  
San Pedro, CA 90732**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>5</b>	
2 FILER NAME <b>Guadalupe "Lupe" Arriola</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/1</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glenn Neasbitt</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>617 Cook Ln. Fort Worth, TX 76120</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/31</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Yanes</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3109 Jane Ln Fort Worth, TX 76117</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/28</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julio Rothschild</b>	Amount of contribution (\$) <b>\$30.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5901 E. Lancaster Ave. Suite A. FW, TX 76112</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/1</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Irene Suarez</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6000 Forest Lane FW, TX 76112</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/1</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelley Crockett</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>409 Shade Tree Cir. Hurst, TX 76054</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5**

2 FILER NAME

*Guadalupe "Lupe" Arriola*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*9/15*

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

*Juan B. Garcia*

7 Amount of contribution (\$)

*\$200.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*21026 Summer Trace Ln.  
Spring, TX 77379*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*9/10*

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

*Mike + Barbara Shropshire*

Amount of contribution (\$)

*\$200.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*805 Shady Glen Ct.  
FW, TX 76120*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/2*

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

*Allison Korn*

Amount of contribution (\$)

*\$50.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6550 Carlinda Ave.  
Columbia, MD 21046*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/11*

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

*Barbara Sparks*

Amount of contribution (\$)

*\$50.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*7605 Acapulco Rd.  
FW, TX 76112*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/8*

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

*Gloria Cabrera*

Amount of contribution (\$)

*\$35.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2793 Homestead Dr.  
San Marcos, CA 92069*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5**

2 FILER NAME

*Guadalupe "Lupe" Arrida*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*10/8*

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

*Maria B. Lemus*

7 Amount of contribution (\$)

*\$ 50.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*2793 Homestead Dr.  
San Marcos, CA 92069*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*10/8*

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

*Christina Hernandez*

Amount of contribution (\$)

*\$ 100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*230 Bayne Rd.  
Haslet, TX 76052*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/1*

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

*Sandra Gonzales*

Amount of contribution (\$)

*\$ 100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3701 Bellaire Cir.  
FW, TX 76109*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/1*

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

*Amado Flores*

Amount of contribution (\$)

*\$ 100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3345 Western Cntr. Blvd Suite 160  
FW, TX 76137*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/28*

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

*Valerie Martinez-Ebers*

Amount of contribution (\$)

*\$ 250.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*121 Copperwood Dr.  
Lakeside, TX 76108*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Professor*

Employer (See Instructions)

*UNT*

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>5</b>	
2 FILER NAME <b>Guadalupe "Lupe" Arriola</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tere Banda</b>	7 Amount of contribution (\$) <b>\$ 50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>Fort Worth, TX 76108</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roberto Escamilla</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>13100 Trail Driver St. Austin, TX 78737</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Camille Rodriguez</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2005 Clinton Ave Fort Worth, TX 76164</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/30</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marianne Leal</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1220 N. Main St. Suite 115 FW, TX 76106</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/30</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cissy Hernandez</b>	Amount of contribution (\$) <b>\$ 50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Fort Worth, TX 76108</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Guadalupe "Lup" Arriola**

3 ACCOUNT # (Ethics Commission filers)

4 Date **7/16**

5 Payee name **Pack n' Mail**  
 6 Payee address; City; State; Zip Code

**6731 Bridge St. FW, TX 76107**

7 Amount (\$) **\$ 132.00**

8 Purpose of payment (See instructions regarding type of information required.) **Fees, Po Box**  
 (If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
 Candidate / Officeholder name Office sought Office held

Date **7/20**

Payee name **Wells Fargo**  
 Payee address; City; State; Zip Code  
**PO Box 266000 Dallas, TX 75326**

Amount (\$) **\$ 2.50**

Purpose of payment (See instructions regarding type of information required.) **Banking Fee**  
 (If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
 Candidate / Officeholder name Office sought Office held

Date **8/18**

Payee name **Wells Fargo**  
 Payee address; City; State; Zip Code  
**PO Box 266000 Dallas, TX 75326**

Amount (\$) **\$ 2.50**

Purpose of payment (See instructions regarding type of information required.) **Banking Fee**  
 (If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
 Candidate / Officeholder name Office sought Office held

Date **9/20**

Payee name **Wells Fargo**  
 Payee address; City; State; Zip Code  
**PO Box 266000 Dallas, TX 75326**

Amount (\$) **\$ 2.50**

Purpose of payment (See instructions regarding type of information required.) **Banking Fee**  
 (If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
 Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Guadalupe "Lupé" Arriola**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/20**

5 Payee name  
**Wells Fargo**  
6 Payee address; City; State; Zip Code  
**P.O. Box 266000 Dallas, TX 75326**

7 Amount (\$)  
**\$2.50**

8 Purpose of payment (See instructions regarding type of information required.)  
**Banking fee**  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**11/18**

Payee name  
**Wells Fargo**  
Payee address; City; State; Zip Code  
**P.O. Box 266000 Dallas, TX 75326**

Amount (\$)  
**\$2.50**

Purpose of payment (See instructions regarding type of information required.)  
**Banking Fee**  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**12/17**

Payee name  
**Wells Fargo**  
Payee address; City; State; Zip Code  
**P.O. Box 266000 Dallas, TX 75326**

Amount (\$)  
**\$2.50**

Purpose of payment (See instructions regarding type of information required.)  
**Banking Fee**  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**9/23**

Payee name  
**Graphics 2**  
Payee address; City; State; Zip Code  
**507 S. Main St. Fort Worth, TX 76109**

Amount (\$)  
**\$289.03**

Purpose of payment (See instructions regarding type of information required.)  
**Printing Expense**  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Guadalupe "Lupe" Arriola**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/26**

5 Payee name  
**Z's Cafe**  
6 Payee address; City; State; Zip Code  
**1300 Bendy St. Fort Worth, TX 76107**

7 Amount (\$)  
**\$437.47**

8 Purpose of payment (See instructions regarding type of information required.)  
**Event Expense**  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**12/22**

Payee name  
**Texas Democratic Party**  
Payee address; City; State; Zip Code  
**505 W. 12th St. Suite 200  
Austin, TX 78701**

Amount (\$)  
**\$75.00**

Purpose of payment (See instructions regarding type of information required.)  
**Voter File Access**  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**