

Official Filing Authority of Harris County Beth Stevens Interim Elections Administrator

Campaign Finance Report



B. Screno

Interim Elections Administrator Harris County, TX

FileNo:

2022467

Received By Clerk:

07/15/2022

File Date:

July 15, 2022

Office:

County Treasurer

Candidate:

Wyatt, Carla L.

Treasurer:

Butler, Natasha C.

Category:

Contributions And Expenditures (COH / JCOH)

Delivered By:

Personal Appearance

Type:

COR

Harris County No Fee

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 Dr.	FIRST Carla	MI I	OFFICE USE ONLY
NAME	NICKNAMÉ	LAST Wyatt	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 27	APT / SUITE #; C	ouston, TX 77277	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(713)	PHONE NUMBER 569-6911	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
NAME	Ms	Natasha		Date Processed
	NICKNAME	Butler	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	P.O. Box	821321	Houston, TX	77282
(Residence or Business)			Troubteri, 170	17-4-04
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(281)	698-7210		
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	☑ y#81(ext)	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	02/	20 /22	THROUGH 06/	30 / 22
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	11 / 8	General General	Special	***************************************
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	N/A		Harris County Treas	surer
14 NOTICE FROM POLITICAL	I THE CANDIDATE / OFFIC	ÆHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANI	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
	·	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
100000000000000000000000000000000000000	<u> </u>			
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Mikratt			16 Filer ID (Ethics Commission Filers)
Dr. Carla L.	1 -	**************************************		
17 CONTRIBUTION TOTALS	PL	OTAL UNITEMIZED POLITICAL LEDGES, LOANS, OR GUARAI ONTRIBUTIONS MADE ELECT	L CONTRIBUTIONS (OTHER THAN NTEES OF LOANS, OR FRONICALLY)	\$ 0.00
		TAL POLITICAL CONTRIB	UTIONS IS, OR GUARANTEES OF LOANS)	
EXPENDITURE TOTALS	3. то	TAL UNITEMIZED POLITICAL	EXPENDITURE.	\$0.00
	4. TO	TAL POLITICAL EXPENDIT	TURES	\$6062.84
CONTRIBUTION BALANCE	5. TO	TAL POLITICAL CONTRIBUTION REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	
OUTSTANDING LOAN TOTALS	6. TO	TAL PRINCIPAL AMOUNT OF ST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	* THE \$ 0.00
40 CIONATURE IA				
18 SIGNATURE I	wear, or ammo,	under penalty of perjury, tha	if the accompanying report is true	e and correct and includes all information
161	динеи ю релерс	orted by me under Title 15, Ele	ection Code.	
			Signature of Ca	ndidate or Officeholder
			5.g. m.a.o 5. 5	udidate of Omceroider
		Place a second	4	
		Please comple	ete either option below	<i>y</i> :
		4'6		
(1) Affidavit				•
(I) CHICAIL				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by		this the	day of,
20, to certify	which, witness n	ny hand and seal of office.		
Signature of officer administe	ring oath	Printed name of office	er administering oath	Title of officer administering oath
			OR	
(C) Harrison Declarati			PN	
(2) Unsworn Declaration	on			
My name is DR.	Carla	, L. Wuatt	, and my date of birth is	3/16/70
My address is P.O	130x	270864	itou T	x 7727 U.S.
1)		(street)	(city) (st	tate) (zip code) (country)
Executed in HOY	LS Count	ty, State of	, on the 15 Jay of Jul	V 1,20 22
•	-		(month)	(year)
			1 aug	Xoun
			Bignature of Candida	ate/Officeholder Declararti

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	19 FILER NAME 20 Filer ID (Ethics C			
Dr. Carla L	Wyatt			
21 SCHEDULES NAME OF SCI			SUBTOTAL AMOUNT	
1 2 06	HED!!! E.A1: MONETARY POLITICAL CONTRIBUTIONS		\$2085.00	
2. SCH	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCH	HEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCH	HEDULE E: LOANS	, ()	\$	
5, V sc.	HEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	^{\$} 6062.84	
6. SCH	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCH	HEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	
8 SCH	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCH	HEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	
10. SCH	HEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11. SCH	HEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	
12. SCH	HÉDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	

if the reque	ested information is not applical	ble, DO NOT ir	nclude this page in the	e report.
The	e Instruction Guide explains how	to complete thi	is form.	1 Total pages Schedule A1: 5
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Dr. Carla L. V	/yatt			
4 Date 2/23/2022	5 Full name of contributor John Schatte	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	300.00
	3018 Maple Grove Lane	Houston,	TX 77092	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instru	lctions)
Date 2/23/2022	Full name of contributor	out-of-state PAG	.C (ID#:)	Amount of contribution (\$)
	Raymond Anderson Contributor address;	City;	State; Zip Code	250.00
	12806 Hidden Castle Drive	e Houston T	X 77015	
Principal occup	pation / Job title (See Instructions)	•	Employer (See Instruc	ctions)
Date 2/24/2022	Full name of contributor			Amount of contribution (\$)
- =	TJ Marks Contributor address;	City;	State; Zip Code	100.00
	1840 Lexington Street, Ho	ouston, TX 770	098	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date 2/24/2022	Full name of contributor	Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Curtis Lampley Contributor address;	City;	State; Zip Code	200.00
	3222 Prospect St, Houst	lon, TX 7707	74	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)
	ATTACH ADDITI	ONAL COPIES (OF THIS SCHEDULE AS Nuction guide for additional	VEEDED reporting requirements.

If the reque	ested information is not applica	ble, DO NOT i	nclude this page in the	report.
The	e Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	*			3 Filer ID (Ethics Commission Filers)
Dr. Carla L. V	Vyatt			
4 Date 2/26/2022	5 Full name of contributor H. Lee Jarmon	Out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	50.00
8 Principal occi	P.O. Box 330863 Hou		7	
8 militipal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	otions)
Date 2/27/2022	Full name of contributor out-of-state PAC (ID#:)			Amount of contribution (\$)
	Yvonne Clemons	,		100.00
	Contributor address;	City;	State; Zip Code	100.00
	6315 Meadow Grove, TX	78239		
Principal occu	pation / Job title (See Instructions)	\$ _	Employer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PA	AC (10#:)	Amount of contribution (\$).
2/28/2022	Jackie Freeman			
	Contributor address;	City;	State; Zip Code	100.00
	12134 Island Shore Circle	, Houston, TX	(77095	
Principal occu	spation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 3/04/2022	Full name of contributor	out-of-state PA	iC (ID#:)	Amount of contribution (\$)
	Carla Wyatt Contributor address;	City;	State; Zip Code	25.00
	4814 Marietta Houston,	TX 77021		
Principal occu	pation / Job title (See Instructions)	***************************************	Employer (See Instruc	tions)
County Emplo	yee		Harris County	
	ATTACH ADDIT		OF THIS SCHEDULE AS N	

If the reque	ested information is not applicat	ole, DO NOT i r	nclude this page in the	e report.
Th	ne Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	E			3 Filer ID (Ethics Commission Filers)
Dr. Carla L. V	<i>N</i> yatt			
4 Date	5 Full name of contributor	out-of-state PA	\C (ID#:)	7 Amount of contribution (\$)
3/6/2022	Mary Varner			
	6 Contributor address;	City;	State; Zip Code	50.00
	2026 Croon Hollow Co	t Housto	- TV 77400	
8 Principal occ	2826 Green Hollow Co cupation / Job title (See Instructions)	JUIT, MOUSION		
6 Filliopa, coo	upation / Job title (See mondottorio)	***************************************	9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
3/8/2022	Deborah Tyler Dillard			
	Contributor address;	City;	State; Zip Code	100.00
	936 McKinney Park Lane,	Houston, TX	77009	
Principal occu	upation / Job title (See Instructions)	\$	Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/25/2022	Desiree Broadmax			
	Contributor address;	City;	State; Zip Code	35.00
	7334 Liberty Ridge Ln, Hou	uston, TX 770	049	
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:).	Amount of contribution (\$)
4/04/2022	Carla Wyatt	,		
	Contributor address;	City;	State; Zip Code	25.00
	4814 Marietta Houston,	T¥ 77021		
Principal occ	upation / Job title (See Instructions)	17 11021	Employer (See Instruc	ctions)
County Empl			Harris County	AIO 16)
	ATTACH ADDITI		OF THIS SCHEDULE AS N	

SCHEDULE A1

The	e Instruction Guide explains how	w to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Ē			3 Filer ID (Ethics Commission Filers)
Dr. Carla L. V	∕ yatt			
4 Date 4/22/2022	5 Full name of contributor Dorothy Kirkman	out-of-state PA	C (ID#:	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	100.00
	3051 Arbor Ranch Co			
Principal occ	rupation / Job title (See Instructions))	9 Employer (See Instru	actions)
Date 1/29/2022	Full name of contributor Jackie Freeman	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	100.00
	12134 Island Shore Circle	e, Houston, TX	77095	
Principal occu	pation / Job title (See Instructions)	\$ _	Émployer (See Instru	ictions)
Date 5/1/2022	Full name of contributor William Warden	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; 10211 Piermain Drive, Ho	City;	State; Zip Code	200.00
Principal occu	pation / Job title (See Instructions)	dotory 77.75	Employer (See instru	lections)
Date 5/04/2022	Full name of contributor Carla Wyatt	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	25.00
	40446/	TX 77021		
	4814 Marietta Houston,	17(17021		
	pation / Job title (See Instructions)	17(17021	Employer (See Instru	ctions)
	pation / Job title (See Instructions)		Employer (See Instruction Harris County	ctions)
Principal occu	pation / Job title (See Instructions)			ctions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

If the reque	sted information is not applica	able, DO NOT i	nclude this page in the	e report.
The	Instruction Guide explains how	w to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Dr. Carla L. V	Vyatt			
4 Date 5/29/2022	5 Full name of contributor out-of-state PAC (ID#:) Jackie Freeman			7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	100.00
	12134 Island Shore C		on, TX 77095	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 6/4/2022	Full name of contributor	out-of-state PA	IC (ID#:)	Amount of contribution (\$)
	Carla Wyatt		,	25.00
	Contributor address;	City;	State; Zip Code	25.00
	4814 Marietta Houston, T	X 77021		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
County Emp	loyee		Harris County	
Date 6/29/2022	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
.,	Jackie Freeman		<u> </u>	100.00
	Contributor address;	City;	State; Zip Code	100.00
	12134 Island Shore Circ	cle, Houston,	ΓX 77095	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDIT		OF THIS SCHEDULE AS N ruction guide for additional r	

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 Gifl/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 c	omplete this form.	
1 Total pages Sqhedule F1:	2 FILER NAME Dr. Carla L. Wyatt	3 Filer ID (Ethics Commiss	sion Filers)
4 Date	5 Payee name		**************************************
2/19/2022	Academy Advertising Specialties	s and Awards	
6 Amount (\$)	7 Payee address;	Clty; State; Zip C	ode
168.75	830 Majestic Street, Houston, TX 77020		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	T-Shirts	
OF EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Charle if Austin TV affice helds the land	
		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office he	eld
Date	Payee name		
02/24/2022	Shell Service Gas Station		
	Official delivide das diaudit		
Amount (\$)	Payee address;	City; State; Zip C	ode
52.50		Houston, TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Travel in District	Gas Expense to Travel to/from camp	aign event
OF EXPENDITURE			
		F	
	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 he	ld
Date	Payee name		
0/0//0000			
2/24/2022	Tia Maria's Mexican Restaurant		
Amount (\$)	Payee address;	City; State; Zip C	ode
93.59		·	
	4618 Dacoma, Houston, TX 77092		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fundraising Expense	Food and Beverage expense	
OF EXPENDITURE	V .		
	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/OF	Candidate / Officeholder name	Office sought Office h	eld
experience to benefit O/OF	•		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
		· · · · · · · · · · · · · · · · · · ·	1

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 Grift/Awards/Memorials Expense Legal Services

Loan Repayment/Relmbursement 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Dr. Carla L. Wyatt		3 Filer 1D (Ethics Commission Filers)
4 Date	5 Payee name		
2/24/2022	Texas Victory Consulting LLC		
6 Amount (\$) 1400.00	7 Payee address; 1034 Sauliner Street, Houston, TX 7701	9 City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description consultant fee	expense
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/08/2022	Texas Victory Consulting LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
2300.00	1034 Sauliner Street, Houston, TX 77	018	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description consultant fee	expense
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/14/2022	Texas Victory Consulting LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
1000.00	1034 Sauliner Street, Houston, TX 7701	9	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting f	ee expense
	Check if travel outside of Texas. Complete Schedute T.	Check if Austi	in, 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 NEI	EDED

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 Gifl/Awards/Memortals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District 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	e explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (E	Ethics Commission Filers)
4 Date	5 Payee na			1		
4/01/2022	F	Bank of America				
6 Amount (\$)	7 Payee ad			City;	State	; Zip Code
16.00	Houston,	IX				
					4	
8		y (See Categories listed at the	top of this schedule)	(b) Description		74584 11
PURPOSE	Bank Exp	pense		bank fee exper	nse	
OF						
EXPENDITURE	(a)	C' de l'Arte de la companya de la co				
	(c)	Check if travel outside of Texas. C			stin, TX, officeholder	
S Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	me	A 57			
05/01/2022	Bank	of America	AV. P			
Amount (\$)	Payee ad			City;	State	; Zip Code
16.00	Housto	on, TX				
		(See Categories listed at the to	op of this schedule)	Description		
PURPOSE	Bank Exp	ense		bank fee exper	nse	
OF EXPENDITURE			Y		. <u>-</u>	
		Check if travel outside of Texas. C	Complete Schedule T.	Check if Aus	stin, TX, officeholder	living expense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	'					
Date	Payee na	ame				
E14410000						
5/11/2022		ctory Consulting L	LC			
Amount (\$)	Payee ad	dress;		City;	State;	; Zip Code
1000.00		,				
	1034 Sau	ıliner Street, Hous	ton, TX 77019	}		
		(See Categories listed at the to	op of this schedule)	Description		
	Consultin	ig Expense		Consulting f	fee expense	
OF EXPENDITURE				·		
		Check if travel outside of Texas. C		Chook if Aug		
					itin, TX, officeholder I	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
			····			
	ATT	TACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NE	EDED	