



Official Filing Authority of Harris County
Beth Stevens
Interim Elections Administrator

Campaign Finance Report



B. Stevens

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 Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 11

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	Dr.	Carla	L.				
	NICKNAME	LAST	SUFFIX	Date Received			
		Wyatt					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE		
	P.O. Box 270864			Houston, TX	77277		
<input type="checkbox"/> Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
	(713)	569-6911					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$		
	Ms.	Natasha	C.				
	NICKNAME	LAST	SUFFIX	Date Processed			
		Butler		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE		
	P.O. Box 821321			Houston, TX	77282		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(281)	698-7210					
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 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 DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	8	22	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	N/A			Harris County Treasurer			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	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 <u>Dr. Carla L. Wyatt</u>		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2085.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6062.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1092.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

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 DR. Carla L. Wyatt, and my date of birth is 3/16/70
 My address is P.O. Box 270864, Hou, TX 77277 U.S.
 (street) (city) (state) (zip code) (country)
 Executed in Harris County, State of TX, on the 15 day of July, 2022
 (month) (year)
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Dr. Carla L. Wyatt

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2085.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6062.84
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: 5
2 FILER NAME Dr. Carla L. Wyatt		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Schatte 6 Contributor address; City; State; Zip Code 3018 Maple Grove Lane Houston, TX 77092	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond Anderson Contributor address; City; State; Zip Code 12806 Hidden Castle Drive, Houston, TX 77015	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TJ Marks Contributor address; City; State; Zip Code 1840 Lexington Street, Houston, TX 77098	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Lampley Contributor address; City; State; Zip Code 3222 Prospect St, Houston, TX 77074	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 3
2 FILER NAME Dr. Carla L. Wyatt		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. Lee Jarmon 6 Contributor address; City; State; Zip Code P.O. Box 330863 Houston, TX 77233	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yvonne Clemons Contributor address; City; State; Zip Code 6315 Meadow Grove, TX 78239	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie Freeman Contributor address; City; State; Zip Code 12134 Island Shore Circle, Houston, TX 77095	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carla Wyatt Contributor address; City; State; Zip Code 4814 Marietta Houston, TX 77021	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) County Employee		Employer (See Instructions) Harris County
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: 5
2 FILER NAME Dr. Carla L. Wyatt		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Varner	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 2826 Green Hollow Court, Houston, TX 77489		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Tyler Dillard	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 936 McKinney Park Lane, Houston, TX 77009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desiree Broadmax	Amount of contribution (\$) 35.00
Contributor address; City; State; Zip Code 7334 Liberty Ridge Ln, Houston, TX 77049		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carla Wyatt	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 4814 Marietta Houston, TX 77021		
Principal occupation / Job title (See Instructions) County Employee		Employer (See Instructions) Harris County
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 5
2 FILER NAME Dr. Carla L. Wyatt		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorothy Kirkman	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3051 Arbor Ranch Court, Dickinson, TX 77539		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie Freeman	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 12134 Island Shore Circle, Houston, TX 77095		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Warden	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 10211 Piermain Drive, Houston, TX 77035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carla Wyatt	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 4814 Marietta Houston, TX 77021		
Principal occupation / Job title (See Instructions) County Employee		Employer (See Instructions) Harris County
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: 5
2 FILER NAME Dr. Carla L. Wyatt		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie Freeman	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 12134 Island Shore Circle, Houston, TX 77095		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/4/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carla Wyatt	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 4814 Marietta Houston, TX 77021		
Principal occupation / Job title (See Instructions) County Employee		Employer (See Instructions) Harris County
Date 6/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie Freeman	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 12134 Island Shore Circle, Houston, TX 77095		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 3		2 FILER NAME Dr. Carla L. Wyatt		3 Filer ID (Ethics Commission Filers)	
4 Date 2/19/2022		5 Payee name Academy Advertising Specialties and Awards			
6 Amount (\$) 168.75		7 Payee address; City; State; Zip Code 830 Majestic Street, Houston, TX 77020			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description T-Shirts		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 02/24/2022		Payee name Shell Service Gas Station			
Amount (\$) 52.50		Payee address; City; State; Zip Code Houston, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District		Description Gas Expense to Travel to/from campaign event		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/24/2022		Payee name Tia Maria's Mexican Restaurant			
Amount (\$) 93.59		Payee address; City; State; Zip Code 4618 Dacoma, Houston, TX 77092			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Food and Beverage expense		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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					

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/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: 3		2 FILER NAME Dr. Carla L. Wyatt		3 Filer ID (Ethics Commission Filers)	
4 Date 2/24/2022		5 Payee name Texas Victory Consulting LLC			
6 Amount (\$) 1400.00		7 Payee address; City, State, Zip Code 1034 Sauliner Street, Houston, TX 77019			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description consultant fee expense		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/08/2022		Payee name Texas Victory Consulting LLC			
Amount (\$) 2300.00		Payee address; City, State, Zip Code 1034 Sauliner Street, Houston, TX 77019			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description consultant fee expense		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 3/14/2022		Payee name Texas Victory Consulting LLC			
Amount (\$) 1000.00		Payee address; City, State, Zip Code 1034 Sauliner Street, Houston, TX 77019			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Consulting fee expense		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	

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/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: 3		2 FILER NAME Dr. Carla L. Wyatt		3 Filer ID (Ethics Commission Filers)	
4 Date 4/01/2022		5 Payee name Bank of America			
6 Amount (\$) 16.00		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Bank Expense		(b) Description bank fee expense		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 05/01/2022		Payee name Bank of America			
Amount (\$) 16.00		Payee address; City; State; Zip Code Houston, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Bank Expense		Description bank fee expense		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 5/11/2022		Payee name Texas Victory Consulting LLC			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 1034 Sauliner Street, Houston, TX 77019			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Consulting fee expense		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					