CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction G	uide explains how to co	mplete this fo	rm. 1 Filer	ID		2 Total page	es filed: 9	
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Clarence	e Thomas		MI	OFFIC Date Received	CE USE ONLY	
		NICKNAME	LAST Warren	 III		SUFFIX		B	
4	CANDIDATE /	ADDRESS / PO BOX; /	APT / SUITE #;	CITY;		ZIP CODE	Date Hand-delive	ered or Date Postmarked	
	OFFICEHOLDER MAILING ADDRESS	PO Box 295					Receipt#	Amount	_
	Change of Address	Amarillo, TX 79105							
	change of Address	Amamio, 17 79105					Date Processed		
		1					Date Imaged		
5	CAMPAIGN	MS/MRS/MR	FIRST			MI			
	TREASURER NAME		JASON						
		NICKNAME	LAST		.,,,,,,,,,,,	SUFFIX			
			FOGLE	son6					
6	CAMPAIGN	STREET ADDRESS (NO	PO BOX PLE	ASE);	APT	/ SUITE #; CITY;		STATE; ZIP CODI	Ē
	TREASURER ADDRESS	700 0 11	, ,			1011	ello	TX 7910	6
		709 S Mai	ry land			HIMAI	(1900)	, , ,	
	(Residence or Business)								
7	CAMPAIGN	AREA CODE P	HONE NUMBE	r extensi	ON				
	TREASURER PHONE	806	477-859	8					
8	REPORT TYPE	January 15	X 30th da	y before election		Runoff	15th day afte	er campaign treasurer t (officeholder only)	
		July 15	8th day	before election		Exceeded modified reporting limit	_	t (Attach C/OH-FR)	
9	PERIOD	Month Day Ye	ear			Month Day	Year		
	COVERED	01/01/2024		THROUGH	1	01/25/2024	4		
10	ELECTION	ELECTION DAT	E			ELECTION TYPE			
		,	ear	XPrimary		Runoff	Other		
		03/05/2024		General		Special			
1				_					
11	. OFFICE	OFFICE HELD (if any)				12 OFFICE SOUGHT	(if known)		
						Potter County Ta	x Assessor-	Collector	
-									
				CO TO D44	SE 2				
				GO TO PAG	JE 4				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

16 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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,491.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 12,046.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLLAST DAY OF THE REPORTING PERIOD	\$ 6.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	That	
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit		
NOTARY STAMP/SEA		
	before me by this the	day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR OR	
(2) Unsworn Declarati	on	
My name is		9/4/1998
My address is PO	SOX 295 AMARILLO	TX , 79105 USA
Do market	, ,	state) (zip code) (country)
Executed in	County, State of <u>TEXAS</u> , on the <u>5</u> day of <u>FE</u> (mont	h) (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

3 of 9

18 FILER NAME Warren III. Clarence Thomas										
	War	ren III.	Clarence Thomas							
			SUBTOTALS			SUBTOTAL AMOUNT				
	NAM	IE OF S	SCHEDULE		_					
	1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,750.00				
	2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,000.00				
	3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
	4.		SCHEDULE E: LOANS		\$					
	5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	18,491.97				
	6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
	7,		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
	8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
	9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	-	\$					
	10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
	11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
	12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

	MONEI	ARY POLITICAL CONTRIBUTION	C		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/9	
2	FILER NAME Warren III, C	larence Thomas		3	Filer ID	
4	Date 01/18/2024	.8/2024 Camden, Coleton 6 Contributor address; City; State; Zip Code Po Box 1298 Canyon, TX 79015		7	Amount of Contribution (\$)	\$100.00
8	·		9 Employer (See Instructions	<u>L</u>		7
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#:Fairly, Alex Contributor address; City; State; Zip Code 1800 S Washington Amarillo, TX 79102	Randall County		Amount of Contribution (\$)	\$20,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instruction Fairly Group					
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#:_ Hesse, David C. Contributor address; City; State; Zip Code 112 SW 8th Ave Ste 617 Amarillo, TX 79101)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Self	s)		
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#:_ Reed, Vance Contributor address; City; State; Zip Code 4 Pinecrest Drive Amarillo, TX 79124)		Amount of Contribution (\$)	\$200.00
	Principal occu Chairman	pation / Job title (See Instructions)	Employer (See Instructions Reed Beverage	s)		
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:_ Walker, Len Contributor address; City; State; Zip Code 3401 SW 6th Ave Amarillo, TX 79106)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Self	s)		
		by Toyon Ethics Commission	etata tyua		Varian Va	5.1 Objeth6

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/9 3 Filer ID 2 FILER NAME Warren III, Clarence Thomas \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution Amount of 6 Full name of contributor 5 Date out-of-state PAC (ID#: contribution (\$) description 01/04/2024 Burkett, Randy \$3,000.00 Billboard space Contributor address; City; State; Zip Code 7400 Golden Pond Pl Check if travel outside of Texas. Complete Schedule T. Amarillo, TX 79121 11 Employer (FOR NON-JUDICIAL) (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) **Burkett Outdoor** Owner 13 Contributor's job title (FOR JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

Version V3.5.1.0bfcfb67

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donation Event Expense 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/Political Credit Card Payment	l Committee	Legal Services The Instruction Guide			/Contract Labor		OTHER (enter a catego	ory not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	
	Sch: 1/4 Rpt: 6/9	Warren III,	Clarence Thomas						
4	Date	5 Payee name	•						
	01/02/2024	Dawson, N	loah						
6	Amount (\$)	7 Payee addre		State; Zip Co	ode				
	\$100.00	1133 Suga	ırloaf Dr						
		Amarillo, T	X 79110						
8	PURPOSE OF		See Categories listed at the top		(b)	Description			1. I.I. T
	EXPENDITURE	Salaries/W	/ages/Contract Labo	r				e of Texas. Complete S officeholder living exper	
								ard signs for Ja	
							,	-	-
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught	:		Office held	
_	Exponential to belief O/O/								
	Date	Payee name							
	01/02/2024	Dawson, N				_			
	Amount (\$)	Payee addr	-	State; Zip C	ode				
	\$7.00	1133 Suga	arloaf Dr						
		Amarillo, T	X 79110						
	PURPOSE OF		See Categories listed at the to		(b)	Description		le ef Taure Committee	Sahadula T
	EXPENDITURE	Loan Repa	ayment/Reimbursem	ent		<u></u>		le of Texas. Complete S officeholder living exper	
									met set from Harbor
						Freight			
	Complete ONLY if direct		fficeholder name	Office so	ught			Office held	
	expenditure to benefit C/Ol	H 							
Γ	Date	Payee nam	e						
	01/09/2024	Lamar Adv	vertising of Amarillo						
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode				
	\$735.00	411 N Mirı	ror St						
		Amarillo, 7	X 79107						
	PURPOSE	(a) Category	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE		g Expense					le of Texas. Complete S	
						Billboard	i, 1X,	officeholder living expe	lipe
-	Complete ONLY if direct	L Candidate/O	fficeholder name	Office so	ught		_	Office held	
	expenditure to benefit C/O								
_									
									1 10 5 4 01 / / 0

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Political		Legal Services	Salaries/		:/Contract Labor		OTHER (enter a category not listed above)	- 1
	Credit Card Payment		The Instruction Guide	e explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER	NAME				3 F	Filer ID	
	Sch: 2/4 Rpt: 7/9	Warre	en III, Clarence Thomas						
4	Date	5 Payee	name						
	01/09/2024	Neel &	& Partners						
6	Amount (\$)	7 Payee	address; City;	State; Zip Co	ode				
	\$145.00	8601	Ice House Dr						
		Unit 7	108						
		North	Richland Hills, TX 7618	0					
8	PURPOSE	(a) Cateru	OFY (See Categories listed at the to	on of this schedule)	(b)	Description			
•	OF		ulting Expense	op of this scriedule)	` ′		outsid	e of Texas. Complete Schedule T.	
	EXPENDITURE		3 4					officeholder living expense	
						Consulting fe	e fo	r advertising	
					_				
9	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Office sou	ught			Office held	
L	experiuldire to beliefit C/O								
	Date	Payee	name						
	01/09/2024	Neel	& Partners						
	Amount (\$)	Payee	address; City;	State; Zip C	ode				
	\$250.00	8601	Ice House Dr						
		Unit 7	7108						
		North	Richland Hills, TX 7618	0					
	PURPOSE	(a) Categ	Ory (See Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	1	ulting Expense					e of Texas. Complete Schedule T	
	EXPERDITORE					Monthly retai		officeholder living expense	
						Widnishy retai	IIICI		
_	Complete ONLY if direct	Candid	ate/Officeholder name	Office so	ught			Office held	
	Complete ONLY if direct expenditure to benefit C/O		ate/Officeriolder frame	Office 30	ugiit			Chico nois	
	5.1	T			_				
	Date 01/09/2024	1 -	e name						
_			& Partners	Ct-t- Zin C			-		
	Amount (\$)	1 1	e address; City;	State; Zip C	oue				
	\$5,744.23		Ice House Dr						
		Unit 7		_					
		North	Richland Hills, TX 7618	80	_				
	PURPOSE OF		OFY (See Categories listed at the	top of this schedule)	(b)	Description	l out-t-	de of Texas. Complete Schedule T	
	EXPENDITURE	Cons	sulting Expense					officeholder living expense	
						∟ Mailer		• .	
\vdash	Complete ONLY if direct	LCandid	ate/Officeholder name	Office so	ught			Office held	
	expenditure to benefit C/O				-				
L				w othics state tv				Version V3.5.1.0hf	- fl- C

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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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 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 cor	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID
	Sch: 3/4 Rpt: 8/9	Warren III, Clarence Thomas		
4	Date	5 Payee name		
	01/17/2024	Neel & Partners		
6	Amount (\$)	7 Payee address; City; State; Zip Co.	de	
	\$10,606.80	8601 Ice House Dr		
		Unit 7108		
		North Richland Hills, TX 76180		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T,
	EXPENDITORE			Consulting fees and prepayment for advertising
				Consulting lees and prepayment for advertising
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held
9	Complete ONLY if direct expenditure to benefit C/Oł		giit	Office Hold
=	Data	Davisa warea	-	
	Date 01/24/2024	Payee name Neel & Partners		
-		Payee address; City; State; Zip Co	de	
	Amount (\$) \$500.00	8601 Ice House Dr	uc	
	Ψ300.00	Unit 7108		
		North Richland Hills, TX 76180		
H	PURPOSE		(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)	(D)	Check if travel outside of Texas. Complete Schedule T.
	0.	I Consulting Eypense		
	EXPENDITURE	Consulting Expense		Check if Austin, TX, officeholder living expense
		Consulting Expense		Consulting fee
				Consulting fee
	EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	₩
	EXPENDITURE	Candidate/Officeholder name Office sou	ght	Consulting fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou H	ght	Consulting fee
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/02/2024	Candidate/Officeholder name Office sou H Payee name The Barn on Willow Creek		Consulting fee
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/02/2024 Amount (\$)	Candidate/Officeholder name Office sou H Payee name The Barn on Willow Creek Payee address; City; State; Zip Co		Consulting fee
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/02/2024	Candidate/Officeholder name Office sou H Payee name The Barn on Willow Creek		Consulting fee
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/02/2024 Amount (\$)	Candidate/Officeholder name Office sou H Payee name The Barn on Willow Creek Payee address; City; State; Zip Co		Consulting fee
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/02/2024 Amount (\$) \$200.00	Candidate/Officeholder name Office sou H Payee name The Barn on Willow Creek Payee address; City; State; Zip Co 4801 E Willow Creek Dr Amarillo, TX 79108	ode	Consulting fee Office held
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/02/2024 Amount (\$) \$200.00	Candidate/Officeholder name Payee name The Barn on Willow Creek Payee address; City; State; Zip Co 4801 E Willow Creek Dr Amarillo, TX 79108 (a) Category (See Categories listed at the top of this schedule)	ode	Consulting fee Office held Description
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/02/2024 Amount (\$) \$200.00	Candidate/Officeholder name Office sou H Payee name The Barn on Willow Creek Payee address; City; State; Zip Co 4801 E Willow Creek Dr Amarillo, TX 79108	ode	Consulting fee Office held
	Complete ONLY if direct expenditure to benefit C/OI Date 01/02/2024 Amount (\$) PURPOSE OF	Candidate/Officeholder name Payee name The Barn on Willow Creek Payee address; City; State; Zip Co 4801 E Willow Creek Dr Amarillo, TX 79108 (a) Category (See Categories listed at the top of this schedule)	ode	Consulting fee Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OI Date 01/02/2024 Amount (\$) PURPOSE OF	Candidate/Officeholder name Payee name The Barn on Willow Creek Payee address; City; State; Zip Co 4801 E Willow Creek Dr Amarillo, TX 79108 (a) Category (See Categories listed at the top of this schedule)	ode	Consulting fee Office held 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/Ol Date 01/02/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Payee name The Barn on Willow Creek Payee address; City; State; Zip Co 4801 E Willow Creek Dr Amarillo, TX 79108 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sou	(b)	Consulting fee Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for venue rental for campaign meet-and-
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/02/2024 Amount (\$) PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name The Barn on Willow Creek Payee address; City; State; Zip Co 4801 E Willow Creek Dr Amarillo, TX 79108 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sou	(b)	Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for venue rental for campaign meet-and-greet
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/02/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Payee name The Barn on Willow Creek Payee address; City; State; Zip Co 4801 E Willow Creek Dr Amarillo, TX 79108 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sou	(b)	Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for venue rental for campaign meet-and-greet
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/02/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Payee name The Barn on Willow Creek Payee address; City; State; Zip Co 4801 E Willow Creek Dr Amarillo, TX 79108 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sou	(b)	Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for venue rental for campaign meet-and-greet

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	l Committee	Legal Services The Instruction Guide	Salaries/M	ages	/Contract Labor	OTHER (enter a	a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3 Filer ID	
	Sch: 4/4 Rpt: 9/9		Clarence Thomas					
4	Date	5 Payee name						
	01/24/2024	Welcome F	Pardner					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de			
	\$200.00	PO Box 30	926					
		Amarillo, T	X 79120					
8	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE	Sponsorsh	ip				outside of Texas. Con , TX, officeholder livin	
						لسيبا	Velcome Pardr	
						Sportsoring v	veiconne i aidi	ici
		l			Ļ			
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ight		Office h	eld
Γ	Date	Payee name	e					
	01/18/2024	WinRed						
H	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode			
	\$3.94	1776 Wilso	_					
	ψ3.54		on bive					
		Suite 530						
		Arlington,	VA 22209		_			
	PURPOSE	(a) Category	See Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Accounting	g/Banking			<u></u>	outside of Texas. Cor	
	EXPENDITORE						n, TX, officeholder livir	ng expense
						Fundraising 1	iees	
Г	Complete ONLY if direct		fficeholder name	Office sou	ught		Office h	neld
1	expenditure to benefit C/O	Н						
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F	orms provided by Texas I	thics Commis	sion www	w.ethics.state.tx.	us			Version V3.5.1.0bfcfb6