

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: <div style="text-align: right; font-size: 1.2em;">10</div>						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Cynthia L</div>	OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Date Received <div style="font-size: 0.8em; text-align: center;">10 APR - 4 PM 12:57 RECEIVED - CSO</div></div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Date Hand-delivered or Date Postmarked</div> <table style="width:100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #			Amount \$					
Date Processed									
Date Imaged									
NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Cyndi Golden</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">6408 Saddle Ridge Rd Arlington, TX. 76016</div>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(817) 480-1649</div>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Cynthia Golden</div>	OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Date Hand-delivered or Date Postmarked</div> <table style="width:100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #			Amount \$					
Date Processed									
Date Imaged									
NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Cyndi</div>									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">6408 Saddle Ridge Rd Arlington, TX. 76016</div>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(817) 480-1649</div>								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)								
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.2em; text-align: center;">1 / 33 / 19 THROUGH 3 / 26 / 19</div>								
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">05 / 04 / 19</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
	12 OFFICE	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Arlington City Council District A</div>							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME CYNTHIA L Golden

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 60.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1450.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 149.06

4. TOTAL POLITICAL EXPENDITURES

\$ 2783.21

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

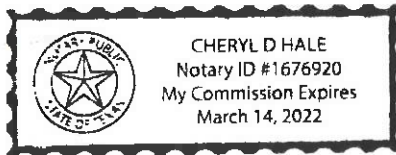
\$ 19,175.29

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 20,000.00

18 AFFIDAVIT



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.

Cynthia Golden
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cynthia Golden, this the 3RD day of April, 2019, to certify which, witness my hand and seal of office.

Cheryl D. Hale
Signature of officer administering oath

Cheryl D. Hale
Printed name of officer administering oath

Notary
Title of officer administering oath

CYNTHIA J. GOLDEN

AND FOR THE BALANCE OF REPORT IN THIS FORM...
OF THE STATE OF TEXAS

100.00

1400.00

100.00

100.00

100.00

100.00

Cynthia J. Golden



State Commission on Ethics and Public Disclosure
P.O. Box 12028
Austin, Texas 78712-0208
Phone: (512) 463-2500
Fax: (512) 463-2501
www.ethics.state.tx.us

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>CYNTHIA GOLDEN</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1510.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>8000.00</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>20,000.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>300.00</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>2014.21</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>618.06</i>
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2

2 FILER NAME
CYNTHIA Golden

3 Filer ID (Ethics Commission Filers)

4 Date
2/6/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Linda Anderson
6 Contributor address; City; State; Zip Code
5830 So. Collins St. Arlington, Tx

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)
manager

9 Employer (See Instructions)
Armadillo Self Storage

Date
2/12/19

Full name of contributor out-of-state PAC (ID#: _____)
Catherine Reidy
Contributor address; City; State; Zip Code
3608 Abes Landing
Granbury, Tx. 76049

Amount of contribution (\$)
300.00

Principal occupation / Job title (See Instructions)
nurse anesthetist

Employer (See Instructions)
Lake Granbury Medical Center

Date
3/9/19

Full name of contributor out-of-state PAC (ID#: _____)
Patricia Vories
Contributor address; City; State; Zip Code
2400 Mistletoe Blvd
Ft. Worth, Tx. 76110

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)
anesthesiologist

Employer (See Instructions)
USAP

Date
2/26/19

Full name of contributor out-of-state PAC (ID#: _____)
Karen Littlefield Neil DDS
Contributor address; City; State; Zip Code
4900 Overton Ridge Blvd Ste 109
Fort Worth, Tx 76132

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)
dentist

Employer (See Instructions)
Karen Neil

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Cynthia Golden

3 Filer ID (Ethics Commission Filers)

4 Date

2/14/19

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

Minda Stratton

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

*5630 Cedar Creek Ct
Benbrook, TX 76109*

8 Principal occupation / Job title (See Instructions)

Nurse anesthetist

9 Employer (See Instructions)

USAP

Date

2/14/19

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

Sonia Estes

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

*221 W Colorado Blvd Ste 926
Dallas, Tx. 75208*

Principal occupation / Job title (See Instructions)

Nurse anesthetist

Employer (See Instructions)

USAP

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <i>Cynthia Golden</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date <i>3/20/19</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arlington Professional Fire Fighters PAC</i>	8 Amount of Pledge \$ <i>\$ 8000.00</i>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <i>208 South Fielder Rd. Arlington, TX. 76013</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

CYNTHIA GOLDEN

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ ~~20,000.00~~

5 Date of loan

2/6/19

7 Name of lender out-of-state PAC (ID#: _____)

Cynthia Golden

9 Loan Amount (\$)

20,000.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

6408 Saddle Ridge Rd.
Arlington TX. 76016

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Nurse anesthetist

13 Employer (See Instructions)

USAP

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE 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
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:	2 FILER NAME CYNTHIA GOLDEN	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date 2/19	5 Payee name Shannon Houchin
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6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 4673 Mustang Creek Ct. Fort Worth, TX. 76126
--------------------------------	---------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description <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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	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
-------------------------------	--------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|-------------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>CYNTHIA GOLDEN</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>2/19/19</i>	6 Payee name <i>Political Lawn Signs</i>	
7 Amount (\$) <i>\$ 1177.64</i>	8 Payee address; City; State; Zip Code <i>916 Byrd Ave Neenah, WI 54956</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3/14/19</i>	Payee name <i>Political Lawn Signs</i>		
Amount (\$) <i>\$ 836.57</i>	Payee address; City; State; Zip Code <i>916 Byrd Ave Neenah, WI 54956</i>		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing</i>	Description <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 PERSONAL FUNDS

SCHEDULE G

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 G:		2 FILER NAME <i>Cynthia Golden</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/26/19</i>		5 Payee name <i>Andrea Arnold</i>			
6 Amount (\$) <i>150.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>2304 Windy Dr Garland, TX. 75044</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>		(b) Description <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		Candidate / Officeholder name		Office sought	

Date <i>3/8/19</i>		Payee name <i>Andrea Arnold</i>			
Amount (\$) <i>150.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>2304 Windy Dr Garland, TX. 75044</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>advertising</i>		(b) Description <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		Candidate / Officeholder name		Office sought	

Date <i>2/11/19</i>		Payee name <i>Costco</i>			
Amount (\$) <i>169.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>600 W. Arbrook Blvd Arlington, TX. 76014</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>food/beverage expense</i>		(b) Description <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		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED