

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 12
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI MR.      Brent NICKNAME      LAST      SUFFIX Chesney	<b>OFFICE USE ONLY</b> Date Received FILED FOR RECORD AT 4:47 P M JUL 15 2019 KARA SANDS CLERK, COUNTY COURT, HUEBES COUNTY, TEXAS BY: _____ DEPUTY	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 5366 McArdle Suite 104 Corpus Christi TX 78411	Date Hand-delivered or Date Postmarked	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (361) 992-9198	Receipt #      Amount \$	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI MRS. Ashley NICKNAME      LAST      SUFFIX Chesney	Date Processed	
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE Same as above		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (361) 739-7422		
<b>9</b> 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month    Day    Year      Month    Day    Year 1 / 1 / 19      THROUGH      7 / 15 / 19		
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year /    /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) Huebess County Commissioner 4	<b>13</b> OFFICE SOUGHT (if known) _____	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Brent Chesney

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

\$ 16,000

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

\$ 0

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 908.51

CONTRIBUTION  
BALANCE

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

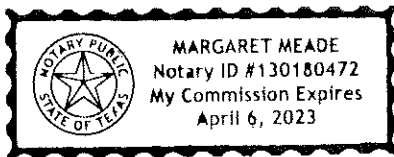
\$ 143,255.01

OUTSTANDING  
LOAN TOTALS

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

\$ 0

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.

Brent Chesney  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brent Chesney, this the 15th day of July, 2019, to certify which, witness my hand and seal of office.

Margaret Meade  
Signature of officer administering oath

Margaret Meade  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> <i>Brent Chesney</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,000
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ n/a
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ n/a
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ n/a
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 908.51
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ n/a
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ n/a
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ n/a
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ n/a
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ n/a
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ n/a
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ n/a

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/19

5 Full name of contributor

Sam L Sussler

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

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

800 N Starline 2200 North  
CC, TX 78401

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/25/19

Full name of contributor

John Carlson

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

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

5250 St. Andrews CC, TX  
78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/19

Full name of contributor

Lauree & Michael Mintz

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

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3344 Ocean CC, TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/19

Full name of contributor

Kerby & Marshall Wilkerson

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

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

802 W. Carondeca #1500  
CC, TX 78401

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/19

5 Full name of contributor

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

Karina; Chase Carlisle

6 Contributor address;

City; State; Zip Code

418 Cape Wd CC TX 78412

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/21/19

Full name of contributor

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

Marshall; Mark Stockwell

Contributor address;

City; State; Zip Code

P.O. Box 60407 CC TX 78464

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/19

Full name of contributor

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

Varessa; Fred Braselton

Contributor address;

City; State; Zip Code

6810 Str Pelteas CC TX 78413

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/19

Full name of contributor

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

Ann; David Froyel

Contributor address;

City; State; Zip Code

230 Annsted CC TX 78404

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/19

5 Full name of contributor

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

Shannon: Bryan Gulley

6 Contributor address;

City; State; Zip Code

6421 Saratoga #701 CC TX 78414

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/19

Full name of contributor

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

Greg Carr

Contributor address;

City; State; Zip Code

527 Donaldson San Antonio TX 78201

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/19

Full name of contributor

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

Scott Humpal

Contributor address;

City; State; Zip Code

5026 Deepwood Circle CC TX 78415

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/19

Full name of contributor

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

Amy: Kevin Lites

Contributor address;

City; State; Zip Code

123 Del Mar CC TX 78404

Amount of contribution (\$)

500.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/19

5 Full name of contributor

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

Pat: Shannon Weide

6 Contributor address;

City; State; Zip Code

Cape Hart CC TX 78412

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/6/19

Full name of contributor

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

Boonie: John Taylor

Contributor address;

City; State; Zip Code

P.O. Box 270965 CC TX 78427

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/19

Full name of contributor

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

Lindberger, Goffin, Blair, Simpson 4P

Contributor address;

City; State; Zip Code

CC TX

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9/19

Full name of contributor

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

Elvira: Paul Chapa

Contributor address;

City; State; Zip Code

6022 St. Laurent CC TX 78414

Amount of contribution (\$)

500.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date 4/23/19  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gabriele H Stawder - Hilbold  
 6 Contributor address; City; State; Zip Code  
14621 SPID #100 CC.TX 78418

7 Amount of contribution (\$)  
500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 4/23/19  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Stanton: Bryan Gulley  
 Contributor address; City; State; Zip Code  
6431 Saratoga CC.TX 78414

Amount of contribution (\$)  
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/1/19  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bobbie: Trey Adler  
 Contributor address; City; State; Zip Code  
2414 Leopard CC.TX 78409

Amount of contribution (\$)  
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/12/19  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ann: David Cover  
 Contributor address; City; State; Zip Code  
921 H Chaparral #102 CC.TX 78401

Amount of contribution (\$)  
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Brant Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

5/15/19

5 Full name of contributor

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

Kaveh Zarghouni

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

416 West Berkeley CC TX 78414

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/7/19

Full name of contributor

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

Samantha ; Thomas Gates Jr.

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

338 Catalina CC TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/6/19

Full name of contributor

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

Cindy ; Jason Ferguson

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

4949 Cherry Hill CC TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/8/19

Full name of contributor

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

Alan J. Storey

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2nd Cape May CC TX 78412

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Scott Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

5/8/19

5 Full name of contributor

Alan Clover

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

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

3526 S. Alameda CC TX 78411

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/9/19

Full name of contributor

Char: Cliff Atrop

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

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3580 University CC TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/29/19

Full name of contributor

Jaye: Carl Hellms

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

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

P.O. Box 81492 CC TX 78468

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/1/19

Full name of contributor

Jessica: Troy Bates

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

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

430 Cape Hatteras CC TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

Brent Chesney

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/19

5 Full name of contributor

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

Katherine : Daniel Down

6 Contributor address;

City; State; Zip Code

4759 Ocean Ct. TX 75412

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/12/19

Full name of contributor

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

Crystal : John Wells

Contributor address;

City; State; Zip Code

57115. Oso Parkway CC-TX 75414

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/21/19

Full name of contributor

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

Raymond Cignoe

Contributor address;

City; State; Zip Code

416 Starr. CC TX 78401

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/15/19

Full name of contributor

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

Gaunt : Abigail Madkern

Contributor address;

City; State; Zip Code

9510 Leopard CC TX 78416

Amount of contribution (\$)

500.00

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(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
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Scott Chesney</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>6/2/19</i>	<b>5</b> Payee name <i>PAISD - Port Aransas ISD</i>				
<b>6</b> Amount (\$) <i>300.00</i>	<b>7</b> Payee address; City; State; Zip Code				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>6/19/19</i>	Payee name <i>Tenenteh Coalition</i>				
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>7/7/19</i>	Payee name <i>Gulf Coast Business Farms</i>				
Amount (\$) <i>308.51</i>	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Mail piece for fundraiser</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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