# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (             | Guide explains how to comple      |                  | 1 Filer ID<br>(Ethics Commis<br>00090478 | ssion Filers)                     | 2 Total pages fi          | led:<br>L4         |
|------------------------------------|-----------------------------------|------------------|------------------------------------------|-----------------------------------|---------------------------|--------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER      | MS / MRS / MR                     | FIRST<br>David   |                                          | MI                                | OFFICE                    | USE ONLY           |
| NAME                               |                                   | Davia            |                                          |                                   | Date Received  ELECTRONIC | ALLY FILED         |
|                                    | NICKNAME                          | LAST             | •••••                                    | SUFFIX                            | 07/15/2021                |                    |
|                                    |                                   | Chincanchan      |                                          |                                   |                           |                    |
| 4 CANDIDATE /                      | ADDRESS / PO BOX; APT /           | SUITE#; CIT      | Υ;                                       | ZIP CODE                          | Date Hand-delivered o     | or Date Postmarked |
| OFFICEHOLDER<br>MAILING<br>ADDRESS | 4908 Parell Path                  |                  |                                          |                                   | Receipt #                 | Amount             |
| Change of Address                  | Austin, TX 78744                  |                  |                                          |                                   |                           |                    |
| 🖰                                  | ·                                 |                  |                                          |                                   | Date Processed            |                    |
|                                    |                                   |                  |                                          |                                   | Date Imaged               |                    |
| 5 CAMPAIGN                         | MS / MRS / MR                     | FIRST            |                                          | MI                                | _ <u>L</u>                |                    |
| TREASURER<br>NAME                  |                                   | Laura            |                                          |                                   |                           |                    |
|                                    | NICKNAME                          | LAST             |                                          | SUFFIX                            |                           |                    |
|                                    |                                   | Hernandez        |                                          |                                   |                           |                    |
| 6 CAMPAIGN                         | STREET ADDRESS (NO PO             | BOX PLEASE).     | AP1                                      | / SUITE#; CITY                    | ,. ST/                    | ATE; ZIP CODE      |
| TREASURER<br>ADDRESS               | 6000 Lonesome Valley Trl          | 2011 22/102),    |                                          | , 55.1.2 //, 511.                 | ,                         | , 000_             |
| (Residence or Business)            | Austin, TX 78731                  |                  |                                          |                                   |                           |                    |
|                                    |                                   |                  |                                          |                                   |                           |                    |
| 7 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE PHONI<br>(512) 920-4626 | E NUMBER E       | EXTENSION                                |                                   |                           |                    |
| 8 REPORT<br>TYPE                   | January 15                        | 30th day before  | election                                 | Runoff                            | 15th day after ca         | mpaign treasurer   |
|                                    |                                   | <u> </u>         |                                          | L                                 | appointment (offi         | ceholder only)     |
|                                    | X July 15                         | 8th day before 6 | election                                 | Exceeded modified reporting limit | Final Report (Atta        | ach C/OH-FR)       |
| 9 PERIOD                           | Month Day Year                    |                  |                                          | Month Day                         | Year                      |                    |
| COVERED                            | 01/01/2021                        | TH               | IROUGH                                   | 06/30/20                          | 21                        |                    |
| 10 ELECTION                        | ELECTION DATE                     |                  |                                          | ELECTION TYPE                     |                           |                    |
|                                    | Month Day Year 11/03/2020         | ∐ <sup>Pr</sup>  | rimary                                   | Runoff                            | Other                     |                    |
|                                    | 11/03/2020                        | XG               | eneral                                   | Special                           |                           |                    |
| 11 OFFICE                          | OFFICE HELD (if any)              | l                |                                          | 12 OFFICE SOUGH                   | T (if known)              |                    |
|                                    |                                   |                  |                                          | Council Membe                     | er, District 2            |                    |
|                                    | •                                 |                  |                                          | 1                                 |                           |                    |
|                                    |                                   | GO T             | O PAGE 2                                 |                                   |                           |                    |

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 14

| 13 C / OH NAME                                 | Chincanchan, David               |                                                                                          |                                                                                        | <b>14</b> Filer ID 00090478 | (Ethics Con   | nmission Filers) |
|------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------|---------------|------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions acce<br>These expenditures may I<br>d officeholders are required | have been made without t                                                               | he candidate's or offic     | ceholder's kn | owledge or       |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME                                                                           |                                                                                        |                             |               |                  |
|                                                | GENERAL                          | COMMITTEE ADDRESS                                                                        |                                                                                        |                             |               |                  |
|                                                | SPECIFIC                         |                                                                                          |                                                                                        |                             |               |                  |
|                                                |                                  | COMMITTEE CAMPAIGI                                                                       | N TREASURER NAME                                                                       |                             |               |                  |
|                                                |                                  | COMMITTEE CAMPAIGI                                                                       | N TREASURER ADDRES                                                                     | SS                          |               |                  |
| 16 CONTRIBUTION<br>TOTALS                      |                                  | AL CONTRIBUTIONS OF<br>ARANTEES OF LOANS),                                               |                                                                                        | HAN PLEDGES,                | \$            | 0.00             |
|                                                |                                  | AL CONTRIBUTIONS<br>PLEDGES, LOANS, OR G                                                 | UARANTEES OF LOANS                                                                     | i)                          | \$            | 0.00             |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL POLITIC                 | AL EXPENDITURES OF \$                                                                    | \$100 OR LESS, UNLESS                                                                  | ITEMIZED                    | \$            | 0.00             |
|                                                | 4. TOTAL POLITIC                 | AL EXPENDITURES                                                                          |                                                                                        |                             | \$            | 17,480.30        |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE    | AL CONTRIBUTIONS MA                                                                      | INTAINED AS OF THE LA                                                                  | AST DAY OF THE              | \$            | 528.64           |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR | AL AMOUNT OF ALL OU<br>TING PERIOD                                                       | TSTANDING LOANS AS                                                                     | OF THE LAST DAY             | \$            | 0.00             |
| 17 AFFADAVIT                                   |                                  |                                                                                          |                                                                                        |                             |               |                  |
|                                                |                                  | true a                                                                                   | ar, or affirm, under penalty<br>nd correct and includes al<br>Title 15, Election Code. |                             |               |                  |
|                                                |                                  |                                                                                          | Dav                                                                                    | id Chincanchan              |               |                  |
|                                                |                                  |                                                                                          | Signature of                                                                           | Candidate or Officeho       | older         |                  |
| AFFIX NO                                       | TARY STAMP / SEAL AB             | OVE                                                                                      |                                                                                        |                             |               |                  |
|                                                | cribed before me, by the s       |                                                                                          |                                                                                        | , this the                  |               | day              |
| of                                             | , 20, to co                      | ertify which, witness my ha                                                              | and and seal of office.                                                                |                             |               |                  |
| Signature of office                            | cer administering                | Printed name of offic                                                                    | cer administering                                                                      | Title of offic              | er administer | ing oath         |

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

|                             |                                                                                 |          | 3            | of 14   |  |  |  |
|-----------------------------|---------------------------------------------------------------------------------|----------|--------------|---------|--|--|--|
| 18 FILER NAME<br>Chincancha | 8 FILER NAME Chincanchan, David 19 Filer ID (Ethics Commission Filers) 00090478 |          |              |         |  |  |  |
|                             | 20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE                                         |          |              |         |  |  |  |
| 1. X                        | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                   |          | \$           | 0.00    |  |  |  |
| 2. X                        | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                     |          | \$           | 0.00    |  |  |  |
| 3. X S                      | SCHEDULE B: PLEDGED CONTRIBUTIONS                                               |          | \$           | 0.00    |  |  |  |
| 4. X S                      | SCHEDULE E: LOANS                                                               |          | \$           | 0.00    |  |  |  |
| 5. X                        | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | 6        | <b>\$</b> 17 | ,480.30 |  |  |  |
| 6. X                        | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                        |          | \$           | 0.00    |  |  |  |
| 7.                          | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                | ONS      | \$           |         |  |  |  |
| 8. X S                      | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                   |          | \$           | 0.00    |  |  |  |
| 9. X                        | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                          |          | \$           | 0.00    |  |  |  |
| 10.                         | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS                  | OF C/OH  | \$           |         |  |  |  |
| 11.                         | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION              | DNS      | \$           |         |  |  |  |
|                             | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER  | RETURNED | \$           |         |  |  |  |
|                             |                                                                                 |          | •            |         |  |  |  |

| PLE                                                                                        | OGED CONTRIBU                              | TIONS                 |                      |         | SCHEDULE B                                          |
|--------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------|----------------------|---------|-----------------------------------------------------|
| The Instruction Guide explains how to complete this form.  2 FILER NAME Chincanchan, David |                                            |                       |                      | 1       | Total pages Schedule B:<br>Sch: 1/1 Rpt: 4/14       |
|                                                                                            |                                            |                       |                      | 3       | ·                                                   |
| 4 TOTAL OF UNITEMIZED PLEDGES                                                              |                                            |                       |                      |         | \$ 0.0                                              |
| <b>5</b> Date                                                                              | 6 Full name of pledgor  7 Pledgor Address; | out-of-state PAC (ID# |                      | _) 8    | Amount of pledge (\$)                               |
|                                                                                            |                                            |                       |                      |         | Check if travel outside of Texas. Complete Schedule |
| 10 Principal                                                                               | occupation / Job title (See Instru         | ictions)              | 11 Employer (See In: | structi | ons)                                                |
|                                                                                            |                                            |                       |                      |         |                                                     |
|                                                                                            |                                            |                       |                      |         |                                                     |

| LOANS                                |                                     |                               |                   | SCHEDULE                                       | E    |
|--------------------------------------|-------------------------------------|-------------------------------|-------------------|------------------------------------------------|------|
| The Instruction                      | Guide explains how to complete this | form.                         | 1                 | ges Schedule E:<br>1 Rpt: 5/14                 |      |
| 2 FILER NAME<br>Chincanchan, Dav     | rid                                 |                               | 3 Filer ID 000904 | (Ethics Commission File                        | ers) |
| 4 TOTAL OF UNIT                      | EMIZED LOANS                        |                               |                   | \$                                             | 0.00 |
| 5 Date of loan 7                     | Name of lender out-of-state P       | PAC (ID#:                     | )                 | 9 Loan Amount (\$)                             |      |
| 6 Is lender a financial institution? | Lender address; City; State;        | Zip Code                      |                   | 10 Interest Rate                               |      |
|                                      |                                     |                               |                   | 11 Maturity Date                               |      |
| 12 Principal occupation              | / Job title (See Instructions)      | 13 Employer (See Instructions | 5)                |                                                |      |
| 14 Description of Collate None       | eral                                | 15 Check if personal funds we | ere deposited     | d into political account<br>(See Instructions) |      |
| 16 GUARANTOR INFORMATION             | 7 Name of guarantor                 | _                             |                   | 19 Amount Guaranteed                           | (\$) |
|                                      | 8 Guarantor address; City; State;   | Zip Code                      |                   |                                                |      |
|                                      |                                     |                               |                   |                                                |      |
| 20 Principal occupation              |                                     | 21 Employer (See Instructions | s)                | 1                                              |      |
|                                      |                                     |                               |                   |                                                |      |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

|   | Contributing Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                                                                                                                                             |
|---|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:                                                                 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                                                                                                          |
|   | Sch: 1/9 Rpt: 6/14                                                                       | Chincanchan, David 00090478                                                                                                                                                 |
| 4 | Date                                                                                     | 5 Payee name                                                                                                                                                                |
|   | 06/30/2021                                                                               | Austin Community Law Center                                                                                                                                                 |
| 6 | Amount (\$)                                                                              | 7 Payee address; City; State; Zip Code                                                                                                                                      |
|   | \$1,000.00                                                                               | 2028 E Ben White Blvd, Ste 240, PMB 5960                                                                                                                                    |
|   |                                                                                          |                                                                                                                                                                             |
|   |                                                                                          | Austin, TX 78741                                                                                                                                                            |
| 8 | PURPOSE                                                                                  | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                            |
|   | OF<br>EXPENDITURE                                                                        | Contributions/Donations Made By                                                                                                                                             |
|   | ZAI ZIADITORZ                                                                            | Candidate/Officeholder/Political Committee                                                                                                                                  |
|   |                                                                                          | Contribution                                                                                                                                                                |
|   |                                                                                          |                                                                                                                                                                             |
| 9 | Complete ONLY if direct expenditure to benefit C/O                                       | Candidate/Officeholder name Office sought Office held                                                                                                                       |
|   | Date                                                                                     | Payee name                                                                                                                                                                  |
|   | 06/30/2021                                                                               | Austin Tejano Democrats                                                                                                                                                     |
|   | Amount (\$)                                                                              | Payee address; City; State; Zip Code                                                                                                                                        |
|   | \$1,000.00                                                                               | 1805 Miles Ave Austin                                                                                                                                                       |
|   | +=,000.00                                                                                |                                                                                                                                                                             |
|   |                                                                                          | Austin, TX 78745                                                                                                                                                            |
|   | DUDDOCE                                                                                  |                                                                                                                                                                             |
|   | PURPOSE<br>OF                                                                            | (a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By                                          |
|   | EXPENDITURE                                                                              | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense |
|   |                                                                                          | Contribution                                                                                                                                                                |
|   |                                                                                          |                                                                                                                                                                             |
|   | Complete ONLY if direct                                                                  | Candidate/Officeholder name Office sought Office held                                                                                                                       |
|   | expenditure to benefit C/O                                                               |                                                                                                                                                                             |
| - | Date                                                                                     | Payee name                                                                                                                                                                  |
|   | 06/30/2021                                                                               | Austin Young Democrats                                                                                                                                                      |
|   |                                                                                          | -                                                                                                                                                                           |
|   | Amount (\$)                                                                              | Payee address; City; State; Zip Code                                                                                                                                        |
|   | \$1,000.00                                                                               | P.O. Box 82825                                                                                                                                                              |
|   |                                                                                          |                                                                                                                                                                             |
|   |                                                                                          | Austin, TX 78708                                                                                                                                                            |
|   | PURPOSE                                                                                  | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                            |
|   | OF<br>EXPENDITURE                                                                        | Contributions/Donations Made By                                                                                                                                             |
|   | LAFENDITORE                                                                              | Candidate/Officeholder/Political Committee                                                                                                                                  |
|   |                                                                                          | Contribution                                                                                                                                                                |
|   |                                                                                          |                                                                                                                                                                             |
|   | Complete ONLY if direct expenditure to benefit C/OI                                      | Candidate/Officeholder name Office sought Office held                                                                                                                       |
|   | onponditure to beliefft C/Of                                                             | •                                                                                                                                                                           |
|   |                                                                                          |                                                                                                                                                                             |
|   |                                                                                          |                                                                                                                                                                             |

#### 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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                                                                                                                                                       |
|---|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:                                                                   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                                                                                                                    |
| 1 | Sch: 2/9 Rpt: 7/14                                                                         | Chincanchan, David  O0090478                                                                                                                                                          |
| 4 | Date                                                                                       | 5 Payee name                                                                                                                                                                          |
|   | 06/30/2021                                                                                 | Building and Strengthening Tenant Action (BASTA)                                                                                                                                      |
| 6 | Amount (\$) \$2,000.00                                                                     | 7 Payee address; City; State; Zip Code<br>4920 I-35                                                                                                                                   |
|   |                                                                                            |                                                                                                                                                                                       |
|   |                                                                                            | Austin, TX 78751                                                                                                                                                                      |
| 8 | PURPOSE<br>OF                                                                              | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                                      |
|   | EXPENDITURE                                                                                | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                                                                                            | Candidate/Officeholder/Political Committee                                                                                                                                            |
|   |                                                                                            | Contribution                                                                                                                                                                          |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol                                        | Candidate/Officeholder name Office sought Office held                                                                                                                                 |
|   | Date                                                                                       | Payee name                                                                                                                                                                            |
|   | 01/03/2021                                                                                 | CallHub                                                                                                                                                                               |
|   | Amount (\$)                                                                                | Payee address; City; State; Zip Code                                                                                                                                                  |
|   | \$75.00                                                                                    | 340 S Lemon Ave #7468                                                                                                                                                                 |
|   |                                                                                            |                                                                                                                                                                                       |
|   |                                                                                            | Walnut, CA 91789                                                                                                                                                                      |
|   | PURPOSE<br>OF                                                                              | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                                      |
|   | EXPENDITURE                                                                                | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                                                         |
|   |                                                                                            | Software fees                                                                                                                                                                         |
|   |                                                                                            |                                                                                                                                                                                       |
|   | Complete ONLY if direct expenditure to benefit C/Ol                                        | Candidate/Officeholder name Office sought Office held                                                                                                                                 |
|   | Date                                                                                       | Payee name                                                                                                                                                                            |
|   | 06/30/2021                                                                                 | Central Texas Food Bank                                                                                                                                                               |
|   | Amount (\$)                                                                                | Payee address; City; State; Zip Code                                                                                                                                                  |
|   | \$1,000.00                                                                                 | 6500 Metropolis Dr                                                                                                                                                                    |
|   |                                                                                            |                                                                                                                                                                                       |
|   |                                                                                            | Austin, TX 78744                                                                                                                                                                      |
|   | PURPOSE<br>OF                                                                              | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                                      |
|   | EXPENDITURE                                                                                | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                                                                                            | Candidate/Officeholder/Political Committee                                                                                                                                            |
|   |                                                                                            |                                                                                                                                                                                       |
|   | Complete ONLY if direct                                                                    | Candidate/Officeholder name Office sought Office held                                                                                                                                 |
|   | expenditure to benefit C/OI                                                                |                                                                                                                                                                                       |
|   |                                                                                            |                                                                                                                                                                                       |
|   |                                                                                            |                                                                                                                                                                                       |
|   |                                                                                            |                                                                                                                                                                                       |

#### 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

|   | Credit Card Payment                                | The Instruction Guide explains how to complete this form.                                                                                                                                                                                                                           |
|---|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:<br>Sch: 3/9 Rpt: 8/14     | 2 FILER NAME Chincanchan, David  3 Filer ID (Ethics Commission Filers) 00090478                                                                                                                                                                                                     |
| 4 | Date 06/30/2021                                    | 5 Payee name<br>George Morales Dove Springs Rec Center Advisory Board                                                                                                                                                                                                               |
| 6 | Amount (\$)<br>\$3,000.00                          | 7 Payee address; City; State; Zip Code 5106 Village Square Drive Dr  Austin, TX 78744                                                                                                                                                                                               |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Contribution |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held                                                                                                                                                                                                                               |
|   | Date 01/05/2021                                    | Payee name<br>Gusto                                                                                                                                                                                                                                                                 |
|   | Amount (\$)<br>\$41.57                             | Payee address; City; State; Zip Code 525 20th Street San Fransisco, CA 94107                                                                                                                                                                                                        |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online software                                                                  |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held                                                                                                                                                                                                                               |
|   | Date 02/02/2021                                    | Payee name<br>Gusto                                                                                                                                                                                                                                                                 |
|   | Amount (\$) \$41.57                                | Payee address; City; State; Zip Code 525 20th Street                                                                                                                                                                                                                                |
|   |                                                    | San Fransisco, CA 94107                                                                                                                                                                                                                                                             |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online software                                                                  |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held                                                                                                                                                                                                                               |
|   |                                                    |                                                                                                                                                                                                                                                                                     |

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

|   | Credit Card Payment         | The Instruction Guide explains how to comple                         | ete this form.                                                                                           |
|---|-----------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:    | 2 FILER NAME                                                         | 3 Filer ID (Ethics Commission Filers)                                                                    |
|   | Sch: 4/9 Rpt: 9/14          | Chincanchan, David                                                   | 00090478                                                                                                 |
| 4 | Date                        | 5 Payee name                                                         | ·                                                                                                        |
|   | 03/02/2021                  | Gusto                                                                |                                                                                                          |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code                               |                                                                                                          |
|   | \$41.57                     | 525 20th Street                                                      |                                                                                                          |
|   |                             |                                                                      |                                                                                                          |
|   |                             | San Fransisco, CA 94107                                              |                                                                                                          |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) | Description                                                                                              |
|   | OF<br>EXPENDITURE           | Fees                                                                 | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             |                                                                      | Online software                                                                                          |
|   |                             |                                                                      |                                                                                                          |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought                            | Office held                                                                                              |
|   | expenditure to benefit C/OI | 1                                                                    |                                                                                                          |
| F | Date                        | Payee name                                                           |                                                                                                          |
|   | 04/02/2021                  | Gusto                                                                |                                                                                                          |
|   | Amount (\$)                 | Payee address; City; State; Zip Code                                 |                                                                                                          |
|   | \$41.57                     | 525 20th Street                                                      |                                                                                                          |
|   |                             |                                                                      |                                                                                                          |
|   |                             | San Fransisco, CA 94107                                              |                                                                                                          |
| Г | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) | Description                                                                                              |
|   | OF<br>EXPENDITURE           | Fees                                                                 | Check if travel outside of Texas. Complete Schedule T.                                                   |
|   |                             |                                                                      | Check if Austin, TX, officeholder living expense Online software                                         |
|   |                             |                                                                      |                                                                                                          |
| Н | Complete ONLY if direct     | Candidate/Officeholder name Office sought                            | Office held                                                                                              |
|   | expenditure to benefit C/OI |                                                                      |                                                                                                          |
| F | Date                        | Payee name                                                           |                                                                                                          |
|   | 05/04/2021                  | Gusto                                                                |                                                                                                          |
| H | Amount (\$)                 | Payee address; City; State; Zip Code                                 |                                                                                                          |
|   | \$41.57                     | 525 20th Street                                                      |                                                                                                          |
|   |                             |                                                                      |                                                                                                          |
|   |                             | San Fransisco, CA 94107                                              |                                                                                                          |
|   | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) | Description                                                                                              |
|   | OF<br>EXPENDITURE           | Fees                                                                 | Check if travel outside of Texas. Complete Schedule T.                                                   |
|   |                             |                                                                      | Check if Austin, TX, officeholder living expense Online software                                         |
|   |                             |                                                                      | Ominic Software                                                                                          |
| - | Complete ONLY if direct     | Candidate/Officeholder name Office sought                            | Office held                                                                                              |
|   | expenditure to benefit C/OI |                                                                      |                                                                                                          |
|   |                             |                                                                      |                                                                                                          |
|   |                             |                                                                      |                                                                                                          |
|   |                             |                                                                      |                                                                                                          |

#### 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 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<br>Credit Card Payment | I Committee 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 F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                                                                                                                    |
|   | Sch: 5/9 Rpt: 10/14                                    | Chincanchan, David 00090478                                                                                                                                                           |
| 4 | Date                                                   | 5 Payee name                                                                                                                                                                          |
|   | 06/02/2021                                             | Gusto                                                                                                                                                                                 |
| 6 | Amount (\$)                                            | 7 Payee address; City; State; Zip Code                                                                                                                                                |
|   | \$41.57                                                | 525 20th Street                                                                                                                                                                       |
|   |                                                        |                                                                                                                                                                                       |
|   |                                                        | San Fransisco, CA 94107                                                                                                                                                               |
| 8 | PURPOSE<br>OF                                          | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                                      |
|   | EXPENDITURE                                            | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                                                         |
|   |                                                        | Online software                                                                                                                                                                       |
|   |                                                        | Stilling software                                                                                                                                                                     |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                                                                 |
| ľ | expenditure to benefit C/OI                            |                                                                                                                                                                                       |
| H | Date                                                   | Payee name                                                                                                                                                                            |
|   | 06/30/2021                                             | Latinitas                                                                                                                                                                             |
| ┝ | Amount (\$)                                            | Payee address; City; State; Zip Code                                                                                                                                                  |
|   | \$1,000.00                                             | 1023 Springdale Rd, Unit 9E                                                                                                                                                           |
|   | φ1,000.00                                              | 1023 Springuale Ru, Onit 9L                                                                                                                                                           |
|   |                                                        | Aughin TV 70701                                                                                                                                                                       |
| L |                                                        | Austin, TX 78721                                                                                                                                                                      |
|   | PURPOSE<br>OF                                          | (a) Category (See Categories listed at the top of this schedule)  (b) Description                                                                                                     |
|   | EXPENDITURE                                            | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                                                        | Contribution                                                                                                                                                                          |
|   |                                                        |                                                                                                                                                                                       |
| Г | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                                                                 |
|   | expenditure to benefit C/OI                            | 1                                                                                                                                                                                     |
| F | Date                                                   | Payee name                                                                                                                                                                            |
|   | 06/30/2021                                             | Meals on Wheels Central Texas                                                                                                                                                         |
| Н | Amount (\$)                                            | Payee address; City; State; Zip Code                                                                                                                                                  |
|   | \$1,000.00                                             | 3227 East 5th Street                                                                                                                                                                  |
|   |                                                        |                                                                                                                                                                                       |
|   |                                                        | Austin, TX 78702                                                                                                                                                                      |
| Н | PURPOSE                                                | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                                      |
|   | OF<br>EXPENDITURE                                      | Contributions/Donations Made By                                                                                                                                                       |
|   | EXPENDITORE                                            | Candidate/Officeholder/Political Committee                                                                                                                                            |
|   |                                                        | Contribution                                                                                                                                                                          |
| L | 0 1. 0                                                 |                                                                                                                                                                                       |
|   | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held                                                                                                                                 |
| L |                                                        |                                                                                                                                                                                       |
|   |                                                        |                                                                                                                                                                                       |
|   |                                                        |                                                                                                                                                                                       |

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                                                                                  |   |
|---|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---|
| 1 | Total pages Schedule F1:                                                                                | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                               |   |
|   | Sch: 6/9 Rpt: 11/14                                                                                     | Chincanchan, David 00090478                                                      |   |
| 4 | Date                                                                                                    | 5 Payee name                                                                     |   |
|   | 06/30/2021                                                                                              | Mujeres Inspiradas en Sueños, Metas, y Acciones (MISMA)                          |   |
| 6 | Amount (\$)                                                                                             | 7 Payee address; City; State; Zip Code                                           |   |
|   | \$3,000.00                                                                                              | 4228 Threadgill St                                                               |   |
|   |                                                                                                         |                                                                                  |   |
|   |                                                                                                         | Austin, TX 78723                                                                 |   |
| 8 | PURPOSE                                                                                                 | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |
|   | OF<br>EXPENDITURE                                                                                       | Contributions/Donations Made By                                                  |   |
|   | LXI LINDITORL                                                                                           | Candidate/Officeholder/Political Committee                                       |   |
|   |                                                                                                         | Contribution                                                                     |   |
|   |                                                                                                         |                                                                                  |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI                                                     | Candidate/Officeholder name Office sought Office held H                          |   |
|   | Date                                                                                                    | Payee name                                                                       | _ |
|   | 06/30/2021                                                                                              | River City Youth Foundation                                                      |   |
|   | Amount (\$)                                                                                             | Payee address; City; State; Zip Code                                             | _ |
|   | \$1,000.00                                                                                              | 5209 S Pleasant Valley Rd                                                        |   |
|   | <b>+=</b> ,000.00                                                                                       |                                                                                  |   |
|   |                                                                                                         | Austin, TX 78744                                                                 |   |
|   | PURPOSE                                                                                                 | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |
|   | OF<br>EXPENDITURE                                                                                       | Contributions/Donations Made By                                                  |   |
|   |                                                                                                         | Candidate/Officeholder/Political Committee Contribution                          |   |
|   |                                                                                                         | Contribution                                                                     |   |
|   | Operation ONLY & Street                                                                                 | Our distance (Office health annuary)                                             |   |
|   | Complete ONLY if direct expenditure to benefit C/OI                                                     | Candidate/Officeholder name Office sought Office held H                          |   |
|   | Date                                                                                                    | Payee name                                                                       | _ |
|   | 06/22/2021                                                                                              | Squarespace                                                                      |   |
|   | Amount (\$)                                                                                             | Payee address; City; State; Zip Code                                             |   |
|   | \$25.98                                                                                                 | 8 Clarkson St                                                                    |   |
|   | φ25.96                                                                                                  | o Ciarson St                                                                     |   |
|   |                                                                                                         | New York, NY 10014                                                               |   |
|   | PURPOSE                                                                                                 | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |
|   | OF<br>EXPENDITURE                                                                                       | Fees Check if travel outside of Texas. Complete Schedule T.                      |   |
|   |                                                                                                         | Check if Austin, TX, officeholder living expense                                 |   |
|   |                                                                                                         | Online software                                                                  |   |
|   |                                                                                                         |                                                                                  |   |
|   | Complete ONLY if direct expenditure to benefit C/OI                                                     | Candidate/Officeholder name Office sought Office held                            |   |
|   | experience to beliefit 6/01                                                                             | ··                                                                               |   |
|   |                                                                                                         |                                                                                  |   |
|   |                                                                                                         |                                                                                  |   |
|   |                                                                                                         |                                                                                  |   |

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this f                     | orm.                                                                                              |
|---|-----------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:                            | FILER NAME                                                                | 3 Filer ID (Ethics Commission Filers)                                                             |
|   | Sch: 7/9 Rpt: 12/14                                 | Chincanchan, David                                                        | 00090478                                                                                          |
| 4 | Date                                                | Payee name                                                                | •                                                                                                 |
|   | 05/22/2021                                          | Squarespace                                                               |                                                                                                   |
| 6 | Amount (\$)                                         | Payee address; City; State; Zip Code                                      |                                                                                                   |
|   | \$25.98                                             | 8 Clarkson St                                                             |                                                                                                   |
|   |                                                     |                                                                           |                                                                                                   |
|   |                                                     | New York, NY 10014                                                        |                                                                                                   |
| 8 | PURPOSE                                             | ) Category (See Categories listed at the top of this schedule) (b) Descri | ntion                                                                                             |
|   | OF                                                  | · · · · · · · · · · · · · · · · · · ·                                     | ck if travel outside of Texas. Complete Schedule T.                                               |
|   | EXPENDITURE                                         | Chec                                                                      | ck if Austin, TX, officeholder living expense                                                     |
|   |                                                     | Online                                                                    | e software                                                                                        |
|   |                                                     |                                                                           |                                                                                                   |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought                                 | Office held                                                                                       |
|   | experiantare to benefit Gree                        |                                                                           |                                                                                                   |
|   | Date                                                | Payee name                                                                |                                                                                                   |
|   | 04/23/2021                                          | Squarespace                                                               |                                                                                                   |
|   | Amount (\$)                                         | Payee address; City; State; Zip Code                                      |                                                                                                   |
|   | \$25.98                                             | 8 Clarkson St                                                             |                                                                                                   |
|   |                                                     |                                                                           |                                                                                                   |
|   |                                                     | New York, NY 10014                                                        |                                                                                                   |
|   | PURPOSE                                             | Category (See Categories listed at the top of this schedule) (b) Descri   | otion                                                                                             |
|   | OF<br>EXPENDITURE                                   | 1 003                                                                     | ck if travel outside of Texas. Complete Schedule T.                                               |
|   |                                                     | , <u> </u>                                                                | ck if Austin, TX, officeholder living expense                                                     |
|   |                                                     | Offilia                                                                   | : Software                                                                                        |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                                 | Office held                                                                                       |
|   | expenditure to benefit C/O                          | Candidate/Oniceriolaer name Onice sought                                  | Office field                                                                                      |
|   | Data                                                | David and a second                                                        |                                                                                                   |
|   | Date 03/22/2021                                     | Payee name Squarespace                                                    |                                                                                                   |
|   |                                                     | <u> </u>                                                                  |                                                                                                   |
|   | Amount (\$) \$25.98                                 | Payee address; City; State; Zip Code                                      |                                                                                                   |
|   | \$25.98                                             | 8 Clarkson St                                                             |                                                                                                   |
|   |                                                     |                                                                           |                                                                                                   |
|   |                                                     | New York, NY 10014                                                        |                                                                                                   |
|   | PURPOSE<br>OF                                       | (b) Descri                                                                |                                                                                                   |
|   | EXPENDITURE                                         | 1 663                                                                     | ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense |
|   |                                                     |                                                                           | e software                                                                                        |
|   |                                                     |                                                                           | -                                                                                                 |
| _ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                                 | Office held                                                                                       |
|   | expenditure to benefit C/O                          |                                                                           | <del></del>                                                                                       |
|   |                                                     |                                                                           |                                                                                                   |
|   |                                                     |                                                                           |                                                                                                   |
|   |                                                     |                                                                           |                                                                                                   |

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

|   | Credit Card Payment                                 | The Instruction Guide explains how to cor                        | mple | ete this form.                                                |
|---|-----------------------------------------------------|------------------------------------------------------------------|------|---------------------------------------------------------------|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME                                                     |      | 3 Filer ID (Ethics Commission Filers)                         |
|   | Sch: 8/9 Rpt: 13/14                                 | Chincanchan, David                                               |      | 00090478                                                      |
| 4 | Date                                                | 5 Payee name                                                     |      | -                                                             |
|   | 02/22/2021                                          | Squarespace                                                      |      |                                                               |
| 6 | Amount (\$)                                         | 7 Payee address; City; State; Zip Coo                            | de   |                                                               |
|   | \$25.98                                             | 8 Clarkson St                                                    |      |                                                               |
|   |                                                     |                                                                  |      |                                                               |
|   |                                                     | New York, NY 10014                                               |      |                                                               |
| 8 | PURPOSE                                             |                                                                  | (b)  | Description                                                   |
|   | OF                                                  | Fees                                                             | (~)  | Check if travel outside of Texas. Complete Schedule T.        |
|   | EXPENDITURE                                         |                                                                  |      | Check if Austin, TX, officeholder living expense              |
|   |                                                     |                                                                  |      | Online software                                               |
|   |                                                     |                                                                  |      |                                                               |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office souç                          | ght  | Office held                                                   |
|   | experientare to benefit G/O                         | <u>'</u>                                                         |      |                                                               |
|   | Date                                                | Payee name                                                       |      |                                                               |
|   | 01/22/2021                                          | Squarespace                                                      |      |                                                               |
|   | Amount (\$)                                         | Payee address; City; State; Zip Coo                              | de   |                                                               |
|   | \$25.98                                             | 8 Clarkson St                                                    |      |                                                               |
|   |                                                     |                                                                  |      |                                                               |
|   |                                                     | New York, NY 10014                                               |      |                                                               |
|   | PURPOSE                                             | (a) Category (See Categories listed at the top of this schedule) | (b)  | Description                                                   |
|   | OF<br>EXPENDITURE                                   | Fees                                                             |      | Check if travel outside of Texas. Complete Schedule T.        |
|   | EXPENDITORE                                         |                                                                  |      | Check if Austin, TX, officeholder living expense              |
|   |                                                     |                                                                  |      | Online software                                               |
|   | Opening ONE V if direct                             | Our did at a 10 ff and a labor or one                            |      | Office hold                                                   |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office souç                          | gnt  | Office held                                                   |
|   |                                                     |                                                                  |      |                                                               |
|   | Date                                                | Payee name                                                       |      |                                                               |
|   | 06/30/2021                                          | TreeFolks                                                        |      |                                                               |
|   | Amount (\$)                                         | Payee address; City; State; Zip Coo                              | de   |                                                               |
|   | \$1,000.00                                          | P.O. Box 1395                                                    |      |                                                               |
|   |                                                     |                                                                  |      |                                                               |
|   |                                                     | Del Valle, TX 78617                                              |      |                                                               |
|   | PURPOSE                                             | (a) Category (See Categories listed at the top of this schedule) | (b)  | Description                                                   |
|   | OF<br>EXPENDITURE                                   | Contributions/Donations Made By                                  |      | Check if travel outside of Texas. Complete Schedule T.        |
|   |                                                     | Candidate/Officeholder/Political Committee                       |      | Check if Austin, TX, officeholder living expense Contribution |
|   |                                                     |                                                                  |      | Contribution                                                  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sou                           | abt  | Office held                                                   |
|   | expenditure to benefit C/O                          |                                                                  | Aill | Office Held                                                   |
|   |                                                     |                                                                  |      |                                                               |
|   |                                                     |                                                                  |      |                                                               |
|   |                                                     |                                                                  |      |                                                               |

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

|   | Consulting Expense<br>Contributions' Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |             | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide expl |                 | nse<br>es/Contract Labor |   | Travel in District<br>Travel Out of Dis<br>OTHER (enter a | trict<br>category not listed above) |
|---|------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|-----------------|--------------------------|---|-----------------------------------------------------------|-------------------------------------|
| 1 | Total pages Schedule F1:                                                                                         |             |                                                                                                        |                 |                          | 3 | Filer ID                                                  | (Ethics Commission Filers)          |
|   | Sch: 9/9 Rpt: 14/14                                                                                              | Chincanch   | han, David                                                                                             |                 |                          |   | 00090478                                                  |                                     |
| 4 | Date                                                                                                             | 5 Payee nam |                                                                                                        |                 |                          |   |                                                           |                                     |
|   | 06/30/2021                                                                                                       |             | Democrats                                                                                              |                 |                          |   |                                                           |                                     |
| 6 | 7 Payee address; City; State; Zip Code                                                                           |             |                                                                                                        |                 |                          |   |                                                           |                                     |
|   | \$1,000.00                                                                                                       | 1300 Cros   | ssing PI Apt 622                                                                                       |                 |                          |   |                                                           |                                     |
|   |                                                                                                                  | Austin, TX  | 〈 76022                                                                                                |                 |                          |   |                                                           |                                     |
| 8 | PURPOSE<br>OF                                                                                                    |             | (See Categories listed at the top of th                                                                | is schedule) (b | Description              |   |                                                           |                                     |
|   | EXPENDITURE                                                                                                      |             | ons/Donations Made By<br>e/Officeholder/Political Co                                                   | nmmittee        | _                        |   | de of Texas. Com<br>officeholder living                   |                                     |
|   |                                                                                                                  | Carididate  | e/Oniceriolder/Folitical Co                                                                            | Jillillillee    | Contribution             |   | omoonoide: iiviiig                                        | Сиропос                             |
|   |                                                                                                                  |             |                                                                                                        |                 |                          |   |                                                           |                                     |
| 9 | Complete ONLY if direct expenditure to benefit C/OI                                                              |             | fficeholder name                                                                                       | Office sough    |                          |   | Office he                                                 | eld                                 |
|   |                                                                                                                  |             |                                                                                                        |                 |                          |   |                                                           |                                     |