

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>10</u>		OFFICE USE ONLY 2022 FEB - 1 AM 8:47 RECEIVED FOR FILING DALLAS COUNTY ELECTIONS DEPARTMENT	
3 CANDIDATE / OFFICEHOLDER NAME		MS <u>AMYE</u> AMYE NICKNAME LAST SUFFIX <u>THOMPSON HOLLINS</u>			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
5 ORIGINAL PERIOD COVERED		Month Day Year <u>1 / 1 / 2022</u> THROUGH <u>1 / 20 / 2022</u>		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION
 Detail of contributions and expenditures were incomplete. The correct schedules have been attached and associated cover sheet edits have been made.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

 Signature of Candidate/Officeholder



Please complete either option below:
 Sworn to and subscribed before me by Amye Thompson Hollis this the 1 day of Feb., 2022 to certify which, witness my hand and seal of office.

 Signature of officer administering oath
 DEATRICE E. KIRK
 Printed name of officer administering oath
 Administrative Manager
 Title of officer administering oath

OR
 (2) Unsworn Declaration
 My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	FIRST AMYE	MI	OFFICE USE ONLY Date Received 2022 FEB - 1 AM 9:47 RECEIVED FOR FILING DALLAS COUNTY ELECTIONS DEPARTMENT
	NICKNAME	LAST THOMPSON HOLLINS	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ✓ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. BOX 763864 DALLAS, TEXAS 75376-3864			
	AREA CODE PHONE NUMBER EXTENSION (214) 973-0173			
5 CANDIDATE/ OFFICEHOLDER PHONE	MS / MRS / MR MS	FIRST LALONNI	MI	Date Hand-delivered or Date Postmarked
	NICKNAME	LAST DUBOSE HAGERMAN	SUFFIX	Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P. O. BOX 763864 DALLAS, TEXAS 75376-3864			Date Processed
	AREA CODE PHONE NUMBER EXTENSION (972) 342-4476			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P. O. BOX 763864 DALLAS, TEXAS 75376-3864			
	AREA CODE PHONE NUMBER EXTENSION (972) 342-4476			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 1 / 1 / 22			Month Day Year 1 / 20 / 22
	THROUGH			
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 22		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) DALLAS COUNTY DISTRICT CLERK	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT

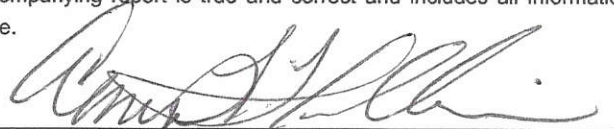
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
AMYE THOMPSON HOLLINS

2022 FEB -1 AM 8:47 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 670.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,129.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,785.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT

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

19 FILER NAME AMYE THOMPSON HOLLINS		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 670.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,129.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 250.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 420.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

2022 FEB -1 AM 8:48

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
SCHEDULE A1
2022 FEB -1 AM 8:48

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME AMYE THOMPSON HOLLINS		3 Filer ID (Ethics Commission Filers)
4 Date 01/01/2022	5 Full name of contributor out-of-state PAC (ID#: _____) VINCENT MWANGI	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 7795 BUFFALOBERRY RD FRISCO, TX 75035		
8 Principal occupation / Job title (See Instructions) CLINICAL RESEARCH		9 Employer (See Instructions) CLOVER BIOPHARMACEUTICALS
Date 01/04/2022	Full name of contributor out-of-state PAC (ID#: _____) LLOYD PRINCETON	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2816 SOUTHWOOD DRIVE DALLAS, TX 75233		
Principal occupation / Job title (See Instructions) RECRUITER		Employer (See Instructions) DESIGN MGMT COMPANY
Date 01/07/2022	Full name of contributor out-of-state PAC (ID#: _____) KIMMY ROBINSON	Amount of contribution (\$) 20.22
Contributor address; City; State; Zip Code 2945 SINBAD CIRCLE FARMERS BRANCH, TX 75234		
Principal occupation / Job title (See Instructions) PARALEGAL		Employer (See Instructions) WILSON ELSER
Date 01/07/2022	Full name of contributor out-of-state PAC (ID#: _____) MARY AUSTIN	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 6310 SHORECREST DR DALLAS, TX 75089		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

AMYE THOMPSON HOLLINS

3 Filer ID (Ethics Commission Filers)

4 Date

01/08/2022

5 Full name of contributor

CATHY JACKSON

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

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

P. O. BOX 381475 DUNCANVILLE, TX 75138

8 Principal occupation / Job title (See Instructions)

MANAGER

9 Employer (See Instructions)

DFW AIRPORT

Date

01/11/2022

Full name of contributor

BIANCA BOUTELL

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

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

10061 VENETIAN WAY DALLAS, TX 75229

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

SELF

Date

01/11/2022

Full name of contributor

DEMETRESS THOMAS

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

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

P. O. BOX 291 WYLIE, TX 75098

Principal occupation / Job title (See Instructions)

CONTRACTING OFFICER

Employer (See Instructions)

FEDERAL GOVERNMENT

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
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4 Date 01/03/2022	5 Payee name BANK OF AMERICA
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6 Amount (\$) 16.00	7 Payee address; 100 N TRYTON STREET CHARLOTTE, NC 28255	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE	(b) Description BANK FEE
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/10/2022	Payee name DALLAS COUNTY TEJANO DEMOCRATS
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Amount (\$) 30.00	Payee address; 3330 N GALLOWAY AVE. MESQUITE, TX 75150	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION	Description MEMBERSHIP
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/18/2022	Payee name DON'T BELIEVE THE HYPE
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Amount (\$) 100.00	Payee address; 6105 HUNTERS VIEW LANE DALLAS, TX 75232	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
4 Date 01/18/2022	5 Payee name iMESSENGER MEDIA	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 320 S RL THORNTON FRWY DALLAS, TX 75203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description AD AND MARKETING
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/19/2022	Payee name RONALD 469-2613437	
Amount (\$) 63.00	Payee address; City; State; Zip Code 1412 MAIN STREET ADOLPHUS TOWE STE #1000 DALLAS, TX 75202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description AD AND MARKETING
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political 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 F4:	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 250.00
5 Date 01/08/2022	6 Payee name CITY OF DALLAS MLK - SPONSORSHIP	
7 Amount (\$) 75.00	8 Payee address; City; State; Zip Code OFFICE OF COMMUNITY CARE 1500 MARILLA ST 6BN DALLAS, TX 75201	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 01/10/2022	Payee name FAR NORTH DALLAS 10TH BIENNIAL CANDIDATE FORUM	
Amount (\$) 175.00	Payee address; City; State; Zip Code P. O. BOX 75247 DALLAS, TX 75379	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2022	5 Payee name WORKING FAMILIES PARTY	
6 Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 77 SANDS ST. #6 BROOKLYN, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MEMBERSHIP	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/12/2022	Payee name BLACK WOMEN'S PAC	
Amount (\$) 20.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. O BOX 122072 ARLINGTON, TX 76012	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MEMBERSHIP	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/18/2022	Payee name LEAGUE OF WOMEN VOTERS-SUSAN B ANTHONY	
Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6060 N CENTRAL EXPWY #500 DALLAS, TX 75206	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SPONSORSHIP & AD	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED