CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Et	nics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Sylvia Ro	x/r/quez	MI	OFFICE USE ONLY
NAME	NICKNAME	San de 2		SUFFIX	HID WIS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	TT/SUITE #; 0	STA	TE, ZIP CODE	Re
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered or Date Postmarke
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Uliana Gal	oilond	0 1/10	Receipt # Amount \$ Date Processed
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NICKNAME	LAST		SUFFIX	Oate Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (I			city: . 79704	STATE; ZIP CODE
(Residence or Business)		UCIE	304 17	11/01	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
1330 A . A . 1 (1930)	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Year
11 ELECTION	ELECTION DAT	TE .		ELECTION TYPE	
	Month Day	Year Primary	Runoff	Other Description	
	05/03/	2025 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OF	FICE SOUGHT (If know	n)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN N	ADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPO IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE THEY RECEIVE NOTICE OF SUCH EXPENDITUR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRE	ss	
	IS .	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

-							
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, CONTRIBUTIONS MADE ELECTRONICALLY)	C					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE	ES OF LOANS)					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$ 580.49					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	AS OF THE LAST DAY \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	G LOANS AS OF THE \$					
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:							
ALBINA RAMIREZ NOTARY PUBLIC ID# 128781567 State of Texas Comm. Exp. 04-28-2025							
NOTARY STAMP/SEA							
Sworn to and subscribed	before me by Sylvia Rodriguez Sanch	uz this the 10 day of APRIL					
alle ha	which) witness my hand and seal of office. ALBINA RAMIR	NOTHRY					
Signature of officer administe	wythe						
OR UNIVERSITY OF THE PROPERTY							
(2) Unsworn Declarati	on						
My name is	, and my	date of birth is					
Mark the second second							
	(street) (c	ity) (state) (zip code) (country)					
Executed in	County, State of, on the	day of, 20 (year)					
	Sign	nature of Candidate/Officeholder (Declarant)					

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 FILER NAME	3 Filer ID (Ethics Commission Filers)					
5 Full name of contributor out-of-state PAC (ID#:) 3/13/25 Freda Sue Daniels 6 Contributor out-of-state PAC (ID#:) Address; City; State; Zip Code Odessa, Tx 79705	7 Amount of contribution (\$)					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	lions)					
Date Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)					
3/13/25 Wayne J. Woodall Contributor address; City; State; Zip Code Odessa, Tx 79764	\$100.00					
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date Full name of contributor Out-of-state PAC (ID#:) Pen (Se Swanner) Contributor address; City; State; Zip Code Odessa, Tx 79702	Amount of contribution (\$)					
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)					
Date Full name of contributor out-of-state PAC (ID#) Roy + Sylvia Grarcia Contributor address; City; State; Zip Code Odessa Tx 797104	Amount of contribution (\$)					
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional						

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 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 Date 3 3 3 1 25	5 Full name of contributor out-of-state PAC (Planet Satellite 6 Contributor address; City; Are Odessa	7 Amount of contribution (\$)				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
Date 3/3/24 Principal occup	Aracely Rodriguez	State; Zip Code TX Employer (See Instruct	Amount of contribution (\$) \$100,00 Cash ions)			
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED			

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

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	i i i i i i i i i i i i i i i i i i i							
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.						
1 Total pages Schedule F1:	2 FILER NAMESYLVIA RODY	ja uez	3 Filer ID (Ethics Commission Filers)					
4 Date 3/18/25	5 Payee name MOVVIOT	Hotel & conf	forance center					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code					
\$125.00	305 E5+1 St	OD	79761					
8	(a) Category (See Categories listed at the top of this schedule							
PURPOSE OF EXPENDITURE	Event Expense	marrio						
	(c) Check if travel outside of Texas. Complete Schedule	e T. Check if Austin	, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name	14						
03/12/25	mod Indian Printin	a Co.						
Amount (\$)	Payee address;	City;	State; Zip Code					
00.08	3025 N. Golder Av	e OD	TX 79764					
•	Category (See Categories listed at the top of this schedule) Description							
PURPOSE OF EXPENDITURE	Printing Expense	rnoa ir	ndian printing					
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name	,						
3/10/25	Official Website	Builder						
Amount (\$)	Payee address;	City;	State; Zip Code					
\$25.98	500 Terry Franco	is SE	CA 94121					
	Category (See Categories listed at the top of this schedul	le) Description						
PURPOSE OF EXPENDITURE	navertising Expens	ie Wix.com	η					
	Check if travel outside of Texas, Complete Schedule	eT. Check if Austin,	TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED					

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t
1 Total pages Schedule F1:	2 FILER N	AME		_	3 Filer ID (Ethics	Commission Filers)
		SULVIOL KOD	right	t		
3/10/25	5 Payee na	Doddu we	osite	5		
6 Amount (\$)	7 Payee ac	Idress;		City;	State;	Zip Code
\$12.17	2155	S E Godaddy	uny	Temp	e AZ	85281
8	(a) Categor	y (See Categories listed at the top of th	is schedule)	(b) Description	1	
PURPOSE OF	12-11/0	actiona Tuo	20 50	GO Dad	dy	
EXPENDITURE	riave	NIIZINO EXPE	WI2C	<u> </u>		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	lin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	ime			1	
3/10/25	OFF	ficial Websi	te Bu	ilder		
Amount (\$)	Payee ac	Idress;	,0	City;	State;	Zip Code
\$3.24	500-	Terry frati	cois	SF	CA	94121
	Category	(See Categories listed at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE	Adve	ertising Exp	ense	Wix.C	om	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, afficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
			3			
PURPOSE	Category	(See Categories listed at the top of this	s schedule)	Description		
OF EXPENDITURE			10			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name	F	Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME SYLVIA ROCK	iquez	3 Filer ID (Ethics Commission Filers)		
4 Date 03/28/25	5 Payee name MOO INGION DVINTI	ng Co.			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
	3025N Golder Av	e od	TX 79704		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school printing EXPENS	edule) (b) Description (b) Description	Han printing		
	(c) Check if travel outside of Texas. Complete Sched	lule T. Check if Austii	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	14.2			
3/20/25	city bank				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$ 5.00	1501 W university 1	Blvd OD	TX 79701		
	Category (See Categories listed at the top of this sched	23 B)			
PURPOSE OF EXPENDITURE	Banking	Paper	Statement		
	Check if travel outside of Texas. Complete Sched	fule T. Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	,			
3/20/25	city bank				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$ 5.00	1501 W university	BING OD	TX 79701		
	Category (See Categories listed at the top of this sched	dute) Description			
PURPOSE OF EXPENDITURE	Banking	Service	charge		
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
Company of the Compan	The Instruction Guide explains	how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME SULVIA ROOM	iauez	3 Filer ID (Ethics Commission Filers)				
4 Date 4 114 25	5 Payee name FOCE DOOK						
6 Amount (\$)	7 Doven address:	City;	State; Zip Code				
\$2.00	1001 WILLIOW Rd	menlo park	CA 94025				
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description					
PURPOSE OF	Advantising From	Facebo	OOK				
EXPENDITURE	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense				
926 (20.20) 1. (2. 1922) Automotion 2			***				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name	·					
4/07/25	Official Website	Ruilder					
Amount (\$)	Payee address;	City;	State; Zip Code				
\$29.22	500 Terry Franco	is SF	CA 94121				
*	Category (See Categories listed at the top of this sch	nedule) Description					
PURPOSE		Wix.con	\wedge				
OF EXPENDITURE	Advertising Expe	inse					
	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						
4/07/25	4-Haul moving						
Amount (\$)	Payee address;	City;	State; Zip Code				
27.44	1010 w. university	BIVD OD	TX 79704				
	Category (See Categories listed at the top of this sch	nedule) Description					
PURPOSE OF	Transportation	11-Ham					
EXPENDITURE	Equipment						
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	у	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp	thead/Rental Expense Transportense Travel In Travel O		itation/Fundralsing Expense sportation Equipment & Related Expense el In District el Out Of District r (enter a category not listed above)	
Credit Card Payment		The Instruction Guide expla	ins how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NA	MESSIAN SULVION	Rodi	riguez	3 Filer	ID (Ethics	Commission Filers)
4 Date 4 10/25	5 Payee nam	Face box	K	, , , , , ,			
6 Amount (\$)	7 Payee add	ress;		City;		State;	Zip Code
\$2.00	000	1601 Will	OWR	d menlup	ONK	CA	94025
8	(a) Category	(See Categories listed at the top of t	his schedule)	(b) Description			
PURPOSE OF	W 1.10	1 of the Tube		Faceboo	OK		
EXPENDITURE	Mayo	TISIVU EXP	MSE	1 00			
	(c)	check if travel outside of Texas. Complet	e Schedule T.	Check if Austin	n, TX, officel	holder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh		te / Officeholder name		Office sought			Office held
Date	Payee nan	ne	ock dis-		•	(0.1)	
4/09/25	Fac	e BOOK	******		AT .		
Amount (\$)	Payee add	ress;		City;	3	State;	Zip Code
\$2.00	1601	villion Rd		meninga	VK	CA	94025
<u> </u>	Category	See Categories listed at the top of th	is schedule)	Description		***	1000001
PURPOSE				Faceb	M	•	
OF EXPENDITURE	Adve	MISIMAEXI	ense	Tace D			
		Check if travel outside of Texas. Complet	e Schedule T.	Check if Austi	n, TX, officel	holder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		te / Officeholder name		Office sought		9	Office held
Date	Pavee nar	me					
4/09/25		eBook					
Amount (\$)	Payee add	lress;		City;		State;	Zip Code
\$2.00	16011	villow Rd		menlopa	avk (CA	94025
	Category	See Categories listed at the top of th	is schedule)	Description	-		
PURPOSE	10 1	- A		Faceb	OOK		
OF EXPENDITURE	Have	V tising Ex	pense	1000			
		Check if travel outside of Texas. Complet	e Schedule T.	Check if Austi	n, TX, officel	holder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		te / Officeholder name		Office sought			Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

The state of the s	EXPENDITURE CATEGOR	IES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Solicitation/Fundralsin Transportation Equipm Travef In District Travel Out Of District Other (enter a categor	nent & Related Expense				
1 Total pages Schedule F1:	2 FILER NAME SULVIA RODIC	quez-s	3 Filer ID (Ethics	Commission Filers)		
4 Date 4 (00/25	5 Payee name	,				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
116.45	1010 M. UNIVERSITY BI	vd OD	TX	79764		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Transportation Equipment	ule) (b) Description U-HaW				
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	n, TX, officeholder living	ехрелѕе		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held		
Date	Payee name					
4/05/25	lowe's Home Impl	rovement				
Amount (\$)	Payee address; 4101 E42nd	City;	State;	Zip Code		
\$ 10.81	ADDITION OF THE POSE	21 00	TX	79702		
	Category (See Categories listed at the top of this schedul	le) Description				
PURPOSE OF EXPENDITURE	Advertisingexpense	rome,2				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held		
Date	Payee name					
03/27/25	West county Food v	MA				
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$ 25.51	1601 N County Rd.W.	00	TX	79704		
	Category (See Categories listed at the top of this schedul	e) Description	as for u	-haul		
PURPOSE OF EXPENDITURE	Transportation	West ca	unty Foo	dmA		
	Check if travel outside of Texas. Complete Scheduk	eT. Check if Austin	n, TX, officeholder living e	expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees (Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Overhead/Rental Expense Tra Polling Expense Tra Printing Expense Tra Salaries/Wages/Contract Labor Ot	olicitation/Fundraising Expense ansportation Equipment & Related Expense avel In District avel Out Of District her (enter a category not listed above)				
	The institution Guide explains i	now to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME SILLVIA ROC	lriquez 3	Filer ID (Ethics Commission Filers)				
4 Date 4 110 125	5 Payee name FOCE DOOK	/	3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
\$2.00	1601 William Ro	mentopark	EA 94025				
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description					
PURPOSE OF EXPENDITURE	Advertising Expe	tacepk facepk					
19-23	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin, TX	C, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name		- - 10				
4110125	Facebook						
Amount (\$)	Payee address;	City;	State; Zip Code				
\$ 2.00	1601 William Rd	men 10 park	74025 CA				
	Category (See Categories listed at the top of this scho						
PURPOSE OF	10 1	Faceboo	× -				
EXPENDITURE	Havertising Expe	ned.					
	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				
expenditure to benefit 0/01	•						
Date	Payee name	- 178	· · · · · · · · · · · · · · · · · · ·				
11/10/20	V I						
4/10/25	tacebook						
Amount (\$)	Payee address;	DA City;	State; Zip Code				
to 00	Payee address; 1001 WILLIOW	THE DATE	TX 94025				
18 2,00	AGO PKAPON ON STAND	meniopark	CA				
М.	Cotton on a first order list of attitude of this arts	A STATE OF THE STA	<u> </u>				
BUDD 6.5	Category (See Categories listed at the top of this school	Sacroteco • (a)					
PURPOSE OF	in discouling -	Fact book	K				
EXPENDITURE	Havertsing Expen	ise					
	Check if travel outside of Yexas. Complete Sche	edule T. Check if Austin, TX	C, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OH	1						
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i	ATTACH ADDITIONAL COPIES O	TITIO OUTEDULE AS NEEDE	-U				