



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> Jim Herblin		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 431.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,106.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,511.02
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,792.86
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,177.88

**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.

*Jim Herblin*

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 Jim Herblin, and my date of birth is [REDACTED]  
 My address is [REDACTED] Prosper TX 75078 USA  
(street) (city) (state) (zip code) (country)  
 Executed in Collin County, State of Texas, on the 6 day of April, 2023  
(month) (year)

*Jim Herblin*  
Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b> <b>Jim Herblin</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,675.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 3,177.88
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 8,511.02
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**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 <b>Jim Herblin</b>		3 Filer ID (Ethics Commission Filer)
4 Date <b>01/20/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Kathi Ann Rivard</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>Prosper TX 75078</b>	7 Amount of contribution (\$) <b>2,000.00</b>
8 Principal occupation / Job title (See Instructions) <b>NAP</b>		9 Employer (See Instructions)
Date <b>02/03/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Doug Charles</b> Contributor address; City; State; Zip Code [REDACTED] <b>Prosper TX 75078</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/07/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Piki</b> Contributor address; City; State; Zip Code [REDACTED] <b>McKinney, TX 75071</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Scheef &amp; Stone</b>
Date <b>02/10/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Amy Lancaster</b> Contributor address; City; State; Zip Code [REDACTED] <b>Prosper, TX 75078</b>	Amount of contribution (\$) <b>5,000.00</b>
Principal occupation / Job title (See Instructions) <b>NAP</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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 <b>Jim Herblin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/17/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>William Stuckey</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>Grapevine, TX 76099</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) <b>CPA</b>		9 Employer (See Instructions) <b>William Stuckey &amp; Assoc.</b>
Date <b>02/28/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jack Rahner</b> Contributor address; City; State; Zip Code [REDACTED] <b>Prosper, TX 75078</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>IT</b>		Employer (See Instructions) <b>Welltower</b>
Date <b>03/01/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Keresa Richardson</b> Contributor address; City; State; Zip Code [REDACTED] <b>McKinney, TX 75072</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ann Lieber</b> Contributor address; City; State; Zip Code [REDACTED] <b>Prosper, TX 75078</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME <b>Jim Herbln</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/02/2023</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>Gary Dias</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <span style="background-color: black; color: black;">[REDACTED]</span> <b>Prosper, TX 75078</b>	<b>7</b> Amount of contribution (\$)  <b>50.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>03/10/2023</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>Donald Adolff</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <span style="background-color: black; color: black;">[REDACTED]</span> <b>Frisco, TX 75033</b>	<b>Amount of contribution (\$)</b>  <b>25.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>03/20/2023</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>Terry Gooch</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <span style="background-color: black; color: black;">[REDACTED]</span> <b>Little Elm, TX 75068</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>03/23/2023</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>Carolyn Aden</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <span style="background-color: black; color: black;">[REDACTED]</span> <b>Prosper, TX 75078</b>	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Jim Herblin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/23/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Chuck Morgan</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>Frisco, TX 75033</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Karen Busby</b> Contributor address; City; State; Zip Code [REDACTED] <b>Houston, TX 77042</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/23/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Nicole Clutter</b> City; State; Zip Code [REDACTED] <b>Argyle, TX 76226</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/25/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Tad Preston</b> City; State; Zip Code [REDACTED] <b>Frisco, TX 75033</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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 <b>Jim Herblin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/22/2023</b>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Jim Westerheid</b> 6 Contributor address; <small>City; State; Zip Code</small> <b>██████████ McKinney, TX 75072</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Contributor address; <small>City; State; Zip Code</small>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Contributor address; <small>City; State; Zip Code</small>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Contributor address; <small>City; State; Zip Code</small>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**LOANS****SCHEDULE E**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 E: 1
2 FILER NAME Jim Herblin		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 03/13/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jim & Dana Herblin	9 Loan Amount (\$) 3,177.88
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code [REDACTED] Prosper TX 75078	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Jim Herblin	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/10/2023	<b>5</b> Payee name Edgerton Consulting
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<b>6</b> Amount (\$) 750.00	<b>7</b> Payee address; 1540 Keller Pkwy	City; Keller	State; TX	Zip Code 76248
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description Consulting
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/10/2023	Payee name BH & Assoc.
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Amount (\$) 356.27	Payee address; 7651 La Verdura	City; Dallas	State; TX	Zip Code 75248
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/13/2023	Payee name Keepers Press
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Amount (\$) 1,677.88	Payee address; 1905 Alpha	City; Rockwall	State; TX	Zip Code 75087
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 03/03/2023		<b>5</b> Payee name Edgerton Consulting					
<b>6</b> Amount (\$) 1,000.00		<b>7</b> Payee address; 1540 Keller Pkwy		City; Keller	State; TX	Zip Code 76248	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting			<b>(b)</b> Description Consulting			
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
Date 03/17/2023		Candidate / Officeholder name Anedot					
Amount (\$) 306.60		Payee address; 1920 McKinney Ave		City; Dallas,	State; TX	Zip Code 75201	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking			Description fees			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
Date		Candidate / Officeholder name					
Amount (\$)		Payee address;		City;	State;	Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)			Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
Date		Candidate / Officeholder name					
Amount (\$)		Payee address;		City;	State;	Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)			Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
Date		Candidate / Officeholder name					
Amount (\$)		Payee address;		City;	State;	Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)			Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH							

**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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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 FILER NAME Jim Herblin	3 Filer ID (Ethics Commission Filer)
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4 Date 01/29/2023	5 Payee name Edgerton Consulting
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6 Amount (\$) 1,000.00	7 Payee address; 1540 Keller Pkwy	City; Keller	State; TX	Zip Code 76248
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Consulting
	(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 01/29/2023	Payee name Edgerton Consulting
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Amount (\$) 2,121.27	Payee address; 1540 Keller Pkwy	City; Keller	State; TX	Zip Code 76248
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description sign design
	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 02/07/2023	Payee name Edgerton Consulting
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Amount (\$) 1,299.00	Payee address; 1540 Keller Pkwy	City; Keller	State; TX	Zip Code 76248
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description Card designs
	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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