

# 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: <b>20</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mr</b>	FIRST <b>Thomas</b>	MI <b>J</b>
	NICKNAME <b>Tommy</b>	LAST <b>Van Wolfe</b>	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ██████████ Prosper, TX 75078		
<input type="checkbox"/> Change of Address			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ██████████		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mr</b>	FIRST <b>Kevin</b>	MI
	NICKNAME	LAST <b>Owens</b>	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE ██████████ Mckinney, TX 75071		
(Residence or Business)			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ██████████		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month Day Year     THROUGH     Month Day Year 01 / 17 / 2023     03 / 27 / 2023		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 05 / 06 / 2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SIGHT (if known)</b> Prosper ISD School Board Place 5	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

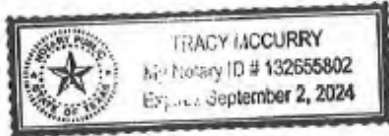
<b>15 C/OH NAME</b> Thomas Van Wolfe		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 423.70
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,310.33
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 119.05
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,979.17
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,775.82
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100.00

**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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Thomas Van Wolfe this the 6 day of April, 2023, to certify which, witness my hand and seal of office.

Tracy McCurry Signature of officer administering oath      Tracy McCurry Printed name of officer administering oath      Notary 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****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> THOMAS VAN WOLFE	<b>20 Filer ID (Ethics Commission Filers)</b>
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<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,525.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 785.33
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 100.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,564.48
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5,839.21
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5,575.48
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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: 8
2 FILER NAME Thomas Van Wolfe		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Owens 6 Contributor address; City; State; Zip Code [REDACTED] McKinney, TX 75071	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jared Johnson Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Purdue Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn Keating Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Thomas Van Wolfe		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Beitel	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code ██████████ Prosper, TX 75078		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcus Ray	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code ██████████ Prosper, TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Bartley	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code ██████████ Prosper, TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jorge Rodriguez	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code ██████████ Frisco, TX 75035		
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.		

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2 FILER NAME Thomas Van Wolfe		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell McClure	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code [REDACTED] Conroe, TX 77385		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Massey	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] Baton Rouge, LA 70820		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant Rutledge	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Davis	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Thomas Van Wolfe		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Todd Evans	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eric Sonneborn	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David & Susan Webster	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Draper	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078	
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>		

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# SCHEDULE A1

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2 FILER NAME Thomas Van Wolfe		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Patterson	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janie Oyakawa	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Davis	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Hendrickson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] Celina, TX 75009		
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

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 8
<b>2</b> FILER NAME Thomas Van Wolfe		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/8/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Kelley ..... <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Torrance, CA 90502	<b>7</b> Amount of contribution (\$) 500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 2/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Pyle ..... Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Jago ..... Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75206	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Cotten ..... Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078	Amount of contribution (\$) 100.00
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

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 8
<b>2</b> FILER NAME Thomas Van Wolfe		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Darling	<b>7</b> Amount of contribution (\$) 500.00
<b>6</b> Contributor address; City; State; Zip Code [REDACTED] McKinney, TX 75071		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 2/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Jessen	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Van Wolfswinkel	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Aldridge	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] Allen, TX 75013		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Thomas Van Wolfe		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shana Wortham 6 Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Caufield Contributor address; City; State; Zip Code [REDACTED] Celina, TX 75009	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kari & RJ Littleton Contributor address; City; State; Zip Code [REDACTED] Prosper, TX 75078	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	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.		

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

**SCHEDULE A2**

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 A2: <b>1</b>	
2 FILER NAME <b>THOMAS VAN WOLFE</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>423.70</b>	
5 Date <b>02/05/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JANETTE CHURCH</b>	8 Amount of Contribution \$ <b>126.10</b>	9 In-kind contribution description <b>FOOD FOR KICK OFF EVENT</b>
7 Contributor address; City; State; Zip Code [REDACTED] <b>PROSPER, TX 75078</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>02/18/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GRETCHEN DARBY</b>	Amount of Contribution \$ <b>235.53</b>	In-kind contribution description <b>SOCIAL MEDIA ADS</b>
Contributor address; City; State; Zip Code [REDACTED] <b>PROSPER, TX 75078</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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 THOMAS VAN WOLFE		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/23/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) THOMAS VAN WOLFE	9 Loan Amount (\$) 100.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	8 Lender address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED] PROSPER, TX 75078	10 Interest rate 0%
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		16 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; _____ City: _____ State: _____ Zip Code: _____	
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? Y N	Lender address; _____ City: _____ State: _____ Zip Code: _____	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; _____ City: _____ State: _____ Zip Code: _____	
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	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME THOMAS VAN WOLFE	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/03/2023	<b>5</b> Payee name FRISCO SPORTS CENTER
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<b>6</b> Amount (\$) 1431.61	<b>7</b> Payee address; 10150 LEGACY DRIVE SUITE 200A FRISCO, TX 75033	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description SHIRTS / HATS WITH LOGO
	<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	Candidate / Officeholder name	Office sought	Office held
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Date 02/05/2023	Payee name MATT HESTER
--------------------	---------------------------

Amount (\$) 200.00	Payee address; [REDACTED] FRISCO, TX 75033	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description D.J
	<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	Candidate / Officeholder name	Office sought	Office held
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Date 02/12/2023	Payee name E FACTOR
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Amount (\$) 1438.73	Payee address; 130 N PRESTON RD UNIT 534 PROSPER, TX 75078	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description KICK OFF EVENT ITEMS
	<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	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	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	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME THOMAS VAN WOLFE	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/05/2023	<b>5</b> Payee name JUMP FOR JOY FRISCO	
<b>6</b> Amount (\$) 418.45	<b>7</b> Payee address; City; State; Zip Code 420 J E WEEMS BLVD STE 1 PROSPER, TX 75078	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE	<b>(b)</b> Description BOUNCE HOUSE FOR KICK OFF EVENT
	<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	Candidate / Officeholder name	Office sought      Office held
Date 02/05/2023	Payee name 3R'S RANCH	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 1695 N COIT RD PROSPER, TX 75078	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description KICKOFF VENUE
	<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	Candidate / Officeholder name	Office sought      Office held
Date 02/27/2023	Payee name EXECUTIVE PRESS	
Amount (\$) 1,469.49	Payee address; City; State; Zip Code 1400 PRESIDENTIAL DR STE 110 RICHARDSON, TX 75081	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# 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	Rolling 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>3</b>	<b>2</b> FILER NAME THOMAS VAN WOLFE	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/15/2023	<b>6</b> Payee name EXECUTIVE PRESS	
<b>6</b> Amount (\$) 606.20	<b>7</b> Payee address; City; State; Zip Code 1400 PRESIDENTIAL DR STE 110 RICHARDSON, TX 75081	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description SIGNS
	<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	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<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	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<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	Candidate / Officeholder name	Office sought                      Office held

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# 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.

<b>1</b> Total pages Schedule F4: 3	<b>2</b> FILER NAME THOMAS VAN WOLFE	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 119.05
<b>5</b> Date 01/20/2023	<b>6</b> Payee name ONLINE CANDIDATE - DALEY PROFESSIONAL	
<b>7</b> Amount (\$) 614.00	<b>8</b> Payee address; City; State; Zip Code PO BOX 402 MONTGOMERY, NY 12549	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER	<b>(b)</b> Description WEBSITE DOMAIN AND SUPPORT
	<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 01/27/2023	Payee name FIRST GRAPHICS SERVICES	
Amount (\$) 2,585.28	Payee address; City; State; Zip Code 229 GARVON ST GARLAND, TX 75040	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F4: 3	<b>2</b> FILER NAME THOMAS VAN WOLFE	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 119.05
<b>5</b> Date 02/07/2023	<b>6</b> Payee name FIRST GRAPHICS SERVICES	
<b>7</b> Amount (\$) 2312.71	<b>8</b> Payee address; City; State; Zip Code 229 GARVON ST GARLAND, TX 75040	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description SIGNS
	<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 02/11/2023	Payee name LOWES	
Amount (\$) 63.49	Payee address; City; State; Zip Code 4301 E UNIVERSITY DR PROSPER, TX 75078	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGN HARDWARE
	<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	Candidate / Officeholder name	Office sought / Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F4: 3	<b>2</b> FILER NAME THOMAS VAN WOLFE	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 119.05
<b>5</b> Date 03/24/2023	<b>6</b> Payee name LOWES	
<b>7</b> Amount (\$) 98.05	<b>8</b> Payee address; City; State; Zip Code 4301 E UNIVERSITY DR PROSPER, TX 75078	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description SIGN HARDWARE
	<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>11</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 03/24/2023	<b>Payee name</b> LOWES	
<b>Amount (\$)</b> 46.63	<b>Payee address; City; State; Zip Code</b> 4301 E UNIVERSITY DR PROSPER, TX 75078	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> SIGN HARDWARE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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	Printing 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 G: 1	<b>2</b> FILER NAME THOMAS VAN WOLFE	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/23/2023	<b>5</b> Payee name VISA	
<b>6</b> Amount (\$) 614.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 900 METRO CENTER BLVD FOSTER CITY, CA 94404	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	<b>(b)</b> Description PAID CREDIT CARD FOR WEBSITE DOMAIN
	<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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 02/09/2023	<b>Payee name</b> VISA	
<b>Amount (\$)</b> 2585.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 900 METRO CENTER BLVD FOSTER CITY, CA 94404	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	<b>Description</b> PAID CREDIT CARD BILL FOR FIRST SIGN ORDER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 02/15/2023	<b>Payee name</b> VISA	
<b>Amount (\$)</b> 2376.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 900 METRO CENTER BLVD FOSTER CITY, CA 94404	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	<b>Description</b> PAID CREDIT CARD WITH 2ND SIGN ORDER AND HARDWARE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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