APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

LL INFORMATION IS REQUIRED TO BE PROVID	ED UNLESS II	NDICATED A						
APPLICATION FOR A PLACE	ON THE _	KISD			rotees	GENER	AL ELECTI	ON BALLOT
TO: City Secretary/Secretary of Board			(name of		. f	المحجدات	law	
I request that my name be placed on the OFFICE SOUGHT (Include any place num	e above-na	med offici	iching num	a candidat) INDICATE 1		iow.	
01	nber or our	er uistingu	isining num	iber, ir arry.		[LINEVELD	
Place lo				DRINT NA	ME AS YOU WA	NT IT TO ADD	UNEXPIR	
FULL NAME (First, Middle, Last)				A C	IVIE AS TOO WA	\ \	EAR ON THE	BALLOT
Adrioning Rom Sc	Mivan			1990	enne	Ruth	501	ivan
PERMANENT RESIDENCE ADDRESS (Do no	t include a P.0	D. Box or Ru	ral Route. If		AILING ADDRES	,		ich you receive
you do not have a residence address, describe		sidence.)		campaign r	elated correspond	ence, if availal	ole.)	
668 Beer Creek		ZIP		CITY			STATE	ZIP
CITY	STATE	7/	N=1.	Cit			JIAIL	
Hurst	1 ×	46	054					
PUBLIC EMAIL ADDRESS (Optional) (Addre		UPATION	(Do not lea	ve blank)	DATE OF BIRT	Н	VOTER REG NUMBER ² (ISTRATION VUID
which you receive campaign related emails, if available		Enc					IAOIAIDEK (optionary
TELEPHONE CONTACT INFORMATION (O		1	(A HE CO.)					
Home:	,	Office:	517	280	2796	Cell:	317 5	187 8119
FELONY CONVICTION STATUS (You MUS	T check one		LENGTH		UOUS RESIDENCE	E AS OF DATE	THIS APPLICA	TION WAS SWORN
I have not been finally convicted of			IN.	THE STATE	OF TEXAS			PRECINCT FROM
I have been finally convicted of a fel	ony, but I ha	ve been		18	(2)	WHICH TH	_	year(s)
pardoned or otherwise released from	m the result	ng	1	0	year(s)			year (3)
disabilities of that felony conviction				\circ	month(s)		9	month(s)
proof of this fact with the submissio *If using a nickname as part of your name	n of this app	n the hallo	t. vou are a	Iso signing a	and swearing to	the following	statements:	I further swear that
my nickname does not constitute a sloga	n or contain	a title, no	r does it in	dicate a po	itical, economic	, social, or re	eligious view c	r affiliation. I have
been commonly known by this nickname	for at least t	hree years	prior to thi	s election.	Please review se	ctions 52.03:	1, 52.032 and	52.033 of the Texas
Election Code regarding the rules for how	names may	be listed o	on the offici	ial ballot.	1		0 6 11	
Before me, the undersigned authority, or	n this day pe	rsonally ap	peared (na	me of candi	date) Alan	241/2	K JULIA	an, who
being by me here and now duly sworn, up				_	Tagg	7	C	ati. Tawas
"I, (name of candidate)				_, of	Jarran	\		nty, Texas,
being a candidate for the office of Killiams of the United States and of the State	of Toyas	am a citize	an of the U	nited States	_, swear that I	will support such office u	and detend to nder the cons	ne Constitution and titution and laws of
this state. I have not been determined b	y a final jud	gment of a	court exer	cising proba	te jurisdiction to	be totally n	nentally incap	acitated or partially
mentally incapacitated without the right	to vote. I ai	n aware of	the nepoti	sm law, Cha	pter 573, Gover	nment Code	. I am aware	that I must disclose
any prior felony conviction, and if so conv	victed, must	provide pr	oof that I ha	ave been pa	rdoned or other	wise release	d from the res	la felony conviction
any such final felony conviction. I am aw status constitutes a Class B misdemeanor	are that know	owingly pro	be foregoin	e informatio	on on the application on the control of the control	anon regard	are in all thing	s true and correct."
Status constitutes a Class B misdemeanor	. Truitile: 3	wear triat t	IIC TOTEBOIL	×	0 0		01.	
			X		10m 15	Sur		
				SIGNATUR	RE OF CANDIDA	ATE		
Sworn to and subscribed before me this t	the 5	day of 12	bruari		2024 by			5 officer
0	(day)		(month)	7	A Controller	ICHELE MAR	ESMITH CAME	date)
Much hell known				M	1 19	ary Public, St	SIB-OI VEXES &	
Signature of Officer Authorized to Admin	ister Oath ⁴			·R ii	Name of Of	hy Commission fice classic 23	z edzo Admiri	ster Oath
10				1		NOTARY ID 13		•
Netary						nice: 25		
Title of Officer Authorized to Administer	Oath	LICATION	IC ACCOL	DANIED DY	THE DECLURED	EII ING EEF	(If Applicable) PAID RV
TO BE COMPLETED BY FILING OFFICER CASH CHECK MONEY ORDER	: THIS APP	EDS CHECK	OR DE	LITION IN A	THE REQUIRED	S FFF	(11 Applicable	J. Alb bi.
1 3/4 -	ee or a non						Registrafibn	Status Verified
This document and \$ filing f	ee or a non	miating pe		1 Page	Milhar	14.	21//	A al
02,05,2024 020	5 20	14 (See Section	n 1.007)	Moto	me	NERT	un_
Date Received Date Acce	pted				Signature of Fili	ing Officer o	r Designee	

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

		CTA Instruction Guide for detailed instructions	1 Total pages filed:
	See	CTA Instruction Guide for detailed instructions.	
2	CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY
	NAME	Mrs. Adrienne R	Filer ID #
		NICKNAME LAST SUFFIX	Date Received
	-1	Adrienna Sullivan	
3	CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
	MAILING ADDRESS	668 Bear Creek Dr.	
		Hurst, TX 76054	Date Hand-delivered or Postmarked
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$
		P118-F8H (FIB)	Date Processed
5	OFFICE HELD (if any)		Date Imaged
6	OFFICE SOUGHT (if known)	KISD Board of Trustees - Plac	e 6
7	CAMPAIGN TREASURER NAME	MS Katie Partington	LAST SUFFIX
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS: APT/SUITE #: CITY: 12650 North Beach Street	STATE, ZIP CODE
(residence or business)	Suite 114-1007 Keller, TX	76244
9	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
	PHONE	(817) 239 - 5030	
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.
		I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of
		I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Code on contributions
		Signature of Candidate	2/5/24 Date Signed
		GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11	
3 CANDIDATE / OFFICEHOLDER	Ms/MRS/MR Mrs	FIRST Adrienne	мі R	OFFICE USE ONLY	
NAME	NICKNAME	Sullivan	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: 668 Bear Cl Hurst, TX 70	reek Drive	CITY; STATE; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817)487	PHONE NUMBER 7-8119	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER	Ms/MRs/MR Ms	FIRST Katie	A A	Date Processed	
NAME	NICKNAME	Partington	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		no po box please); apt / s h Beach Street O Keller, TX 762		STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (817) 239	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 July 15	X 30th day before e	Fuended Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 02 /	Day Year / 05 / 24	THROUGH 03	Day Year / 25 / 24	
11 ELECTION	Month Day	Year Primary	Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	FHOLDER. THESE EXPENDITURE	'S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMINITIEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Adrienne Sulliv	<i>r</i> an	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1645
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ O
	4. TOTAL POLITICAL EXPENDITURES	\$ 509.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 1135.68
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ 0
	wear, or affirm, under penalty of perjury, that the accompanying report is tru uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	d00 <	00
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit	G L MONTEMAYOR Notary Public, State of Texas My Commission Expires July 24, 2025 NOTARY ID 12399284-2	
NOTARY STAMP/SEAL	-	- i
Sworn to and subscribed	before me by Adrienne R. Sullivan this the	4 day of april,
	which, witness my hand and seal of office.	V
Signature of officer administs	Gaye Lynne Montenayor Frinted name of officer administering oath	Title of officer administering oath
Salar of other duminates	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	(street) (city)	state) (zip code) (country)
Executed in	County, State of, on the day of(mont	, 20 (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Con			nmission Filers)
	Adrie	nne Sullivan		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	\checkmark	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1645.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		^{\$} 0
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		^{\$} 0
4.			^{\$} 0	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 509.32
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			^{\$} 0
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			^{\$} 0
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$ O
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		^{\$} 0	
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$ O
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ O
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	^{\$} O

SCHEDULE A1

n the requ	desice information to not applicable, 50 to 1 include the page in the	
Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	ME	3 Filer ID (Ethics Commission Filers)
Adrienne Su	ullivan	
4 Date 3/5/24	5 Full name of contributor	7 Amount of contribution (\$) \$25
	6 Contributor address; City; State; Zip Code	
	668 Bear Creek Drive Hurst, TX 76054	
8 Principal of	ccupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date 3/6/24	Full name of contributor	Amount of contribution (\$) \$50
	Contributor address; City; State; Zip Code	
	5205 Yampa Trail Fort Worth, TX 76137	
Principal oc	ccupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 3/8/24	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 7425 Lowline Drive Fort Worth, TX 76131	
Principal oc	7425 Lowline Drive Fort Worth, TX 76131 cupation / Job title (See Instructions) Employer (See Instru	ctions)
Date 3/8/24	Full name of contributor	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code 400 Monarch Hill Rd Keller, TX 76248	
Principal oc	ccupation / Job title (See Instructions) Employer (See Instru	ctions)
*************************************		NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

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 Adrienne Sulli	van	3 Filer ID (Ethics Commission Filers)
4 Date 3/8/24	5 Full name of contributor	7 Amount of contribution (\$) \$25
	6 Contributor address; City; State; Zip Code Unknown	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date 3/8/24	Full name of contributor	Amount of contribution (\$) \$25
	Contributor address; City; State; Zip Code 2205 Graystone Court Keller, TX 76248	
Principal occup	eation / Job title (See Instructions) Employer (See Instru	uctions)
Date 3/9/24	Full name of contributor	\$25
Principal occup	Unknown pation / Job title (See Instructions) Employer (See Instru	uctions)
Date 3/9/24	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 2214 New Mill Lane Arlington, TX 76012	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL CODIES OF THIS SCHEDLILE AS	NEEDED

SCHEDULE A1

		•
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Adrienne Sull	ivan	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
3/9/24	Carly Alacahan	\$25
	6 Contributor address; City; State; Zip Code	
	Unknown	
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See In	estructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/10/24	Gennadiy Treyger	\$100
	Contributor address; City; State; Zip Code	
	5144 Amergris Trail Keller, TX 76244	
Principal occu	pation / Job title (See Instructions) Employer (See In	structions)
Date	Full name of contributor	Amount of contribution (\$)
3/11/24	Allison Alcott	\$200
	Contributor address; City; State; Zip Code	
	Unknown	
Principal occu	upation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
3/13/24	Michelle Cline	\$50
0/10/21	Contributor address; City; State; Zip Code	
	836 Keller Smithfield Rd South Keller, TX 76248	-
Principal occu	upation / Job title (See Instructions) Employer (See In	nstructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for additi	

SCHEDULE A1

ii die reque	ated information to not applicable, 20 not information		
The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Adrienne Sulli	van		
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
3/13/24	Piper Ogan		\$50
		State; Zip Code	
	11407 Manitoba Drive NE Albuquerque, N	IM 87111	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor	#:	Amount of contribution (\$)
3/13/24	Erin Burton		
3/13/24		State; Zip Code	\$50
	1390 Crimson Lane Keller, TX 76248		
W-4411.00	Todd Offiniadit Earle Trong, 17, 702 fo		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	*:	Amount of contribution (\$)
3/13/24	Cathy Schlebach		\$20
	Contributor address; City; S	State; Zip Code	
	12004 Shadybrook Drive Fort Worth, TX	76244	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	4.	Amount of contribution (\$)
3/13/24	Jillian Boggs		\$25
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State; Zip Code	
	10320 Grayhawk Lane Fort Worth, TX 76	6244	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
		······································	
	ATTACH ADDITIONAL COPIES OF T		

SCHEDULE A1

n dio roquo	ated information is not applicable, be not more		
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Adrienne Sulli	van		
4 Date 3/13/24	5 Full name of contributor	i:)	7 Amount of contribution (\$) \$10
		State; Zip Code	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ions)
Date 3/13/24	Full name of contributor out-of-state PAC (ID# Kimberly Bodley Contributor address; City; S 7904 Shady Oaks Drive North Richland Hi	State; Zìp Code	Amount of contribution (\$) \$100
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 3/13/24	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$50
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 3/14/23	Full name of contributor		Amount of contribution (\$) \$10
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDIII E AS N	FEDED
	If contributor is out-of-state PAC, please see Instructi		

SCHEDULE A1

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:7
FILER NAM		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/24	5 Full name of contributor	7 Amount of contribution (\$) \$100
	6 Contributor address; City; State; Zip Code Unknown	
Principal of	ccupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 3/16/24	Full name of contributor	Amount of contribution (\$) \$25
	4209 Doe Creek Trail Fort Worth, TX 76244	
Principal oc	cupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 3/17/24	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 321 Calais Drive Keller, TX 76248	
Principal oc	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Date 3/20/24	Full name of contributor out-of-state PAC (ID#:) Chad Dyer Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25
	9321 Niles Court Fort Worth, TX 76244 cupation / Job title (See Instructions) Employer (See Instruc	

SCHEDULE A1

n oro roque	saco mornation lo not applicable, 55 tro : morate tr	p
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Adrienne Sul	livan	
4 Date 3/20/24	5 Full name of contributor Caroline Sherman 6 Contributor address; City; State;	7 Amount of contribution (\$) \$30
	1034 Canterbury Lane Keller, TX 76248	
8 Principal occ	supation / Job title (See Instructions) 9 Empl	oyer (See Instructions)
Date 3/22/24	Full name of contributor	Amount of contribution (\$) \$100
	Unknown	
Principal occu	upation / Job title (See Instructions) Empl	oyer (See Instructions)
Date 3/24/24	Full name of contributor	\$100
	Contributor address; City; State; 12308 Water Oak Drive Fort Worth, TX 7624	Zip Code
Principal occi	upation / Job title (See Instructions) Empl	oyer (See Instructions)
Date 3/24/24	Full name of contributor out-of-state PAC (ID#: Jason Remmenga	Amount of contribution (\$) \$200
	Contributor address; City; State; 1801 Mason Court Keller, TX 76248	Zip Code
Principal occi	upation / Job title (See Instructions) Emp	oyer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS S If contributor is out-of-state PAC, please see Instruction gui	

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1	Adrienne Sullivan		
\$ Date	5 Payee name		
3/18/24	Imprint.com		
Amount (\$)	7 Payee address;	City;	State; Zip Code
	14550 Beechnut Street		
424.32	Houston, TX 77083		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Advertising Expense	Campaign Si	ans
	(c) Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2010			
3/25/24	Donorbox		
Amount (\$)	Payee address;	City;	State; Zip Code
	1520 Belle View Blvd #4106		
28.79	Alexandria, VA 22307		
20.13	Category (See Categories listed at the top of this schedule)	Description	
	Category (dec dategories listed at the top or this solitodity)	D G G G G G G G G G G G G G G G G G G G	
PURPOSE OF		Lacocontrati	
EXPENDITURE	Fees	Donation Pla	trorm Fees
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
expenditure to benefit C/OF	Payee name	,	
Date	Payee name	,	
		City;	State; Zip Code
Date 3/25/24	Payee name Stripe Inc Payee address;	City;	State; Zip Code
Date 3/25/24 Amount (\$)	Payee name Stripe Inc	City;	State; Zip Code
Date 3/25/24	Stripe Inc Payee address; 354 Oyster Point Blvd South	City;	State; Zip Code
Date 3/25/24 Amount (\$) 56.21	Stripe Inc Payee address; 354 Oyster Point Blvd South San Francisco, CA 94080	No. of the last of	State; Zip Code
Date 3/25/24 Amount (\$) 56.21 PURPOSE OF	Payee name Stripe Inc Payee address; 354 Oyster Point Blvd South San Francisco, CA 94080 Category (See Categories listed at the top of this schedule)	Description	
Date 3/25/24 Amount (\$) 56.21 PURPOSE	Stripe Inc Payee address; 354 Oyster Point Blvd South San Francisco, CA 94080	Description	State; Zip Code
Date 3/25/24 Amount (\$) 56.21 PURPOSE OF	Payee name Stripe Inc Payee address; 354 Oyster Point Blvd South San Francisco, CA 94080 Category (See Categories listed at the top of this schedule)	Description Donation Pro	
Date 3/25/24 Amount (\$) 56.21 PURPOSE OF	Payee name Stripe Inc Payee address; 354 Oyster Point Blvd South San Francisco, CA 94080 Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Donation Pro	cessing Fees

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	luide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11	
GANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs NICKNAME	Adrienne LAST Sullivan	MI R SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	668 Bear Cl Hurst, TX 7	reek Drive	CITY; STATE; ZIP CODE	April 26, 2024	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817)487	PHONE NUMBER 7-8119	EXTENSION	Date Hand-delivered o Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS NICKNAME	Katie Kast Partington	A SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S h Beach Street 0 Keller, TX 762		STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 239-5030				
9 REPORT TYPE	January 15 July 15	X 8th day before ele	Cupoded Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Atlach C/OH - FR)	
10 PERIOD COVERED	Month 03	Day Year / 26 / 24	THROUGH 04	Day Year / 24 / 24	
11 ELECTION	Month Day	Year Primary	Description	E	
12 OFFICE	OFFICE HELD (if any))	13 OFFICE SOUGHT (if know KISD Board of T	rustees - Place 6	
14 NOTICE FROM	THE CANDIDATE / OFFIC	CEUOI DED THESE EYDENDITHE	ES MAY HAVE REEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPO NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE (THEY RECEIVE NOTICE OF SUCH EXPENDITURE	
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE ADDRESS			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

O/AIIII / II O					
15 C/OH NAME Adrienne Sulliv	/an		16 Filer II	D (Ethics Com	mission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	N	\$0	
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS	TIONS , OR GUARANTEES OF LOANS)		\$ 2940	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	EXPENDITURE.		\$0	
	4. TOTAL POLITICAL EXPENDIT	JRES		\$ 1752.60	6
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	ST DAY	\$ 2323.0	2
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING I		F THE	\$ O	
	wear, or affirm, under penalty of perjury, that united to be reported by me under Title 15, Elec		ie and corr	rect and include	les all information
red	quired to be reported by me under Title 15, Elec	Morr Code.			
		A 0 R _	01		
		1 den 5	my 42	-	
		Signature of Ca	andidate o	r Officeholder	
	Please comple	ete either option belov	w:		
	CATHERINE WHITE	ED			
	My Notary ID # 6447	598			
(1) Affidavit	Expires June 17, 20)26			
	CAPITES COME TO A STATE OF THE				
NOTARY STAMP/SEA		11.	20-4	n A	2-1
Sworn to and subscribed	before me by TWIEWWE	this the	16	day of	<i>γ</i> γι ·,
20 247, to certify	which, witness by hand and seal of office.	ne. Whited		Votar	4
Signature of officer administr	a from the contraction			Title of officer	administering oath
EN EUR CANEAUS		OR INC.			0 27081
(2) Hanner Declarat	en.				
(2) Unsworn Declarati	611				
My name is		, and my date of birth i	is		•
					•
	(street)		(state)	(zip code)	(country)
Executed in	County, State of	, on theday of	nth)	, 20 (year)	
		(mon	iu 1 <i>)</i>	(year)	
		Signature of Cano	didate/Offic	eholder (Decla	arant)

SUBTOTALS - C/OH

19	FILER NAME	nmission Filers)		
1	Adrienne Sullivan			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2940.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	6	^{\$} 0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		^{\$} 0	
4.	SCHEDULE E: LOANS	^{\$} 0		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	^{\$} 1752.66		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	\$ 0		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL I	\$ 0		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$ 0		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ O	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	BUTIONS RETURNED	^{\$} 0	

SCHEDULE A1

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

ii tile reque	ssted information to not applied	0,000		
The	e Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Adrienne Sul				3 Filer ID (Ethics Commission Filers)
4 Date 3/29/24	5 Full name of contributor Randall Campbell	out-of-state PAC		7 Amount of contribution (\$) \$250
	6 Contributor address;	City;	State; Zip Code	
	Unknown			
8 Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 3/30/24	Elizabeth Brown	out-of-state PAC	C (ID#:)	Amount of contribution (\$) \$25
	Contributor address;	City;	State; Zip Code	
	Unknown			
Principal occi	upation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date 4/2/24	Full name of contributor Lisa Lara	out-of-state PAG	C (ID#:)	Amount of contribution (\$) \$10
	Contributor address;	City;	State; Zip Code	
	Unknown			
Principal occ	upation / Job title (See Instructions)		Employer (See Instru	ctions)
Date 4/2/24	Full name of contributor Jennifer Miller	out-of-state PA	C (ID#:)	Amount of contribution (\$) \$50
	Contributor address;	City;	State; Zip Code	
	Unknown			
Principal occ	upation / Job title (See Instructions)		Employer (See Instru	ctions)
			I	
	ATTACH ADDI	TIONAL COPIES	OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

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

Addreinne Sullivan 4 Date 5 Full name of contributor out-of-state PAC (ID#:	Т	he Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
Andrew Sternke 6 Contributor address: City: State: Zip Code 1108 Wickford Court Keller, TX 76248 8 Principal occupation / Job title (See Instructions) Date 4/3/24 Full name of contributor Casey Jones City: State: Zip Code 11716 Wild Pear Lane Fort Worth, TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$900 City: State: Zip Code 11716 Wild Pear Lane Fort Worth, TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$900 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$50				3 Filer ID (Ethics Commission Filers)
Andrew Sternke 6 Contributor address; City: State: Zip Code 1108 Wickford Court Keller, TX 76248 8 Principal occupation / Job title (See Instructions) Date 4/3/24 Principal occupation / Job title (See Instructions) City: State: Zip Code 11716 Wild Pear Lane Fort Worth, TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$900 Amount of contribution (\$) \$900 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$50	Adrienne Su	ıllivan		
1108 Wickford Court Keller, TX 76248	4 Date 4/2/24		PAC (ID#:)	
Date 4/3/24 Full name of contributor				
Casey Jones City; State; Zip Code 11716 Wild Pear Lane Fort Worth, TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	8 Principal or	ccupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) RandallCampbell Contributor address; City; State; Zip Code Unknown Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$900 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code Value of State PAC (ID#:	Date 4/3/24		PAC (ID#:)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) ### Date				
A/3/24 RandallCampbell Contributor address; City; State; Zip Code Unknown Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code	Principal oc			etions)
Contributor address; City; State; Zip Code Unknown Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 4/3/24 Full name of contributor			PAC (ID#:)	Amount of contribution (\$) \$900
Date 4/3/24 Full name of contributor		Contributor address; City;		
4/3/24 Michael Olmstead \$50 Contributor address; City; State; Zip Code	Principal oc	cupation / Job title (See Instructions)	Employer (See Instru	ctions)
Contributor address; City; State; Zip Code			PAC (ID#:)	Amount of contribution (\$) \$50
COOM : Gold Dood Walley TV 76040				
620 Mulifield Road Keller, 1X 76246		620 Muirfield Road Keller, TX 7	76248	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal oc	ccupation / Job title (See Instructions)	Employer (See Instru	ctions)

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

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)
Adrienne Sulli	van		
4 Date 4/3/24	Gabrielle Gordon	(ID#:)	\$125
	6 Contributor address; City;	State; Zip Code	
	76 Corral Drive North Fort Worth	n, TX 76244	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 4/4/24	Full name of contributor ut-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/4/24	Mary Beth McCormack	7.0.4	\$50
	Contributor address; City;	State; Zip Code	
	2213 Graystone Ct Keller, TX 762	48	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/5/24	Andrew Sternke		\$650
	Contributor address; City;	State; Zip Code	
	1108 Wickford Court Keller, TX	76248	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 4/5/24	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
	4209 Doe Creek Trail Fort Worth	n, TX 76244	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE A1

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

ii tile reque	sted information is not applicable, bo NoT include this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Adrienne Sull	ivan	
4 Date 4/6/24	out-of-state PAC (ID#:) Erin Martin	7 Amount of contribution (\$) \$15
	Contributor address; City; State; Zip Code 7901 Klamath Mountain Rd Fort Worth, TX 76137	
8 Principal occi	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 4/8/24	Full name of contributor	\$50
	Contributor address; City; State; Zip Code Unknown	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4/10/24	Full name of contributor	Amount of contribution (\$) \$50
	Contributor address; City; State; Zip Code 336 Huffman Bluff Keller, TX 76248	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	otions)
Date 4/10/23	Full name of contributor	Amount of contribution (\$) \$10
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	ctions)

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SCHEDULE A1

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

Tł	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM Adrienne Su		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/24	Jaime Sather	\$25 ; Zip Code
8 Principal oc	cupation / Job title (See Instructions) 9 Er	nployer (See Instructions)
Date 4/10/24	Full name of contributor out-of-state PAC (ID#:	e; Zip Code
Principal occ	supation / Job title (See Instructions)	nployer (See Instructions)
Date 4/11/24	Full name of contributor	\$20
Principal occ	cupation / Job title (See Instructions)	nployer (See Instructions)
Date 4/11/24	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$100 e; Zip Code
Principal occ	cupation / Job title (See Instructions)	nployer (See Instructions)

Full name of contributor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

				1 Total pages Schedule A1:
The	e Instruction Guide explains how t	o complete this	form.	6
FILER NAME				3 Filer ID (Ethics Commission Filers)
drienne Sull				
4/12/24	Full name of contributor Dawn Lydick		C (ID#:)	Amount of contribution (\$) . \$50
	Contributor address; 8005 Sitka Street	City; Fort Worth	State; Zip Code h, TX 76137	
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date 4/13/24	Full name of contributor Carlson Sharpless	out-of-state PAC	C (ID#:)	Amount of contribution (\$) \$100
	Contributor address; 8965 Vantage Point Drive	City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
4/19/24	Frederick Gay	20		\$25
	Contributor address; Unknown	City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instru	actions)

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

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

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
	Adrienne Sullivan			
4 Date 4/8/24	Community Impact			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
935.91	16225 Impact Way Pflugerville, TX 78660			
8	(a) Category (See Categories listed at the top of this schedule)			
PURPOSE		Newspaper	Ads	
OF EXPENDITURE	Advertising Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/25/24	Donorbox			
Amount (\$)	Payee address;	City;	State;	Zip Code
49.77	1520 Belle View Blvd #4106 Alexandria, VA 22307			
40.11	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Fees	Donation Pla	tform Fees	
EXTERMINATE	Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/25/24	Stripe Inc	0.1	Chatai	Zip Code
Amount (\$)	Payee address;	City;	State;	Zip Code
	354 Oyster Point Blvd South			
92.37	San Francisco, CA 94080	Description		
DUDDGGE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Face	Donation Pro	ocessing Fee	
EXPENDITURE	Fees Check if travel outside of Toyon Complete Schedule T	,	tin, TX, officeholder living	
	Check if travel outside of Texas. Complete Schedule T.	Office sought	in, 17, onicationer fiving	Office held
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Once sought		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Expense Travel Out of Dis

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wi The Instruction Guide explains how to co	eges/Contract Labor emplete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
2	Adrienne Sullivan			
4 Date	Payee name			
3/26/24	Imprint.com			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
410.35	14550 Beechnut Street Houston,	TX 77083		
8	(a) Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Advertising Expense	Yard Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/17/24	Copy and Ship HQ			
Amount (\$)	Payee address;	City;	State;	Zip Code
183.07	750 S Main St #150 Keller, TX 76	6248		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Advertising Expense	Postage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/11/24	Image Plus Printing			
Amount (\$)	Payee address;	City;	State;	Zip Code
81.19	5850 Kroger Drive #150 Fort Wor	rth, TX 76244		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Printing Expense	Info Cards/	'Handouts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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 NE	EDED	