

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: 11		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Wesley	MI G	OFFICE USE ONLY	
	NICKNAME Grant	LAST DeBois	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, [REDACTED]	APT / SUITE #,	CITY; Rockwall TX	STATE; TX	ZIP CODE 75087
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (479)	PHONE NUMBER 544-4856	EXTENSION	Date Received
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Larry	MI	Receipt #	Amount \$
	NICKNAME	LAST Parks	SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); [REDACTED]	APT / SUITE #;	CITY; Rockwall	STATE; TX	ZIP CODE 75087
	8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 532-1659	EXTENSION	Date Hand-delivered or Date Postmarked
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
	10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 2 / 12 / 2024 4 / 3 / 24		
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5 / 4 / 24	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) —	13 OFFICE SOUGHT (if known) RISD Board of Trustees, Place 3			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Wesley Grant DuBois</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>— \$0-</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4,900</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>— \$0-</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,710.73</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2,189.27</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>2,000-</i>

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.

Wesley Grant DuBois

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 *Wesley Grant DuBois*, and my date of birth is *7/30/87*

My address is _____, *Rockwall*, *TX*, *75087*, *USA*
(street) (city) (state) (zip code) (country)

Executed in *Rockwall* County, State of *Texas*, on the *4* day of *April*, 20*24*
(month) (year)

Wesley Grant DuBois

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Wesley Grant DuBois</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,900 ⁻
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,000 ⁻
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,710.73
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 3
2 FILER NAME Wesley Grant DuBois		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesley Grant DuBois	7 Amount of contribution (\$) \$ 1,000
6 Contributor address; City; State; Zip Code [REDACTED] Rockwall TX 75087		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Phelps	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 214 Alta Vista Dr. Rockwall TX 75087		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Hughes	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 1209 S. Lakeshore Dr. Rockwall TX 75087		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Greg Gray	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 1012 Ridge Road Rockwall TX 75087		
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

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: 3
2 FILER NAME <i>Wesley Grant DuBois</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/12/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Offices of John Gussio</i>	7 Amount of contribution (\$) <i>\$500-</i>
6 Contributor address; City; State; Zip Code <i>1082 Ridge Road Rockwall TX 75087</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>2/12/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lorne Licchty</i>	Amount of contribution (\$) <i>\$1,000-</i>
Contributor address; City; State; Zip Code <i>502 Terry Lane Heath TX 75072</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/12/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denayne Cain</i>	Amount of contribution (\$) <i>\$500-</i>
Contributor address; City; State; Zip Code <i>305 Stonebridge Rockwall TX 75087</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/12/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Short</i>	Amount of contribution (\$) <i>\$250-</i>
Contributor address; City; State; Zip Code <i>1850 Signal Ridge Pl. Rockwall TX 75087</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 3
2 FILER NAME <i>Wesley Grant DuBois</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/14/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Israel Perez</i>	7 Amount of contribution (\$) <i>\$250-</i>
6 Contributor address; City; State; Zip Code <i>242 Airline Ln. Fate TX 75087</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/17/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stan Jeffus</i>	Amount of contribution (\$) <i>\$100-</i>
Contributor address; City; State; Zip Code <i>2606 Cypress Dr. Rockwall TX 75087</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/19/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Russ Childers</i>	Amount of contribution (\$) <i>\$200-</i>
Contributor address; City; State; Zip Code <i>2175 Garden Crest Rockwall TX 75087</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: <u>1</u>
2 FILER NAME <u>Wesley Grant DuBois</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>—</u>
5 Date of loan <u>2/12/24</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wesley Grant DuBois</u>	9 Loan Amount (\$) <u>\$2,000-</u>
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code [REDACTED] <u>Rockwall TX 75087</u>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <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	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Wesley Grant DuBois	3 Filer ID (Ethics Commission Filers)
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4 Date 2/14/24	5 Payee name Keepers Press
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6 Amount (\$) \$ 1,567.46	7 Payee address; 520 Loma Vista	City; Heath	State; TX	Zip Code 75032
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Bulk sign purchase
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/24	Payee name Q-Ball Design
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Amount (\$) \$ 644.09	Payee address; 102 Tyler St.	City; Rockwall	State; TX	Zip Code 75087
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Logo design fees/invoice
	<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 2/15/24	Payee name Lowes Home Improvement
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Amount (\$) \$ 223.61	Payee address; 851 Steger Towne Crossing	City; Rockwall	State; TX	Zip Code 75032
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign equipment purchase, t-posts, zip ties, gloves
	<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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Wesley Grant Dubois	3 Filer ID (Ethics Commission Filers)
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4 Date 3/23/24	5 Payee name Loues Home Improvement
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6 Amount (\$) \$90.87	7 Payee address; 851 Steyer Towne Crossing	City; Rockwall	State; TX	Zip Code 75087
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-Parts + Zip ties
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/29/24	Payee name Rockhopper Apparel + Designs
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Amount (\$) \$313.76	Payee address; 2003 Industrial Blvd.	City; Rockwall	State; TX	Zip Code 75087
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-shirt design + order
	<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 3/30/24	Payee name Facebook
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Amount (\$) \$9.00	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Post-boost cost
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Wesley Grant DuBois	3 Filer ID (Ethics Commission Filers)
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4 Date 4/1/24	5 Payee name Facebook
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6 Amount (\$) \$15-	7 Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Post-boost cost
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/2/24	Payee name Facebook
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Amount (\$) \$10-	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Post-boost cost
	<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 4/3/24	Payee name Facebook
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Amount (\$) \$30-	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Post-boost cost
	<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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