

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 Filer)	2 Total pages filed:	12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mr Michael	MI J	OFFICE USE ONLY				
	NICKNAME Mike	LAST Capizzi	SUFFIX	Date Received 4-3-25				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	New Braunfels Texas 78130		
Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (830)	PHONE NUMBER 302-6065	EXTENSION		Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr Russel	MI	Receipt #				
	NICKNAME Gibble	LAST	SUFFIX	Amount \$				
Date Processed								
Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2 Mission Trace New Braunfels TX 78130							
8 CAMPAIGN TREASURER PHONE	AREA CODE (325)	PHONE NUMBER 212-2988	EXTENSION					
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 2	Day 14	Year 25	THROUGH	Month 4	Day 3	Year 25	
11 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month 5	Day 3	Year 25	<input type="checkbox"/>	Primary	<input type="checkbox"/>	Runoff	<input type="checkbox"/>
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) New Braunfels City Council District 2				
14 NOTICE FROM POLITICAL COMMITTEE(S) 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 <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

15 C/OH NAME Michael Capizzi	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) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 11,466.01
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 6,896.56
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4,569.45
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

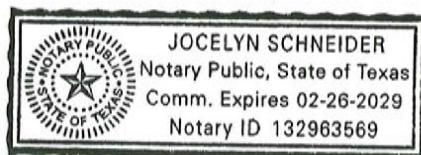
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael Capizzi this the 3rd day of April, 20 25, to certify which, witness my hand and seal of office.

Jocelyn Schneider
Signature of officer administering oath

Jocelyn Schneider
Printed name of officer administering oath

Records Management Coordinator
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 TX, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Michael Capizzi	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 249.51
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,539.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 656.35
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5,066.50
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. 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: 4
2 FILER NAME Michael Capizzi			3 Filer ID (Ethics Commission Filers)
4 Date 02/28/20	5 Full name of contributor Gary Seals	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 3,000.00
	6 Contributor address; New Braunfels Tx	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) VP SSB of Tx		9 Employer (See Instructions)	
Date 02/21/20	Full name of contributor Russel Gribble	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; New Braunfels Tx	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Vp Operations		Employer (See Instructions)	
Date 03/04/20	Full name of contributor Daniel Byrom	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.00
	Contributor address; San Antonio Tx	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Vp Operations		Employer (See Instructions)	
Date 03/05/20	Full name of contributor Carl Dugart	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; New Braunfels Tx	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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 4
2 FILER NAME Michael Capizzi			3 Filer ID (Ethics Commission Filers)
4 Date 03/04/20	5 Full name of contributor Justin Bendele	out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) 100.00
	6 Contributor address; Boerne Tx	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Director of Operations		9 Employer (See Instructions)	
Date 03/06/20	Full name of contributor Steve Diggs	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 200.00
	Contributor address; New Braunfels Tx	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/06/20	Full name of contributor Robin Jeffers	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 500.00
	Contributor address; New Braunfels Tx	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/06/20	Full name of contributor Craig Robinson	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 100.00
	Contributor address; Schertz Tx	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 4
2 FILER NAME Michael Capizzi			3 Filer ID (Ethics Commission Filers)
4 Date 03/06/20	5 Full name of contributor Rusty Medlin	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 200.00
	6 Contributor address; Spring Branch Tx	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/06/20	Full name of contributor Max Harford	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; New Braunfels Tx	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/20	Full name of contributor Eleanor Lee	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00
	Contributor address; New Braunfels Tx	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/20	Full name of contributor Eric Schauteet	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; New Braunfels Tx	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 4
2 FILER NAME Michael Capizzi			3 Filer ID (Ethics Commission Filers)
4 Date 03/26/20	5 Full name of contributor James Ingalls	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; New Braunfels TX	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor Contributor address;	out-of-state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Contributor address;	out-of-state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Contributor address;	out-of-state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)
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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2:</p>
<p>2 FILER NAME Michael Capizzi</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				<p>\$</p>
<p>5 Date 03/05</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melodye Tomsu</p>			<p>8 Amount of Contribution \$ 249.51</p>
	<p>7 Contributor address; City; State; Zip Code New Braunfels Tx</p>			<p>9 In-kind contribution description Website</p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>				

<p>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) VP Business and Client Development</p>	<p>11 Employer (FOR NON-JUDICIAL)(See Instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>	<p>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>	<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>	

<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of Contribution \$</p>	<p>In-kind contribution description</p>
	<p>Contributor address; City; State; Zip Code</p>	<p>Check if travel outside of Texas. Complete Schedule T.</p>	
<p>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL)(See Instructions)</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Michael Capizzi	3 Filer ID (Ethics Commission Filers)	
4 Date 03/06/2025	5 Payee name Big Frog		
6 Amount (\$) 248.98	7 Payee address; 1551 N. Walnut Avenue New Braunfels TX 78130	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Nametags and Stickers	
	(c) Check if travel outside of Texas. Complete Schedule T.	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
Date 03/05/2025	Payee name Harland Checks		
Amount (\$) 29.32	Payee address; Security State Bank and Trust of Texas New Braunfels TX 78130	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Checks	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/06/2025	Payee name Krauses Cafe		
Amount (\$) 291.35	Payee address; 148 S. Castell Avenue New Braunfels Tx 78130	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage	Description Meet and Greet	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Michael Capizzi	3 Filer ID (Ethics Commission Filers)	
4 Date 03/10/2025	5 Payee name Kately Shea		
6 Amount (\$) 230.29	7 Payee address; San Antonio Tx	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description Flyers/Design Print	
	(c) Check if travel outside of Texas. Complete Schedule T.	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
Date 03/14/2025	Payee name Direct Texas		
Amount (\$) 649.50	Payee address; 1260 S Business IH 35 New Braunfels Tx 78130	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/28/2025	Payee name Sundance Print and Copy		
Amount (\$) 89.56	Payee address; New Braunfels Tx 78130	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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.

1 Total pages Schedule F2: 1	2 FILER NAME Michael Capizzi	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 656.35	
5 Date 04/01/2025	6 Payee name Direct Texas/Voter Direct Texas		
7 Amount (\$) 656.35	8 Payee address; 1260 S. Business IH 35 New Braunfels TX 78130	City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Flyers/Campaign Materials	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Michael Capizzi		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	5 Payee name Thomas Printworks		
6 Amount (\$) 4,759.21 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date 03/28/2025	Payee name Home Depot		
Amount (\$) 47.29 Reimbursement from political contributions intended	Payee address; City; State; Zip Code IH 35 Access Rd New Braunfels Tx 78130		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Hardware for signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date 03/28/2025	Payee name Lowes		
Amount (\$) 260.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code IH 35 Access Rd New Braunfels TX 78130		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign Hardware	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
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