

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: 7								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mary A NICKNAME LAST SUFFIX Labowski	OFFICE USE ONLY Date Received 5/2/2023									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE New Braunfels, TX 78130	Date Hand-delivered or Date Postmarked 									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 515-0169	Receipt # Amount \$									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Kimberly D NICKNAME LAST SUFFIX Finn	Date Processed 									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 310-2504										
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year 4 / 4 / 2023 THROUGH Month Day Year 4 / 28 / 2023										
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 2023 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Council District 5									
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. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 5px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">☐ GENERAL</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">☐ SPECIFIC</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"></td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Mary Ann Labowski

16 Filer ID (Ethics Commission Filers)

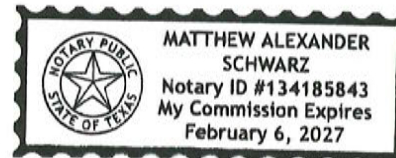
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 900 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 810 ⁷⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 89. ³⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Mary Ann Labowski
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mary Ann Labowski this the 2nd day of May, 2023

to certify which, witness my hand and seal of office.

Matthew Alexander Schwarz
Signature of officer administering oath

Matthew Alexander Schwarz
Printed name of officer administering oath

Assistant City Secretary
Notary Public
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

19 FILER NAME

Kimberly Finn

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 900 ⁰⁰
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	☐	SCHEDULE E: LOANS	\$ —
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 810 ⁷⁰
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Kimberly Finn		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2023	5 Full name of contributor ☐ out-of-state PAC (ID#: Luke Speckman	7 Amount of contribution (\$) 750⁰⁰
6 Contributor address; City; State; Zip Code New Braunfels Tx 78130		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/25/2023	Full name of contributor ☐ out-of-state PAC (ID#: J Brewer	Amount of contribution (\$) \$150⁰⁰
Contributor address; City; State; Zip Code New Braunfels Tx 78130		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ 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.

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Kimberly Finn		3 Filer ID (Ethics Commission Filers)	
4 Date 4/7/23		5 Payee name LOWES			
6 Amount (\$) \$248.08		7 Payee address; 1455 IH 35 S. New Braunfels TX		City; TX	State; 78130
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Supplies for Banners		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/7/2023		Payee name LOWES			
Amount (\$) \$20.83		Payee address; 1455 IH 35 S. New Braunfels TX		City; TX	State; 78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Supplies for Banners		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/14/23		Payee name Office Depot			
Amount (\$) \$21.08		Payee address; 1435		City; New Braunfels TX	State; 78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Supplies for Campaigning		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, 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 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 3		2 FILER NAME Kimberly Finn		3 Filer ID (Ethics Commission Filers)	
4 Date 4/24/23		5 Payee name LOWES			
6 Amount (\$) \$21.26		7 Payee address: City: State: Zip Code 1455 IH 35 S. New Braunfels TX 78130			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Tee Post for Banners		
	(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 4/24/2023		Payee name Faust Brewery			
Amount (\$) \$138.46		Payee address: City: State: Zip Code 2011 Castell Ave New Braunfels TX 78130			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Food		
	☐ 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 4/24/23		Payee name Mayor's Prayer Breakfast			
Amount (\$) \$33.05		Payee address: City: State: Zip Code New Braunfels TX 78130			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaigning		Description Campaigning Event		
	☐ 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	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 3		2 FILER NAME Kimberly Finn		3 Filer ID (Ethics Commission Filers)	
4 Date 4/25/23		5 Payee name Imprint			
6 Amount (\$) \$202.02		7 Payee address: 14550 Beechnut		City, State, Zip Code Houston TX 77083	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Print Expense		(b) Description Banners		
	(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 4/20/2023		Payee name LOWES			
Amount (\$) \$115.12		Payee address: 14551#5 New Braunfels		City, State, Zip Code Tx 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertis.ing Expense		Description T Post Zip Ties		
	☐ 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 4/20/23		Payee name Herald-Zeitung			
Amount (\$) \$204.00		Payee address: Landia St		City, State, Zip Code New Braunfels, Tx 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Ad		
	☐ 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

DATE	DESCRIPTION	MEMO	AMOUNT	CURRENT BALANCE
4/28/2023	Service Charge/Fee		(\$10.00)	\$411.04
	MONTHLY SERVICE CHARGE			
4/28/2023	NEW BRAUNFELS HERALD 830-625-9144 CARD: 5824493 04/27/2023 07:19		(\$204.00)	\$421.04
	Debit Card Purchase			
4/28/2023	LOWES #02812* NEW BRAUNFELS CARD: 5824493 04/27/2023 01:00		(\$115.12)	\$625.04
	Debit Card Purchase			
4/25/2023	IMPRINT.COM HTTPSIMPRINT. CARD: 5824493 04/25/2023 16:20		(\$202.02)	\$740.16
	Debit Card Purchase			
4/25/2023	Mobile Deposit		\$150.00	\$942.18
4/24/2023	EB 2023 MAYORS PRAYER 801-413-7200 CARD: 5824493 04/24/2023 13:14		(\$33.85)	\$792.18
	Debit Card Purchase			
4/24/2023	FAUST BREWING COMPANY 830-6099086 CARD: 5824493 04/23/2023 18:19		(\$138.46)	\$826.03
	Debit Card Purchase			
4/24/2023	LOWES #02812* NEW BRAUNFELS CARD: 5824493 04/21/2023 10:19		(\$27.26)	\$964.49
	Debit Card Purchase			
4/14/2023	OFFICE DEPOT #472 NEW BRAUNFELS CARD: 5824493 04/13/2023 10:03		(\$21.08)	\$991.75
	Debit Card Purchase			
4/11/2023	Mobile Deposit		\$750.00	\$1,012.83
4/7/2023	LOWES #2812 NEW BRAUNFELS CARD: 5824493 04/07/2023 14:08		(\$20.83)	\$262.83
	Debit Card Purchase			
4/7/2023	LOWES #02812* NEW BRAUNFELS CARD: 5824493 04/06/2023 21:37		(\$48.08)	\$283.66
	Debit Card Purchase			
4/3/2023	Mobile Deposit		\$250.00	\$331.74
3/31/2023	Square Inc 230331P2 L21638045126		\$48.25	\$81.74
	Electronic Deposit			
3/30/2023	LOWES #02812* NEW BRAUNFELS CARD: 5824493 03/30/2023 12:49		(\$45.75)	\$33.49
	Debit Card Purchase			
3/30/2023	Square Inc 230330P2 L21637939333		\$48.25	\$79.24
	Electronic Deposit			
3/28/2023	UZ MARKETING 832-598-7226 CARD: 5824493 03/28/2023 17:38		(\$333.58)	\$30.99
	Debit Card Purchase			
3/28/2023	Square Inc 230328P2 L21637718453		\$19.12	\$364.57
	Electronic Deposit			
3/27/2023	THE HOME DEPOT 8520 NEW BRAUNFELS CARD: 5824493 03/25/2023 05:45		(\$89.90)	\$345.45
	Debit Card Purchase			
3/27/2023	Teller Deposit		\$120.00	\$435.35
3/23/2023	UZ MARKETING 832-598-7226 CARD: 5824493 03/23/2023 23:55		(\$411.36)	\$315.35
	Debit Card Purchase			
3/23/2023	LOWES #2812 NEW BRAUNFELS CARD: 5824493 03/23/2023 17:03		(\$17.71)	\$726.71
	Debit Card Purchase			
3/23/2023	DRI*NEXTDAYFLYERS 855-898-9870 CARD: 5824493 03/22/2023 04:49		(\$107.93)	\$744.42
	Debit Card Purchase			
3/22/2023	IN *DIRECT TEXAS 830-6277744 CARD: 5824493 03/21/2023 00:55		(\$194.85)	\$852.35
	Debit Card Purchase			
3/22/2023	IN *DIRECT TEXAS 830-6277744 CARD: 5824493 03/21/2023 00:55		(\$573.73)	\$1,047.20
	Debit Card Purchase			
3/20/2023	Square Inc 230320P2 L21636972342		\$9.41	\$1,620.93

Electronic Deposit			
3/16/2023 UZ MARKETING 832-598-7226 CARD: 5824493 03/16/2023 03:56	(\$135.52)		\$1,611.52
Debit Card Purchase			
3/16/2023 LOWES #02812 * NEW BRAUNFELS CARD: 5824493 03/15/2023 02:32	(\$128.41)		\$1,747.04
Debit Card Purchase			
3/15/2023 Square Inc 230315P2 L21636527999	\$96.80		\$1,875.45
Electronic Deposit			
3/13/2023 THE HIDEAWAY - NEW BRA NEW BRAUNFELS CARD: 5824493 03/10/2023 18:54	(\$130.00)		\$1,778.65
Debit Card Purchase			
3/13/2023 Mobile Deposit	\$400.00		\$1,908.65
3/13/2023 Square Inc 230313P2 L21636297876	\$338.95		\$1,508.65
Electronic Deposit			
3/13/2023 Mobile Deposit	\$300.00		\$1,169.70
3/13/2023 Mobile Deposit	\$250.00		\$869.70
3/13/2023 Mobile Deposit	\$200.00		\$619.70
3/13/2023 Square Inc 230313P2 L21636297875	\$115.92		\$419.70
Electronic Deposit			
3/10/2023 Square Inc 230310P2 L2163608337	\$96.80		\$303.78
Electronic Deposit			
3/9/2023 IN *DIRECT TEXAS 830-6277744 CARD: 5824493 03/08/2023 23:22	(\$494.85)		\$206.98
Debit Card Purchase			
3/8/2023 IMPRINT.COM HTTPSIMPRINT. CARD: 5824493 03/08/2023 12:48	(\$553.69)		\$701.83
Debit Card Purchase			
3/8/2023 Teller Deposit	\$100.00		\$1,255.52
3/6/2023 Square Inc 230306P2 L21635675092	\$291.00		\$1,155.52
Electronic Deposit			
3/6/2023 Mobile Deposit	\$250.00		\$864.52
3/3/2023 Square Inc 230303P2 L21635441841	\$96.80		\$614.52
Electronic Deposit			
3/1/2023 Square Inc 230301P2 L21635215634	\$96.80		\$517.72
Electronic Deposit			
2/27/2023 Square Inc ACCTVERIFY T365XHH1H3FSH43	(\$0.01)		\$420.92
Electronic Debit			
2/27/2023 Square Inc ACCTVERIFY T3Y12FQ8QNBXS6C	\$0.01		\$420.93
Electronic Deposit			
2/13/2023 ZAZZLE INC 888-892-9953 CARD: 5824493 02/13/2023 18:56	(\$29.08)		\$420.92
Debit Card Purchase			
2/6/2023 VENMO ACCTVERIFY 1025061246906	(\$0.14)		\$450.00
Electronic Debit			
2/6/2023 VENMO ACCTVERIFY 1025061246754	(\$0.11)		\$450.14
Electronic Debit			
2/6/2023 VENMO ACCTVERIFY 1025061246769	\$0.14		\$450.25
Electronic Deposit			
2/6/2023 VENMO ACCTVERIFY 1025061246882	\$0.11		\$450.11
Electronic Deposit			
2/3/2023 VENMO * VISA DIRECT CARD: 5824493 02/03/2023 16:54	(\$100.00)		\$450.00
Debit Card Purchase			
2/2/2023 Teller Deposit	\$550.00		\$550.00