

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		2 Total pages filed: 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Meredith	MI		OFFICE USE ONLY Date Received BEXAR COUNTY 22 JAN 18 4:44 PM Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME	LAST Chacon	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; PO Box 12177 San Antonio, TX 78212		CITY; ZIP CODE		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Karl	MI		
	NICKNAME	LAST Alexander	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 110 Broadway, Suite 380 San Antonio, TX 78205				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(210)	560-2260			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
			07/06/2021		12/31/2021
10 ELECTION	ELECTION DATE Month Day Year 03/01/2022		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Bexar County Criminal District Attorney		

GO TO PAGE 2

FILED IN MY OFFICE
JAN 18 2022
BEXAR COUNTY
ELECTIONS ADMINISTRATOR

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Chacon, Meredith

14 Filer ID

15 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 32,467.38

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 12,601.54

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

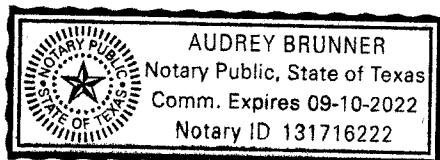
\$ 2,865.84

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

17 AFFIDAVIT



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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Meredith Chacon, this the 18 day of January, 2022, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering

Audrey Brunner
Printed name of officer administering

Notary Public
Title of officer administering oath

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

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18 FILER NAME

Chacon, Meredith

19 Filer ID**20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,467.38
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 17,000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 12,601.54
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/20
2 FILER NAME Chacon, Meredith		3 Filer ID
4 Date 09/06/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Judy 6 Contributor address; City; State; Zip Code 27927 Wild Bloom San Antonio, TX 78260	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Keller Williams Heritage
Date 08/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantyne Law Firm, PLLC Contributor address; City; State; Zip Code 9 Auburn Pl San Antonio, TX 78209-4739	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ballantyne Law Firm, PLLC
Date 07/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banner, Sarah Contributor address; City; State; Zip Code San Antonio, TX	Amount of Contribution (\$) \$103.30
Principal occupation / Job title (See Instructions) Director of Client Services		Employer (See Instructions) ChildSafe
Date 10/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barb, Galland Contributor address; City; State; Zip Code 10217 Rafter S Trail Helotes, TX 78023	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty, Mingus Contributor address; City; State; Zip Code 233 W Wildwood San Antonio, TX 78212-1559	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/20
2 FILER NAME Chacon, Meredith		3 Filer ID
4 Date 10/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Adam	7 Amount of Contribution (\$) \$515.00
	6 Contributor address; City; State; Zip Code 2019 Chaffin Way San Antonio, TX 78260	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Double Diamond Transport Inc.
Date 07/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chacon, Campbell & Alexander, PLLC	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code 110 Broadway St Ste 380 San Antonio, TX 78205-2460	
Principal occupation / Job title (See Instructions) attorneys		Employer (See Instructions)
Date 10/01/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chacon, Victor	Amount of Contribution (\$) \$103.00
	Contributor address; City; State; Zip Code 1803 Trinity Station Sugar Land, TX 76478	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clermont LLC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 7334 Blanco Rd Ste 200 San Antonio, TX 78216-4933	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Clermont LLC
Date 12/06/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbeil, Lupita	Amount of Contribution (\$) \$103.00
	Contributor address; City; State; Zip Code 16 Duxbury Park San Antonio, TX 78257	
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/20
2 FILER NAME Chacon, Meredith		3 Filer ID
4 Date 08/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englert, Anne	7 Amount of Contribution (\$) \$51.99
6 Contributor address; City; State; Zip Code PO 120151 San Antonio, TX 78212		
8 Principal occupation / Job title (See Instructions) Property Tax		9 Employer (See Instructions) Self Employed
Date 11/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginn, Lisa	Amount of Contribution (\$) \$103.00
Contributor address; City; State; Zip Code 131 El Paso San Antonio, TX 78204		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) San Antonio Education Partnership
Date 10/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golibart, Diana	Amount of Contribution (\$) \$257.50
Contributor address; City; State; Zip Code 234 W. Bandera Road 316 Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) D. G. Accounting Services
Date 10/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golibart, Diana	Amount of Contribution (\$) \$257.94
Contributor address; City; State; Zip Code 234 W. Bandera Road 316 Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) D. G. Accounting Services
Date 08/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goss, Jason	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 40 NE Interstate 410 Loop Ste. 525 San Antonio, TX 78216		
Principal occupation / Job title (See Instructions) Trial Lawyer		Employer (See Instructions) LaHood Norton Law Group PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/20
2 FILER NAME Chacon, Meredith		3 Filer ID
4 Date 08/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatcher, Gail	7 Amount of Contribution (\$) \$51.99
	6 Contributor address; City; State; Zip Code 24723 Crescent Run San Antonio, TX 78258	
8 Principal occupation / Job title (See Instructions) Director of Adult Ministries and Fellowship		9 Employer (See Instructions) Coker United Methodist Church
Date 12/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jen, Osborne	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 312 W Harlan Ave San Antonio, TX 78214-3532	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) St. Phillips College
Date 08/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaHood and Norton PLLC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code 40 NE Loop 410 Ste 525 San Antonio, TX 78216-5867	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lahood Norton PLLC
Date 08/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Jamie	Amount of Contribution (\$) \$103.48
	Contributor address; City; State; Zip Code 126 Beberly Drive San Antonio, TX 78291	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 07/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Andrew	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code TX	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/20
2 FILER NAME Chacon, Meredith		3 Filer ID
4 Date 07/29/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Patti	7 Amount of Contribution (\$) \$1,030.18
	6 Contributor address; City; State; Zip Code 909 Keystone Court Midland, TX 79705	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabel, Alisha	Amount of Contribution (\$) \$103.48
	Contributor address; City; State; Zip Code TX	
Principal occupation / Job title (See Instructions) President/Owner		Employer (See Instructions) AT&C Revenue Services
Date 07/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenkoetter, Brandon	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Boise, Idaho	
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions)
Date 08/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Ernest	Amount of Contribution (\$) \$206.46
	Contributor address; City; State; Zip Code 175 Dalehurst Dr. San Antonio, TX 78201	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/03/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silins, Margaret	Amount of Contribution (\$) \$206.46
	Contributor address; City; State; Zip Code TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/20
2 FILER NAME Chacon, Meredith		3 Filer ID
4 Date 08/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantyne, Stephen	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code 7701 Broadway Ste 200 San Antonio, TX 78209-3261	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Ballantyne Law Firm, PLLC
Date 08/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Hegeler Law Firm, PLLC	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 999 E Basse Rd Ste 180 PMB 417 San Antonio, TX 78209-1807	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Hegeler Law Firm
Date 10/06/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Walter	Amount of Contribution (\$) \$20.60
	Contributor address; City; State; Zip Code 23903 Seven Winds San Antonio, TX 78258	
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Wilson Properties
Date 09/01/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Yolanda	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 19 Avalon Park San Antonio, TX 78257-1308	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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:
2 FILER NAME Chacon, Meredith		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray & Meredith Chacon <hr/> 6 Contributor address; City; State; Zip Code 110 Broadway, Suite 380, San Antonio TX 78205	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions) Faculty/Attorney		9 Employer (See Instructions) St. Phillips College/Chacon, Campbell & Alexander PLLC
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <hr/> Contributor address; 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 10/20	
2 FILER NAME Chacon, Meredith		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/12/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: INFINITE GREY LLC 7 Contributor address; City; State; Zip Code 1002 N Flores SAN ANTONIO, TX 78212	8 Amount of contribution (\$) \$5,000.00	9 In-kind contribution description consulting
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consulting		11 Employer (FOR NON-JUDICIAL) (See instructions) Infinite Grey LLC	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: INFINITE GREY LLC Contributor address; City; State; Zip Code 1002 N Flores SAN ANTONIO, TX 78212	Amount of contribution (\$) \$3,000.00	In-kind contribution description consulting
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consulting		Employer (FOR NON-JUDICIAL) (See instructions) Infinite Grey LLC	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: INFINITE GREY LLC Contributor address; City; State; Zip Code 1002 N Flores SAN ANTONIO, TX 78212	Amount of contribution (\$) \$3,000.00	In-kind contribution description consulting
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consulting		Employer (FOR NON-JUDICIAL) (See instructions) Infinite Grey LLC	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 11/20	
2 FILER NAME Chacon, Meredith		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/18/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INFINITE GREY LLC 7 Contributor address; City; State; Zip Code 1002 N Flores SAN ANTONIO, TX 78212	8 Amount of contribution (\$) \$3,000.00	9 In-kind contribution description consulting
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consulting		11 Employer (FOR NON-JUDICIAL) (See instructions) Infinite Grey LLC	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INFINITE GREY LLC Contributor address; City; State; Zip Code 1002 N Flores SAN ANTONIO, TX 78212	Amount of contribution (\$) \$3,000.00	In-kind contribution description consulting
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consulting		Employer (FOR NON-JUDICIAL) (See instructions) Infinite Grey LLC	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/9 Rpt: 12/20	2 FILER NAME Chacon, Meredith	3 Filer ID
4 Date 10/06/2021	5 Payee name ASSOCIATED REPUBLICANS OF TEXAS	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 807 Brazos Street, Suite 601 Austin, Texas 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION AT EVENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2021	Payee name AV SOURCE	
Amount (\$) \$140.05	Payee address; City; State; Zip Code 10842 VANDALE ST SAN ANTONIO, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUDIO VIDEO SERVICES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date		
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/9 Rpt: 13/20		2 FILER NAME Chacon, Meredith		3 Filer ID	
4 Date 09/20/2021		5 Payee name BEXAR GOP			
6 Amount (\$) \$60.00		7 Payee address; City; State; Zip Code 10300 HERITAGE BLVD SUITE 240 SAN ANTONIO, TX 78216			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION FOR EVENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/28/2021		Payee name CSG, INC.			
Amount (\$) \$1,590.00		Payee address; City; State; Zip Code 212 W LAUREL SAN ANTONIO, TX 78212			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/04/2021		Payee name FIRST WATCH			
Amount (\$) \$98.48		Payee address; City; State; Zip Code 830 NW LOOP 410 SUITE 107 SAN ANTONIO, TX 78216			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD EXPENSE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/9 Rpt: 14/20		2 FILER NAME Chacon, Meredith		3 Filer ID	
4 Date 09/14/2021		5 Payee name GARY M. PERKINS,			
6 Amount (\$) \$1,725.00		7 Payee address; City; State; Zip Code 1420 S ALAMO ST SAN ANTONIO, TX 78210			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHOTOGRAPHY	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/23/2021		Payee name GOOGLE			
Amount (\$) \$10.31		Payee address; City; State; Zip Code 500 W 2ND ST SUITE 2900 AUSTIN, TX 78201			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHONE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/23/2021		Payee name GOOGLE			
Amount (\$) \$26.86		Payee address; City; State; Zip Code 500 W 2ND ST SUITE 2900 AUSTIN, TX 78201			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOOGLE SUITE SERVICES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/9 Rpt: 15/20		2 FILER NAME Chacon, Meredith		3 Filer ID	
4 Date 10/06/2021		5 Payee name GOOGLE			
6 Amount (\$) \$3.57		7 Payee address; City; State; Zip Code 500 W 2ND ST SUITE 2900 AUSTIN, TX 78201			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHONE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/06/2021		Payee name GOOGLE			
Amount (\$) \$11.52		Payee address; City; State; Zip Code 500 W 2ND ST SUITE 2900 AUSTIN, TX 78201			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOOGLE SUITE SERVICES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/08/2021		Payee name GOOGLE			
Amount (\$) \$13.80		Payee address; City; State; Zip Code 500 W 2ND ST SUITE 2900 AUSTIN, TX 78201			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHONE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/9 Rpt: 16/20	2 FILER NAME Chacon, Meredith		3 Filer ID
4 Date 11/08/2021	5 Payee name GOOGLE		
6 Amount (\$) \$38.38	7 Payee address; City; State; Zip Code 500 W 2ND ST SUITE 2900 AUSTIN, TX 78201		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOOGLE SUITE SERVICES	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/06/2021	Payee name GOOGLE		
Amount (\$) \$13.78	Payee address; City; State; Zip Code 500 W 2ND ST SUITE 2900 AUSTIN, TX 78201		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHONE	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/06/2021	Payee name GOOGLE		
Amount (\$) \$20.47	Payee address; City; State; Zip Code 500 W 2ND ST SUITE 2900 AUSTIN, TX 78201		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOOGLE SUITE SERVICES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/9 Rpt: 17/20	2 FILER NAME Chacon, Meredith	3 Filer ID
4 Date 12/02/2021	5 Payee name GREATER SAN ANTONIO CHAMBER OF COMMERCE	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code 602 E COMMERCE ST SAN ANTONIO, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION AT EVENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2021	Payee name HARLAND CLARKE	
Amount (\$) \$14.67	Payee address; City; State; Zip Code 15955 LA CANTERA PKWY SAN ANTONIO, TX 78256	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHECK ORDER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2021	Payee name INFINITE GREY LLC	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1002 N FLORES SAN ANTONIO, TX 78212	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING SERVICES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 7/9 Rpt: 18/20		2 FILER NAME Chacon, Meredith		3 Filer ID
4 Date 10/12/2021		5 Payee name JACALA MEXICAN RESTAURANT		
6 Amount (\$) \$12.00		7 Payee address; City; State; Zip Code 606 WEST AVENUE SAN ANTONIO, TX 78201		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD EXPENSE
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 09/14/2021		Payee name KEY IDEAS INC		
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 1002 N FLORES ST SAN ANTONIO, TX 78212		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VIDEO PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 11/10/2021		Payee name MEGAN COLEMAN,		
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 1244 LOMA RANCH NEW BRAUNFELS, TX 78132		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISEMENT SERVICES
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 8/9 Rpt: 19/20		2 FILER NAME Chacon, Meredith		3 Filer ID	
4 Date 11/19/2021		5 Payee name REPUBLICAN PARTY OF BEXAR COUNTY			
6 Amount (\$) \$1,250.00		7 Payee address; City; State; Zip Code 10300 Heritage Blvd Ste 240, San Antonio, TX 78216			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING EXPENSE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/15/2021		Payee name SAN ANTONIO COPY CONCIERGE			
Amount (\$) \$372.81		Payee address; City; State; Zip Code 2015 MCCULLOUGH SAN ANTONIO, TX 78212			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/05/2021		Payee name SAN ANTONIO COPY CONCIERGE			
Amount (\$) \$276.04		Payee address; City; State; Zip Code 2015 MCCULLOUGH SAN ANTONIO, TX 78212			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 9/9 Rpt: 20/20		2 FILER NAME Chacon, Meredith		3 Filer ID	
4 Date 09/10/2021		5 Payee name SAN ANTONIO REPUBLICAN WOMEN			
6 Amount (\$) \$25.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION AT EVENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/09/2021		Payee name WILLIE NG,			
Amount (\$) \$392.41		Payee address; City; State; Zip Code 1475 E BORGFEELD DR SAN ANTONIO, TX 78260			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) sign printing expense reimbursement		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/06/2021		Payee name ZETTLE BY PAYPAL			
Amount (\$) \$31.39		Payee address; City; State; Zip Code 2211 N 1ST ST SAN JOSE, CA 95131			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT SYSTEM	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	