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 fi	led: //	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	мі <i>G</i> -	OFFICE	USEONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received		
	Grant	D.O.is	SUPPIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STATE; ZIP CODE Cockwell TX 75027			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(479)	PHONE NUMBER	EXTENSION		or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt #	Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
		Parks	(8)	Date Imaged		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS			Rockwall	TX	75087	
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION			
PHONE	(Z14)	532 - 1659				
9 REPORT TYPE	January 15	30th day before	election Runoff		iter campaign ppointment er Only)	
	July 15	8th day before e	ection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Yea		
COVERED	Z,	12 / 2024	THROUGH 4	13/24	1	
11 ELECTION	ELECTION DA		ELECTION TYPE			
	Month Day	Year Primary	Description			
	5/4/	Z4 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	*		
	_		RISD Board of	Trusters, +	Place 3	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	S ACCEPTED OR POLITICAL EXPENDITURES N ES MAY HAVE BEEN MADE WITHOUT THE CAN JIRED TO REPORT THIS INFORMATION ONLY IF 1	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR	
COMMITTEL	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS			
		GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Wester	y Grant DuBois	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - *0-				
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,800				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ *0-				
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,710.73				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 2,189.27				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ Z,000 -				
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information				
	15	d				
	Signature of Ca	ndidate or Officeholder				
	Signature of Ca	rididate of Officeriolder				
	Please complete either option below	r				
riease complete ettiler option below:						
(1) Affidavit						
(1) Children (1)						
NOTARY STAMP/SEA						
Sweet to and subscribed	hofers me hi					
Sworn to and subscribed	unsteed both bett to the second of the secon	day of				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
	OR DESCRIPTION OF THE PROPERTY					
(2) Unsworn Declarati	on					
My name is	Grund DuBois , and my date of birth is	7/30/87				
My address is	Rock- U	TX 75087 USA				
wy address is						
Executed in Rock	-11	state) (zip code) (country)				
Exocuted III	County, State of 10000, on the day of (month)					
	AP a					
	Signature of Candid	late/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERNAME	20 Filer ID (Ethics Cor	mmission Filers)
	Wesley Grant DuBois		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,900-
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ Z,000 -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 4,710.73
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 FU	JNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	\$

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 fo	rm.	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Westey	Grant DuBois					
4 Date	5 Full name of contributor out-of-state PAC (ID)	#:)	7 Amount of contribution (\$)			
1-1-	Wester hand NR.		1			
2/12/24	6 Contributor address; City;	State; Zip Code	1,000			
	42 to 12 -	-1 -15007				
8 Principal occu	pation / Job title (See Instructions) 9					
o Principal occu	pation / 300 title (See Institutions)	Employer (See Instruct	ions)			
Date	Full name of contributor	#:)	Amount of contribution (\$)			
11	Russell Phulps Contributor address; City:		*			
2/12/24	Contributor address; City;	State; Zip Code	100			
	214 Alta Vista Dr. Rockwell .	TX 75087				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)			
Date	Full name of contributor out-of-state_PAC (ID:	4.				
	No. 1	-	Amount of contribution (\$)			
2/12/24	Thomas Highes		\$ 500			
	Contributor address; City; 5	State; Zip Code				
	1209 S. Lakeshore Dr. Rockwell .	TX 75087				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)			
Date	Full name of contributor out-of-state_PAC (ID)	#:)	Amount of contribution (\$)			
2/12/24	Law offices of bres bray		4 -			
2/10/-	Contributor address; City;	State; Zip Code	\$ 500-			
	1012 Riche Road Rockwall .	T 75087				
Principal accur	pation / Job title (See Instructions)		ione)			
i incipal occu	salish is soo the (see mendedons)	Employer (See Instructi	ions)			
	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.

	Particle - Daniel authoritische Artificia unterformatische VIIII - Versatzer Deutsche Vorwere der Edukation (1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985		to the state of th		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME Wasty G	must DiBois		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Law Offices of July Gussia 6 Contributor address: City:	; (ID#:)	7 Amount of contribution (\$)		
2/12/24		State; Zip Code	\$500-		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor		Amount of contribution (\$)		
2/12/24	Lorne Licely Contributor address; City;	State; Zip Code	*1,000-		
	SOZ Terry Lane Heath	TX 7507 Z			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		C (ID#:)	Amount of contribution (\$)		
2/12/24	Contributor address; City;	State; Zip Code	\$ 500 -		
	305 Stonebridge Rockwoll	TX 75087			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)		
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
2/12/24		State; Zip Code	\$ 250		
	1850 Signal Ridge Pl. Rockwoll	TX 75037			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	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.

	property of the second						
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3							
	Gat DBOD				3 Filer ID (Ethics Commission Filers)		
	5 Full name of contributor Tsrael Peret	out-of-state PAC			7 Amount of contribution (\$)		
	6 Contributor address; 242 Arriene Ln.	City;	State;	Zip Code 75087	*Z50-		
8 Principal occu	pation / Job title (See Instructions)	7-1-		oyer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
3/17/24	Stan Jeffes Contributor address;	City;	State;	Zip Code	1100-		
	2606 Cypress Dr.	Rockwell	TX	75087			
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)		
3/19/24	Contributor address;		State;	Zip Code	4 200 -		
	2175 Garden Crest	Rockwell	TX	75087			
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		City;					
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)		
	ATTACHADDIT	IONAL COPIES	OF THIS S	CHEDULEASN	IEEDED		

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 compl	ete this form.	1 Total pages Schedule E:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Wesley Gro	of DiBois				
4	TOTAL OF UN	IITEMIZED LOANS		\$ —		
5	Date of loan	7 Name of lender out-of-state f	PAC (ID#:)	9 Loan Amount (\$)		
	2/12/24	Wesly Grant DuBois		4 Z, 000-		
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
	Y N	Rockus	11 TX 75087	11 Maturity date		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Coll	ateral	15 Check if personal fund	ds were deposited into political		
	none		account (See Instructi			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City;	State; Zip Code			
	not applicable		3000 Billion (1000 Billion (10			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Data of lane		570 St. 68480	Loop Amount (Φ)		
	Date of loan	Name of lender ut-of-state	PAC (ID#:)	Loan Amount (\$)		
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
	Institution?			Maturity date		
_	Y N	/ lab title (See leaterstoon)	Frankrian (Oct. (notweetless)			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
	Description of Colla	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code			
	not applicable					
	Principal Occupation	on (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)					
Accounting/Banking Fees Office Overt Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Exp		oan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME westey Grant	Dupois	3 Filer ID (Ethics Commission Filers)		
4 Date 2 /14/214	5 Payee name Keepers Press				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$ 1,567.46	520 Longa Vista	Heath	TX 75032		
8	(a) Category (See Categories listed at the top of this sch	(b) Description			
PURPOSE OF EXPENDITURE	Admitising Expense	Bolk sign	purchase		
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2/21/24	Q-Ball Design				
Amount (\$)	Payee address;	City;	State; Zip Code		
1644.09	102 Tyler 5t.	Rockmell	TX 75087		
	Category (See Categories listed at the top of this sche	edule) Description	500		
PURPOSE OF EXPENDITURE	Advotising Expense	Logo design	n fees/invoice		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2/15/24	Lowes Home Improvement	-			
Amount (\$)	Payee address;	City;	State; Zip Code		
¥ 723.41	851 Steger Towne Cro	ssing Rockwall	TX 75032		
	Category (See Categories listed at the top of this sche	edule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Sign equipme ties, slow	st purchase, t-posts, zip		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The state of the s					
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Pro Gift/Awards/Memorials Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense offing Expense inting Expense plaries/Wages/Contract Labor ow to complete this form.	rhead/Rental Expense pense pense xpense xpense xpense Vages/Contract Labor Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4	Westey Grant	DuBois	Carrier Carrier Commission (1905)		
4 Date 2/28/24	5 Payee name Tractor Syply C				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$ 97.27	772 I-30	Royse City	TX 75189		
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description			
PURPOSE OF EXPENDITURE	Advotising Expense	Signese	Equipment, toposts of tip ties		
	(c) Check if travel outside of Texas. Complete Schede	ule T. Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
3/13/24	Minutenen Aress				
Amount (\$)	Payee address;	City;	State; Zip Code		
142.21	Document Boy grown	Rockwall	TX 75087		
	Category (See Categories listed at the top of this sched	ule) Description			
PURPOSE		22.000 APRIL			
OF EXPENDITURE	Expense for Event	Printed in	nitations		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
3/20/24	Keepsis Pass				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$ 1,567.46	520 Lone Vista	Heath	TX 75032		
	Category (See Categories listed at the top of this sched	ule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Bulk Sign	Perchase		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austir	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct				
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/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense Office Ove Gift/Awards/Memorials Expense Printing Expense	rpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Tatal same Cabadata Ed.	AND THE PROPERTY OF THE PROPER	ompiete tina form.	2 511 15 (511)	
1 Total pages Schedule F1:	2 FILER NAME Wasky Grant Dub	210	3 Filer ID (Ethics Commission Filers)	
4 Date 3/23/24	5 Payee name Love Improvement			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 90.87	851 Steper Towne Crossing	Rockvall	TX 75087	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	T-Posts +	tip ties	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/29/24	Rockhopper Apparel +	Designs		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 317.76	2003 Industrial Blud.	Rock	TX 75087	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	T-shirt a	lesign torder	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/30/24	Facebook			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 9.00	1 Hacker Way	Menlo Park	CA 94025	
M-0400-0111000	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Adultising Expense	Post - boo	ost cost	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	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/Politica Credit Card Payment	Fees Off Food/Beverage Expense Pol Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor w to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1:	2 FILER NAME Weeky Good Do	0013	3 Filer ID (Ethics	Commission Filers)	
4 Date 4/1/24	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
115-	1 Hacker Way	Menlo Park	k CA	94025	
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description			
PURPOSE OF EXPENDITURE	Advatising Expense	Post-book	st cost		
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4/2/24	Facebook				
Amount (\$)	Payee address;	City;	State;	Zip Code	
10-	I Hacker Way	Menlo Park	CA	94025	
	Category (See Categories listed at the top of this schedu	ule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Post-bo	oit cost		
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4/3/24	Facebook				
Amount (\$)	Payee address;	City;	State;	Zip Code	
130-	1 Hacker Way	mento Par	rk CA	94025	
	Category (See Categories listed at the top of this schedu	Description			
PURPOSE OF EXPENDITURE	Adventising Expense	Post-boost	cost		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	