DIRECT CAMPAIGN EXPENDITURES FORM DCE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The DCE Instruction Guide explains how to complete this form. (Ethics Commission Filers) 12 00087028 3 FILER NAME MS/MRS/MR MI OFFICE USE ONLY Date Received NICKNAME LAST SUFFIX Fair Shot Texas Action Fund 4 FILER ADDRESS 10-11-22 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1106 Lavaca Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Receipt # Amount 5 FILER PHONE AREA CODE PHONE NUMBER **EXTENSION** Date Processed (817) 247-6768 6 REPORT TYPE January 15 X 30th day before election Date Imaged July 15 8th day before election Runoff PERIOD Month Day Year Month Day Year COVERED 07/01/2022 THROUGH 09/29/2022 8 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/08/2022 X General Special FILER 1. Candidates A. Supported Kathryn Whitley Chu Austin ISD Board of Trustees District 4 ACTIVITY (Identify by name or, if applicable, classify by party) (Attach lists on B. Opposed plain paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) GO TO PAGE 2

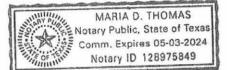
DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE COVER SHEET PG 2

10 FILER NAME Fair Shot Texas Ac	tion Fund	11 Filer ID 00087028	(Ethics Commission Filers)
12 EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURES	ş	196.05
	2. TOTAL POLITICAL EXPENDITURES	s	33,731.28

13 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.



Sarah Suteries Signature of Filer

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subso	cribed before me, by the said	Sarah Guta ify which, witness my hand a	ewez nd seal of office.	this the	day
Maria	Thomas	Maria	Thomas	Notary	
Signature of office	er administering nath	Printed name of officer ad	dministering oath	Title of officer administ	ering oath

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE ADDENDUM

Page 3 of 12

		1	11 Filer ID (Ethics Commission Filers)
Fair Shot Texas Action Fund			00087028
Candidates (identify by name or, if applicable, classify by party)	A. Supported		
	B. Opposed		
Measures (describe by date and location of election and nature of issue)	A. Supported		
	B. Opposed		
Officeholders Assisted (identify by name or, if applicable, classify by party)		Arati Singh Austin ISD Board of T	rustees, At Large, Position 9
Candidates (identify by name or, if applicable, classify by party)	A. Supported		
	B. Opposed		
Measures (describe by date and location of election and nature of issue)	A. Supported	Ballot ID:null Election Date:2022-1	1-08 Desc:Austin ISD school bond
	B. Opposed		
Officeholders Assisted Gentlify by page or if			
applicable, classify by party)			
	1. Candidates (identify by name or, if applicable, classify by party) 2. Measures (describe by date and location of election and nature of issue) 3. Officeholders Assisted (identify by name or, if applicable, classify by party) 1. Candidates (identify by name or, if applicable, classify by party) 2. Measures (describe by date and location of election and nature of issue) 3. Officeholders	1. Candidates (identify by name or, if applicable, classify by party) 2. Measures (describe by date and location of election and nature of issue) 3. Officeholders Assisted (identify by name or, if applicable, classify by party) 1. Candidates (identify by name or, if applicable, classify by party) B. Opposed 2. Measures (describe by date and location of election and nature of issue) B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	1. Candidates (identify by name or, if applicable, classify by party) B. Opposed 2. Measures (describe by date and location of election and nature of issue) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) 1. Candidates (identify by name or, if applicable, classify by party) B. Opposed 4. Supported A supported A supported A supported A supported A supported B opposed 5. Opposed 6. Supported 6. Supported 7. Supported 8. Opposed 8. Opposed 9. Opposed 1. Candidates (identify by name or, if applicable, classify by party) 8. Opposed 9. Opposed 1. Candidates (identify by name or, if applicable of its party) 8. Opposed 1. Opposed 1. Supported 1. Supported 1. Supported 2. Measures (idescribe by date and location of election and nature of issue) 8. Opposed 1. Supported 8. Opposed 1. Supported 9. Opposed

SUBTOTALS - DCE FORM DCE **COVER SHEET PG 3** 4 of 12 14 FILER NAME 15 Filer ID (Ethics Commission Filers) Fair Shot Texas Action Fund 00087028 16 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE 1. X SCHEDULE F1: POLITICAL EXPENDITURES \$ 33,731.28 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Travel Out of District 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. Total pages Schedule F1: 2 FILER NAME Filer ID 3 (Ethics Commission Filers) Sch: 1/8 Rpt: 5/12 Fair Shot Texas Action Fund 00087028 4 Date Payee name 09/19/2022 76 Words 6 Amount (\$) Payee address: City: State; Zip Code \$10,000.00 926 N St Rear NW, Studio 3 Expenditure from X Washington, DC 20001 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas Complete Schedule T Advertising Expense **EXPENDITURE** Digital advertising Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Singh, Arati AISD Board of Trustees Place 9 AISD Board of Trustees Place 9 Date Payee name 09/19/2022 76 Words Amount (\$) Payee address; City; State; Zip Code \$10,000.00 926 N St Rear NW, Studio 3 Expenditure from Washington, DC 20001 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Digital advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Whitley Chu, Kathryn AISD Board of Trutees District 4 Date Payee name 09/19/2022 76 Words Amount (\$) Payee address; City: State; Zip Code \$10,000.00 926 N St Rear NW, Studio 3 Expenditure from X Washington, DC 20001 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Digital advertising for AISD bond election Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel in District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Palling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Travel Out of District OTHER (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 2/8 Rpt: 6/12 Fair Shot Texas Action Fund 00087028 4 Date Pavee name 07/01/2022 Brady and Peavey 6 Amount (\$) Payee address; City; State; Zip Code \$61.25 PO Box 12715 Expenditure from Х corporate funds Austin, TX 78711 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Legal Services EXPENDITURE Legal retainer Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Whitley Chu, Kathryn AISD Board of Trustees District 4 Date Payee name 07/01/2022 Brady and Peavey Amount (\$) Payee address; City; State; Zip Code \$61.25 PO Box 12715 Expenditure from X corporate funds Austin, TX 78711 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description Legal Services Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Legal retainer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Singh, Arati AISD Board of Trustees Place 9 AISD Board of Trustees Place 9 Date Payee name 07/01/2022 Brady and Peavey Amount (\$) Payee address; City; State; Zip Code \$61.25 PO Box 12715 Expenditure from X Austin, TX 78711 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Legal Services Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Legal retainer - bond measure Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel in District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 3/8 Rpt: 7/12 Fair Shot Texas Action Fund 00087028 4 Date Payee name 08/01/2022 Brady and Peavey 6 Amount (\$) Payee address; City; State; Zip Code \$61.25 PO Box 12715 Expenditure from X corporate funds Austin, TX 78711 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Legal Services Check if travel outside of Texas. Complete Schedule T **EXPENDITURE** Legal retainer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Whitley Chu, Kathryn AISD Board of Trustees District 4 Date Payee name 08/01/2022 Brady and Peavey Amount (\$) Payee address; City; State; Zip Code \$61.25 PO Box 12715 Expenditure from Austin, TX 78711 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T Legal Services **EXPENDITURE** Legal retainer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Singh, Arati AISD Board of Trustees District 4 AISD Board of Trustees District Date Payee name 08/01/2022 Brady and Peavey Amount (\$) Payee address; City; State: Zip Code \$61.25 PO Box 12715 Expenditure from Х corporate funds Austin, TX 78711 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Legal Services **EXPENDITURE** Legal retainer - bond measure Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F1 EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Accounting/Banking Transportation Equipment & Related Expense Fees Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Palling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Credit Card Payment OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 4/8 Rpt: 8/12 Fair Shot Texas Action Fund 00087028 4 Date Payee name 09/01/2022 Brady and Peavey Payee address; State; Zip Code 6 Amount (\$) City; \$61.25 PO Box 12715 Expenditure from Х Austin, TX 78711 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Legal Services **EXPENDITURE** Legal retainer Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Whitley Chu, Kathryn AISD Board of Trustees District 4 Date Payee name 09/01/2022 Brady and Peavey Amount (\$) Payee address; City; State; Zip Code \$61.25 PO Box 12715 Expenditure from Austin, TX 78711 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Legal Services Check if travel outside of Texas. Complete Schedule T **EXPENDITURE** Legal retainer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Singh, Arati AISD Board of Trustees Place 9 AISD Board of Trustees Place 9 Date Payee name 09/01/2022 Brady and Peavey Amount (\$) Payee address; City: State; Zip Code \$61.25 PO Box 12715 Expenditure from X corporate funds Austin, TX 78711 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas Complete Schedule T. Legal Services **EXPENDITURE** Legal retainer - bond measure Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental 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 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. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 5/8 Rpt: 9/12 Fair Shot Texas Action Fund 00087028 4 Date Payee name 09/20/2022 Corte, Stephanie 6 Amount (\$) Payee address; City; State; Zip Code \$198.71 4903 N 25th Ln Expenditure from Х McAllen, TX 78504 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T EXPENDITURE Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Singh, Arati AISD Board of Trustees Place 9 AISD Board of Trustees Place 9 Date Payee name 09/20/2022 Corte, Stephanie Amount (\$) Payee address; State; Zip Code City; \$198.71 4903 N 25th Ln Expenditure from X McAllen, TX 78504 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Whitley Chu, Kathryn AISD Board of Trustees District 4 Date Payee name 09/20/2022 Corte, Stephanie Amount (\$) Payee address; City; State; Zip Code \$198.71 4903 N 25th Ln Expenditure from Х corporate funds McAllen, TX 78504 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor EXPENDITURE Salary - AISD bond election Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Re-imbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID 3 (Ethics Commission Filers) Sch: 6/8 Rpt: 10/12 Fair Shot Texas Action Fund 00087028 4 Date Payee name 09/20/2022 Delp, Robert 6 Amount (\$) Payee address; City: State; Zip Code \$203.74 3000 Susquehanna Lane Expenditure from X corporate funds Austin, TX 78723 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor EXPENDITURE Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Singh, Arati AISD Board of Trustees Place 9 AISD Board of Trustees Place 9 Date Payee name 09/20/2022 Delp, Robert Amount (\$) Payee address: City: State; Zip Code \$203.74 3000 Susquehanna Lane Expenditure from X Austin, TX 78723 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) Description OF Check if travel outside of Texas. Complete Schedule T Salaries/Wages/Contract Labor EXPENDITURE Salary Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Whitley Chu, Kathryn AISD Board of Trustees Place 4 AISD Board of Trustees Place 4 Date Payee name 09/20/2022 Delp, Robert Payee address; State; Zip Code Amount (\$) City; \$203.74 3000 Susquehanna Lane Expenditure from X corporate funds Austin, TX 78723 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Salary for AISD bond election Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/ Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Credit Card Payment OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 7/8 Rpt: 11/12 Fair Shot Texas Action Fund 00087028 4 Date Payee name 08/30/2022 Texas Democratic Party 6 Amount (\$) Payee address; State; Zip Code \$480.00 PO Box 15707 Expenditure from X Austin, TX 78761 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas Complete Schedule T. Fees **EXPENDITURE** Voter file access fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Singh, Arati AISD Board of Trustees Place 9 AISD Board of Trustees Place 9 Date Payee name 08/30/2022 Texas Democratic Party Amount (\$) Payee address; City; State; Zip Code \$480.00 PO Box 15707 Expenditure from X corporate funds Austin, TX 78761 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T Fees **EXPENDITURE** Voter file access fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Whitley Chu, Kathryn AISD Board of Trustees District 4 Date Payee name 08/30/2022 Texas Democratic Party Payee address; State; Zip Code Amount (\$) City; \$480.00 PO Box 15707 Expenditure from X Austin, TX 78761 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description OF Check if travel outside of Texas. Complete Schedule T. Fees EXPENDITURE Voter file access fee - for AISD bond election Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 8/8 Rpt: 12/12	Fair Shot Texas Action Fund Select Name (Emics Commission Filers) 00087028
4 Date	5 Payee name The Hartford
07/01/2022	The Hartford
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$112.21	One Hartford Plaza
X Expenditure from corporate funds	Hartford, CT 06155
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EAFENDITORE	
	Liability insurance
	NAME OF THE PROPERTY OF THE PR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held .
onpendio a service	H Singh, Arati AISD Board of Trustees Place 9 AISD Board of Trustees Place 9
Date	Payee name
07/01/2022	The Hartford
Amount (\$)	Payee address; City; State; Zip Code
\$112.21	One Hartford Plaza
X Expenditure from corporate funds	Hartford, CT 06155
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense
	Liability insurance
	and the second
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
	Whitey Cha, Rathlyh Also Board of Hustees District 4
Date	Payee name
07/01/2022	The Hartford
Amount (\$)	Payee address; City; State; Zip Code
\$112.21	One Hartford Plaza
Expenditure from	
x corporate funds	Hartford, CT 06155
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	
	Liability insurance - bond measure
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held