

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080702	2 Total pages filed: 9
3 COMMITTEE NAME MEGAPHONE			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 07/15/2019 <b>UCC RECEIVED AT JUL 16 '19 PM4:22</b> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 341028 Austin, TX 78734		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Luke NICKNAME LAST SUFFIX McAlpin		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3595 RR 620 S Ste. 200 Austin, TX 78738		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 341028 Austin, TX 78734		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (662) 350-3711		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 01/01/2019 THROUGH 06/30/2019		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2020 ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> MEGAPHONE		<b>13 Filer ID</b> (Ethics Commission Filers) 00080702	
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</b>		\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>		\$ 46,609.69
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 64,002.43
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 0.00

**16 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.

Mr. Luke McAlpin  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 9

<b>17 COMMITTEE NAME</b> MEGAPHONE		<b>18 Filer ID</b> (Ethics Commission Filers) 00080702	
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	39,851.21
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	6,758.48
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# 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: 1/5 Rpt: 4/9		2 FILER NAME MEGAPHONE		3 Filer ID (Ethics Commission Filers) 00080702	
4 Date 06/21/2019		5 Payee name Citizen Super PAC Services LLC			
6 Amount (\$) \$3,500.00  <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 1011 M Street NW Unit 402 Washington, DC 20001			
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 Political Consulting Services	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/17/2019		Payee name Dropoff Inc			
Amount (\$) \$66.87  <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code PO Box 123696  Dallas, TX 75312			
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 Delivery Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/21/2019		Payee name Grimes, Windi			
Amount (\$) \$34,052.47  <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 3310 W Main St  Houston, TX 77098			
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 Refund of Contribution	
Complete <u>ONLY</u> 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.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 5/9	<b>2</b> FILER NAME MEGAPHONE	<b>3</b> Filer ID (Ethics Commission Filers) 00080702
<b>4</b> Date 01/03/2019	<b>5</b> Payee name MCALPIN, LUKE	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 341028  Austin, TX 78734	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC Management Consulting Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/15/2019	Candidate/Officeholder name Tusk Digital	
Amount (\$) \$297.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought 777 6th St. NW 11th Floor Washington, DC 20001	
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 Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2019	Candidate/Officeholder name Tusk Digital	
Amount (\$) \$407.25  <input type="checkbox"/> Expenditure from corporate funds	Office sought 777 6th St. NW 11th Floor Washington, DC 20001	
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 Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 6/9	<b>2</b> FILER NAME MEGAPHONE	<b>3</b> Filer ID (Ethics Commission Filers) 00080702
<b>4</b> Date 06/24/2019	<b>5</b> Payee name Tusk Digital	
<b>6</b> Amount (\$) \$464.62  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 777 6th St. NW 11th Floor Washington, DC 20001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/10/2019	Candidate/Officeholder name Payee name WELLS FARGO BANK NA	
Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code PO BOX 6995  PORTLAND, OR 97228	
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 Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/08/2019	Candidate/Officeholder name Payee name WELLS FARGO BANK NA	
Amount (\$) \$13.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code PO BOX 6995  PORTLAND, OR 97228	
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 Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 7/9	<b>2</b> FILER NAME MEGAPHONE	<b>3</b> Filer ID (Ethics Commission Filers) 00080702
<b>4</b> Date 03/08/2019	<b>5</b> Payee name WELLS FARGO BANK NA	
<b>6</b> Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO BOX 6995  PORTLAND, OR 97228	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/08/2019	Candidate/Officeholder name WELLS FARGO BANK NA	
Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO BOX 6995  PORTLAND, OR 97228	
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 Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/08/2019	Candidate/Officeholder name WELLS FARGO BANK NA	
Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO BOX 6995  PORTLAND, OR 97228	
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 Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 8/9	<b>2</b> FILER NAME MEGAPHONE	<b>3</b> Filer ID (Ethics Commission Filers) 00080702
<b>4</b> Date 06/10/2019	<b>5</b> Payee name WELLS FARGO BANK NA	
<b>6</b> Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO BOX 6995  PORTLAND, OR 97228	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 9/9	<b>2</b> FILER NAME MEGAPHONE	<b>3</b> Filer ID (Ethics Commission Filers) 00080702														
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$</b>														
<b>5</b> Date 06/30/2019	<b>6</b> Payee name RightSide Compliance															
<b>7</b> Amount (\$) \$5,001.98  <input type="checkbox"/> Expenditure from corporate funds	<b>8</b> Payee address; City; State; Zip Code PO Box 341028  Austin, TX 78734															
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political															
<b>10</b> PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense                         </td> <td style="width: 50%; vertical-align: top;"> <b>(b) Description</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense                          Legal Services                         </td> </tr> </table>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services												
<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services															
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <b>Date</b> 06/30/2019                         </td> <td colspan="2" style="width: 75%; vertical-align: top;"> <b>Payee name</b> The Gober Group                         </td> </tr> <tr> <td style="vertical-align: top;"> <b>Amount (\$)</b> \$1,756.50   <input type="checkbox"/> Expenditure from corporate funds                         </td> <td colspan="2" style="vertical-align: top;"> <b>Payee address; City; State; Zip Code</b> 3595 RR 620 S Ste 200 Austin, TX 78738                         </td> </tr> <tr> <td style="vertical-align: top;"> <b>TYPE OF EXPENDITURE</b> </td> <td colspan="2" style="vertical-align: top;"> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                         </td> </tr> <tr> <td style="vertical-align: top;"> <b>PURPOSE OF EXPENDITURE</b> </td> <td colspan="2" style="vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense                         </td> <td style="width: 50%; vertical-align: top;"> <b>(b) Description</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense                          Compliance and Reporting Consulting                         </td> </tr> </table> </td> </tr> </table>			<b>Date</b> 06/30/2019	<b>Payee name</b> The Gober Group		<b>Amount (\$)</b> \$1,756.50  <input type="checkbox"/> Expenditure from corporate funds	<b>Payee address; City; State; Zip Code</b> 3595 RR 620 S Ste 200 Austin, TX 78738		<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		<b>PURPOSE OF EXPENDITURE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense                         </td> <td style="width: 50%; vertical-align: top;"> <b>(b) Description</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense                          Compliance and Reporting Consulting                         </td> </tr> </table>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance and Reporting Consulting
<b>Date</b> 06/30/2019	<b>Payee name</b> The Gober Group															
<b>Amount (\$)</b> \$1,756.50  <input type="checkbox"/> Expenditure from corporate funds	<b>Payee address; City; State; Zip Code</b> 3595 RR 620 S Ste 200 Austin, TX 78738															
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political															
<b>PURPOSE OF EXPENDITURE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense                         </td> <td style="width: 50%; vertical-align: top;"> <b>(b) Description</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense                          Compliance and Reporting Consulting                         </td> </tr> </table>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance and Reporting Consulting												
<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance and Reporting Consulting															
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate/Officeholder name</b>	<b>Office sought</b>	<b>Office held</b>													