Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 ACCOUNT # 2 Total pages filed: (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME **Date Received** NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; STATE; ZIP CODE OFFICEHOLDER MAILING Date Hand-delivered or Postmarked **ADDRESS** change of address 5 CANDIDATE/ **Date Processed OFFICEHOLDER** PHONE Date Imaged CAMPAIGN

7	CAMPAIGN
	TREASURER
	ADDRESS
	(residence or business)

TREASURER NAME

STREET ADDRESS (NO PO BOX PLEASE);

8	CAMPAIGN
	TREASURER
	PHONE

AREA CODE (5h)

NICKNAME

PHONE NUMBER

560-6240

EXTENSION

9	R	E	P	0	R	Т	T	Y	P	Ε

January 15	Y	30th day before election
July 15		8th day before election

on	Runoff

116 Combs Alley Spicewood, TX 78669

Exceeded	\$50
 limit	

	15th day	after	campaign
ш	treasurer	appo	intment
	(officeholde	r only)	

Exceeded \$500		Final report (Attach C/OH - FR)
limit	_	

10	PERIOD
	COVERED

Month		Day		Yŧ
1	/	16	/	19

THROUGH

Month		Day
2	/	4

11 ELECTION	11	ELECTION
-------------	----	----------

ELECTION DATE

ELECTIONTYPE
Phimary

General	
---------	--

	Special
\Box	

OFFICE HELD (if any)

13	OFFICE SOUGHT	(if known)
----	---------------	------------

Bluvet Court Judge

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	JAM	les Oaklen	15 ACCOUNT# (Ethics Commission Filers
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO CANDIDATE / OFFIC	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANI TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DE BY POLITICAL COMMITTEES TO SUPPORT THE
	GENERAL SPECIFIC	COMMITTEE NAME James Oakley for a COMMITTEE ADDRESS P.O. Box 121 Spile 14 Total	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME JAMES OAKLEY COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION		P.O. Box 121 Spilewood	l, tx 78669
TOTALS	1 TOTAL E PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZE	\$ 40
EXPENDITURE	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES LOANS, OR GUARANTEES OF LOANS)	\$ 1,900 -
TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ZED \$
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 6541.60
CONTRIBUTION BALANCE	5 TOTAL PO OF REPO	PLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA RTING PERIOD	
OUTSTANDING LOAN TOTALS	6 TOTAL PR	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE COLOR REPORTING PERIOD	\$ 22
8 AFFIDAVIT		I swear or affirm, under penalty of positive and correct and includes all infine under fittle 15, Election Code Signature of Candida	formation required to be reported by
AFFIX NOTARY STAMP	SEAL ABOVE	, J.g. Mare of Carloid	are of Ourceholder
Sworn to and subsc		e, by the said	
day			hand and seal of office.
Signature of officer adminis	tering oath	Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sci	hedule A,
2 FILER NAME	JAMES OAKley		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PACID#_ Ames Montgomes 6 Contributor address: City, State, Zip Code 5/16 Nessgrove A. DAM	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		8 In-kind contribution description (if applicable)
9 Principal occup	Javes To R	10 Employer (See	Instructions)	183
Date // 20/14	Full name of contributor oul-of-state PAC D#	\$	Amount of contribution (\$)	In-kind contribution description (if applicable)
720. 1	CRIO8 Buent	TY 78611	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 1/25/14	Full name of contributorout-of-state PAC D#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas complete Schedule T)
2/4/14	Full name of contributor out of state PAC D# ### Dan's Contributor address, City, State, Zip Code 1803	78654	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation Job title (See Instructions) Tike Stone	Employer (See In	nstructions)	,
2/1/14	Full name of contributor out-of-state PACID# Bill PRIZE Contributor address, City, State, Zip Code P. P. Box 248	R 76530	Amount of contribution (S)	In-kind contribution description (if applicable)
Principal occupa	Amery Amery	Employer (See In		Texas complete Schedule Tj
If co	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE Auction guide foraddi	AS NEEDED tional reporting r	equirements.

1exas Ethics Cor		xas /8/11-2070	(512) 463-5800	(TDD 1-800-735-298
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
The	s Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	JAMES OAKley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC D# VANCE Fields		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/16/14	6 Contributor address; City; State; Zip Code P. D. Box 394 Mach	le FALLS, TX 1860	200-	·
Principal occur	pation / Job title (See Instructions) Builder	10 Employer (See I	(1) HERE OURSE	of Texas, complete Schedule T)
Date	Full name of contributor Doul-of-state PAC ID# SENATOR JACK TO HOSON	VIA -TN	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/18	Contributor address, City, State. Zip Code 330 FRANKLIZEL BREM.	37027	100.	
Principal occup	pation / Job title (See Instructions) Burker - State Service	Employer (See In		f Texas, complete Schedule T)
Date /	Full name of contributor out-of-state PAC D#	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/24/14	315 Coverther Spiles	word IX 18lder	/ OO. —	r Texas complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		Total Complete Contection 17
Date	Full name of contributor out of state PAC D#. JACK Collins World	H	Amount of contribution (\$)	in-kind contribution description (if applicable)
1/26/14	Contributor address; City, State; Zip Code P.O. Box 2 75 Bueves	t. Tx 78611	200-	
Principal occup	pation Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date ///	Full name of contributor out of-state PAC ID# TAMU Fletchee Contributor address, City; State, Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/22/14		wet 12 18611	/000.	Towns complete Cabadus T.
Principal occup	Jation / Job title (See Instructions)	Employer (See In	structions)	Texas complete Schedule Tj
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE A	S NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sc	hedule A:
2 FILER NAME	JAMES OAKley		3 ACCOUNT # (Ethics Commission Filers)
1 Date //8/14	Full name of contributor out-of-state PAC (ID#) Mike Centrology 6 Contributor address; City; State; Zip Code 714/ W./m243 Book	Cam, R 18605		8 In kind contribution description (if applicable
Principal occup	Accountant	10 Employer (See	nstructions)	,
Date 1/25/14	Full name of contributor out-of-state PAC D# Russell + Many Arriver Contributor address; City: State; Zip Code	BANKS UNE	Amount of contribution (\$)	In-kind contribution description (if applicable
	P.O. BOX 318 /SERTRAM	TX 18605	/ Co.	
	pation Job title (See Instructions)	Employer (See I		of Texas complete Schedule T)
/8/14	Full name of contributor out of state PAC ID# ARRAY HAMIST Contributor address; City; State; Zip Code 22 Blaver Is/Ass		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See II	(ii havei onlaide (of Texas complete Schedule T)
Date //9/14	Full name of contributor unt of state PAC D# RHWALA HILLAMAL TO Contributor address: City, State: Zip Code R.O. Box 8494 HSB		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation Job title (See Instructions)	Employer (See In	structions)	rexas complete schedule 1)
1/18/14	Full name of contributor out-of-state PAC+ID# E, B, PRICE Contributor address, City, State, Zip Code 1438 CR 210 B Bullam,	718/15	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		Texas complete Schedule Ti
lf co	ATTACH ADDITIONAL COPIES Ontributor is out-of-state PAC, please see instr	F THIS SCHEDULE A	S NEEDED tional reporting r	equirements.

1	he instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A.
FILER NAM	JAMES OAKley		3 ACCOUNT # [E	Ethics Commission Filers)
1/28//9	5 Full name of contributor	78664 Perdulala, 12	7 Amount of contribution (\$)	8 In-kind contribution description (if applicab
Principal oc	cupation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(D# Contributor address: City, State, Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicab
Principal occ	cupation / Job title (See Instructions)	Employer (See		of Texas complete Schedule T
Date	Full name of contributorcut-of-state PAC (ID#Cut-of-state PAC (ID#C		Amount of contribution (\$)	In-kind contribution description (if applicabl
Principal occ	cupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T
Date	Full name of contributor out of state PAC D# Contributor address; City, State, Zip Code	1	Amount of contribution (\$)	In-kind contribution description (if applicabl
Principal occ	upation / Job title (See Instructions)	Employer (See I	(If travel outside o	Texas complete Schedule T
Date	Full name of contributor out-of-state PACIID# Contributor address, City, State, Zip Code	3	Amount of contribution (S)	In-kind contribution description (if applicable
Principal occi	upation / Job title (See Instructions)	Employer (See i		Texas complete Schedule *)

POLITICAL EXPENDITURES

P.O. Box 120/0

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX 8(
Advertising Expense	Gift/Awards/Memorials Expense	Salaries Wages Contract Labor	
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Loan Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense	Travel in District	Transportation Equipment & Related Expense
Event Expense	Polling Expense	Travel Out Of District	Contributions/Donations Made By
Fees	Printing Expense	Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee
	The Instruction Guide	explains how to complete this for	OTHER (enter a category not listed above)
1 Total pages Schedule F.	2 FILER NAME		
	JAmes	Oakley	3 ACCOUNT # (Fithics Commission Filers)
4 Date 1/17/14	5 Payee name MARB/e		er g Commerce
6 Amount (\$)	7 Payee address, City, Sta	ite, Zip Code	gummere
* 550,-	100 Ave 6.	MARBIE FR	AUS, TX 28654
8 PURPOSE OF	(a) Category (See categories) sied at the top		:If travel outside of Texas, complete Schedule Ti
EXPENDITURE	EVENT Exserce	THA	
9 Complete ONLY if direct	Candidate / Officebolder name	7/10	le pous on - Bragaet 1
expenditure to benefit C/O	H	Office sough	office held
	JAmes	OAKIE	
Date 1/18/14	Payee name Soidwood	I Post office	
Amount (\$)	Payee address City, Stat	le. Zip Code	
\$690.		o. 1-p oute	
PURPOSE	Category (See categories listed at the top of	filits schadules	
OF	Martin	Description	(If 'ravel outside of Texas' complete Schedule T
EXPENDITURE	MIMICITY EXPE	256 57/4	mps
Complete ONLY if direct expenditure to benefit G/O	Candidate / Officeholder name	Office sought	
Date 2/3/14	Payee name /figH CAra	lan News Paper	
Amount (\$)	Payee address City. State	, Zip Code	
#	July. Sund	. Zip Code	
42 UU2 -		M. 1 /11	, , , , , , , , , , , , , , , , , , , ,
772.		MARBIE MIL	6,Tx 78659
PURPOSE	Category :See categories listed at the lop of	this schedule; Description (travel outside of Te>as, complete Schedule Ti
EXPENDITURE	Adventising	11.	595 1 2 10 55 19
Complete ONLY if direct	Candidate / Officeholder name		Apla - display Ad
expenditure to benefit C/OH		Office sought	Office held
Date 2/4/14	Payee name Victory /	Rladia KRA	0.1'2
Amount (\$)	Payee address: City State	Zip Code	7 18/1010
874	Sily, Sidle,	zip Code	
PURPOSE	Category (See categories listed at the 'op of the	NS 5chadule)	
OF EXPENDITURE	1-11-2-	Description (1)	Pravel outside of Texas, complete Schedule 1
	HOLVERISITY	KAdio S	Orts -30 second.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COR	EC OF THE COLUMN	
	THE STANDS HORAL COP	ES OF THIS SCHEDULE AS NE	EDED
Wethics state typic	THE PARTY OF THE P		

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EVDENDITION		
Advertising Expense	GIRAwards/Memorials Expense Sa	ATEGORIES FOR BOX 8(a)
Accounting/Banking	Sa	Harles/Wages/Contract Labor	-
Consulting Expense	Enadification So	dicitation/Eundraising Expense	Loan Repayment/Reimbursement
Event Expense	Transport Capacitation Tige	avel in District	Transportation Equipment & Related Expen
Fees	Tra	avel Out Of District	CONTROLLIONS/LIONALIONS Made Do
	Cti	fice Overhead/Rental Expense	Candidate/Officeholder/Political Commit
	The instruction Guide exe	plains how to complete this fo	OTHER (enter a category not listed above)
1 Total pages Schedule F.	2 FILER NAME	this fo	rm,
=		0 1 1	3 ACCOUNT & FEB.
	JAmes (Jaklen	3 ACCOUNT # (Ethics Commission Fil
4 Date 2/./	5 Payee name	7	
74/10	11 Atans	1. 01	1.
	VICIONS	rustiz Hre	- Pica
6 Amount (\$)	7 Payon address, City, State,	Zin Code	- Picayuve
1 1.10		TIP GOOD	
11148		ma al	
1,01		MARBLE FALL	11 10 78101
PURPOSE	(a) Catanana	1111001E FISH	15, TR 78654
OF	(a) Category (See categories I sted at the top of this		
EXPENDITURE	Adeir	4-y Sescription	If travel outside of Texas, complete Schedule Ti
	maverensing	News	
Complete ONLY If direct	Candidate ' Officeholder name		THEFE
expenditure to benefit C/C	ЭН	Office sought	Office held
	The common of the same of the same	- 1	Ome lield
Dale / /	Payee name		
1/12/14	(4-	1	
	JTTCh A	merica	
Amount (\$)	Payoe address. City. State.	7	the state of the s
100	Ony, State,	kip Code	And the specimen was a series where the series of the series was the series of the ser
112 1.		_	1
112.60	810 1254	VII	
// T -) An 11 /1/	1-4////
	0/2 /2 -	street ///	seble FA/1- +,10,
PURPOSE	Category (See categories listed at the top of this a	Street ///	nebletalls, IN 186
OF	Category (See categories listed at the top of this s	Chedule) Description (if	travel outside of Texas complete Schedule T
	Category (See categories listed at the top of this s	Chedule) Description (if	travel outside of Texas complete Schedule T
OF EXPENDITURE Complete ONLY if direct	Candidate / Officebolds	NameBolg	travel outside of Texas complete Schedule T:
OF EXPENDITURE Complete ONLY if direct	Candidate / Officebolds	Description (if Name Bady Office sought	es, Biz Credo, Manes,
OF	Candidate / Officebolds	NameBolg	travel outside of Texas complete Schedule T
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	NameBolg	es, Biz Credo, Manes,
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officebolds	NameBolg	es, Biz Credo, Manes,
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	NameBolg	es, Biz Credo, Manes,
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Payee name Fox MA, Z	Name Balg Office sought	es, Biz Credo, Manes,
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Name Balg Office sought	es, Biz Credo, Manes,
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Payee name Fox MA, Z	Name Balg Office sought	es, Biz Credo, Manes,
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Payee name Fox MA, Z	Name Balg Office sought	es, Biz Credo, Manes,
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Payee name Fox MA, Z Payee address, City. State, Zi LABOX 8711	Office sought P Code 45B, TX 1865	es, Biz Credo, Manes,
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/14 Amount (\$) 625.	Candidate / Officeholder name Payee name Fox MA, Z Payee address, City. State, Zi LABOX 8711	Office sought P Code 45B, TX 1865	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/14 Amount (\$) PURPOSE OF	Candidate / Officeholder name Payee name Fox MA, Z	Office sought P Code 45B, TX 1865	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/14 Amount (\$) C25. PURPOSE OF	Candidate / Officeholder name Payee name Fox MA, Z Payee address, City. State, Zi LABOX 8711	Office sought Description (If the	Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date //22/14/ Amount (\$) PURPOSE OF EXPENDITURE	Candidate / Officeholder name Payee name Fox MA, Z Payee address, City. State, Z Calegory See categories listed at the top of this set Advances.	Office sought P Code 45B, TX 1865	Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/19/ Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Payee name Fox MA, Z Payee address, City. State, Zi LABOX 8711	Office sought Office sought Proces Office sought Office sought Office sought Office sought Office sought Office sought	Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/19/ Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Payee name Fox MA, Z Payee address, City. State, Z Calegory See categories listed at the top of this set Advances.	Office sought Description (If the	Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/19/ Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O/I	Payee name Fox MA, Z Payee address, City. State, Z Calegory See categories listed at the top of this set Avancia C Candidate / Office holder name	Office sought Office sought Proces Office sought Office sought Office sought Office sought Office sought Office sought	Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/14 Amount (\$) 625.	Candidate / Officeholder name Payee name Fox MA, Z Payee address, City. State, Z Calegory See categories listed at the top of this set Advances.	Office sought Office sought Proces Office sought Office sought Office sought Office sought Office sought Office sought	Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/19/ Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O/I	Payee name Fox MA, Z Payee address, City. State, Z Calegory See categories listed at the top of this set Avancia C Candidate / Office holder name	Office sought Office sought Proces Office sought Office sought Office sought Office sought Office sought Office sought	Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/14/ Amount (\$) COMPLETE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Payee name Fox MA: Payee address, City. State, Zi Calegory See categories listed at the top of this set Avants Candidate / Office holder name Payee name	Office sought Office sought Office sought Description of the PRIMT Office sought	Office held Office held Office held
Complete ONLY if direct expenditure to benefit C/O) Date //22/19 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee name Fox MA: Payee address, City. State, Zi Calegory See categories listed at the top of this set Avants Candidate / Office holder name Payee name	Office sought Office sought Office sought Description of the PRIMT Office sought	Office held Office held Office held
Complete ONLY if direct expenditure to benefit C/O) Date //22/19 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee name Fox MA, Z Payee address, City. State, Zi Calegory See categories listed at the top of this sol Candidate / Office holder name	Office sought Office sought Office sought Description of the PRIMT Office sought	Office held Office held Office held
Complete ONLY if direct expenditure to benefit C/O) Date //22/19 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee name Fox MA: Payee address, City. State, Zi Calegory See categories listed at the top of this set Avants Candidate / Office holder name Payee name	Office sought Office sought Office sought Description of the PRIMT Office sought	Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/14/ Amount (\$) COMPLETE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Payee name Fox MA: Payee address, City. State, Zi Calegory See categories listed at the top of this set Avants Candidate / Office holder name Payee name	Office sought Office sought Office sought Description of the PRIMT Office sought	Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/14/ Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date //22/14/ Date //22/14/ Amount (\$)	Candidate / Officeholder name Payee name Fox MA, Z Payee address, City: State; Zi Calegory See categories listed at the top of this sol Candidate / Officeholder name Payee name Payee address; City; State; Zip	Office sought Office sought Description (if the sought) Office sought	Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/19 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct xpenditure to benefit C/O+I Date //22/19 PURPOSE OF EXPENDITURE Complete ONLY if direct xpenditure to benefit C/O+I Date //22/19	Payee name Fox MA: Payee address, City. State, Zi Calegory See categories listed at the top of this set Avants Candidate / Office holder name Payee name	Office sought Office sought Description (I'm PRIM Office sought	Office held Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/19 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O+I Date //22/19 Date //22/19 PURPOSE OF OF ONLY If direct expenditure to benefit C/O+I Date //22/19 PURPOSE OF	Candidate / Officeholder name Payee name Fox MA, Z Payee address, City: State; Zi Calegory See categories listed at the top of this sol Candidate / Officeholder name Payee name Payee address; City; State; Zip	Office sought Office sought Description (I'm PRIM Office sought	Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH PURPOSE OF EXPENDITURE	Candidate / Officeholder name Fox MA, Z Payee name Fox MA, Z Payee address, City: State, Zi Calegory See categories listed at the top of this sol Candidate / Officeholder name Payee name Payee address; City: State; Zip Category (Sue categories listed at the top of this sche	Office sought Office sought Description (I'm PRIM Office sought	Office held Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date //22/19 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct xpenditure to benefit C/O+I Date //22/19 PURPOSE OF XPENDITURE OF XPENDITURE	Candidate / Officeholder name Fox MA, Z Payee name Fox MA, Z Payee address, City: State, Zi Calegory See categories listed at the top of this sol Candidate / Officeholder name Payee name Payee address; City: State; Zip Category (Sue categories listed at the top of this sche	Office sought Office sought Description (If tra	Office held Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH PURPOSE OF EXPENDITURE	Candidate / Officeholder name Payee name Fox MA, Z Payee address, City: State; Zi Calegory See categories listed at the top of this sol Candidate / Officeholder name Payee name Payee address; City; State; Zip	Office sought Office sought Description (I'm PRIM Office sought	Office held Office held Office held Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O+I PURPOSE OF EXPENDITURE OF EXPENDITURE OPENDITURE OPENDITURE	Candidate / Officeholder name Fox MA, Z Payee name Fox MA, Z Payee address, City: State, Zi Calegory See categories listed at the top of this sol Candidate / Officeholder name Payee name Payee address; City: State; Zip Category (Sue categories listed at the top of this sche	Office sought Office sought Description (If tra	Office held Office held Office held Office held Office held