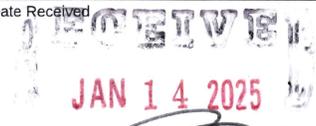


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|----------------------------------|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID | 2 Total pages filed: 10 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | Justin | | |
| | NICKNAME | LAST | SUFFIX |
| Marr | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; | | Date Hand-delivered or Date Postmarked |
| | P.O. Box 7610 | |  |
| | Victoria, TX 77903 | | |
| | | | Receipt # Amount <hr/> Date Processed <hr/> Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| Shaye | | | |
| | NICKNAME | LAST | SUFFIX |
| Roskey | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; CITY; STATE; ZIP CODE |
| 109 Cumberland Gap | | | |
| Victoria, Texas 77904 | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| 361-648-3316 | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 9 PERIOD COVERED | Month | Day | Year |
| 07/01/2024 | | THROUGH | 12/31/2024 |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff <input type="checkbox"/> Other |
| | | <input type="checkbox"/> General | <input type="checkbox"/> Special |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) |
| | Sheriff - Victoria County Victoria | | |

GO TO PAGE 2

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

**FORM C/OH
COVER SHEET PG 2**

2 of 10

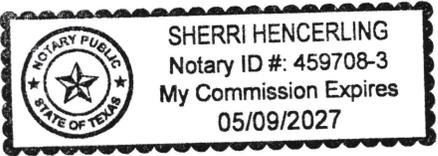
| | |
|------------------------------------|--------------------|
| 13 C / OH NAME Marr, Justin | 14 Filer ID |
|------------------------------------|--------------------|

| | | | |
|---|--|--------------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | |
| COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |

| | | | | |
|--------------------------------|----|--|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ | 1,762.50 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 12,470.90 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Justin Marr, this the 14 day of January, 2025, to certify which, witness my hand and seal of office.



 Signature of officer administering

Sherrri Hencerling
 Printed name of officer administering

Notary
 Title of officer administering oath

SUBTOTALS - C/OH

| | |
|--------------------------------------|--------------------|
| 18 FILER NAME Marr, Justin | 19 Filer ID |
|--------------------------------------|--------------------|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|--|--|------------------------|
| NAME OF SCHEDULE | | |
| 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 E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 1,762.50 |
| 6. <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. <input type="checkbox"/> | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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: 1/7 Rpt: 4/10 | | 2 FILER NAME Marr, Justin | | 3 Filer ID | |
| 4 Date 07/01/2024 | | 5 Payee name Canva | | | |
| 6 Amount (\$) \$15.00 | | 7 Payee address; City; State; Zip Code 3212 E Cesar Chavez St. Building 1, Suite 1300 Austin, TX 78702 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design Program | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 07/23/2024 | | Payee name Canva | | | |
| Amount (\$) \$15.00 | | Payee address; City; State; Zip Code 3212 E Cesar Chavez St. Building 1, Suite 1300 Austin, TX 78702 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design Program | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 08/23/2024 | | Payee name Canva | | | |
| Amount (\$) \$15.00 | | Payee address; City; State; Zip Code 3212 E Cesar Chavez St. Building 1, Suite 1300 Austin, TX 78702 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design Program | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/7 Rpt: 5/10 | 2 FILER NAME Marr, Justin | 3 Filer ID |
| 4 Date 09/23/2024 | 5 Payee name Canva | |
| 6 Amount (\$) \$15.00 | 7 Payee address; City; State; Zip Code 3212 E Cesar Chavez St. Building 1, Suite 1300 Austin, TX 78702 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design Program |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/23/2024 | Payee name Canva | |
| Amount (\$) \$15.00 | Payee address; City; State; Zip Code 3212 E Cesar Chavez St. Building 1, Suite 1300 Austin, TX 78702 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design Program |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/25/2024 | Payee name Canva | |
| Amount (\$) \$15.00 | Payee address; City; State; Zip Code 3212 E Cesar Chavez St. Building 1, Suite 1300 Austin, TX 78702 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design Program |
| 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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 3/7 Rpt: 6/10 | 2 FILER NAME Marr, Justin | 3 Filer ID |
| 4 Date 08/26/2024 | 5 Payee name Carter, Dawn | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 107 Sky Ct Victoria, TX 77904 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table sponsorship for Victoria West Warriors |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/15/2024 | Payee name Ducks Unlimited 5547 | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 1204 Cherrywood Schertz, TX 78154 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/16/2024 | Payee name Nation Wild Turkey Federation | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 770 Augusta Road Edgefield, SC 29824 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| 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.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 4/7 Rpt: 7/10 | 2 FILER NAME Marr, Justin | 3 Filer ID |
| 4 Date 08/19/2024 | 5 Payee name Roth House | |
| 6 Amount (\$) \$60.00 | 7 Payee address; City; State; Zip Code 7905 Siringo Pass Austin, TX 78749 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2024 | Payee name Roth House | |
| Amount (\$) \$60.00 | Payee address; City; State; Zip Code 7905 Siringo Pass Austin, TX 78749 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 10/04/2024 | Payee name Roth House | |
| Amount (\$) \$60.00 | Payee address; City; State; Zip Code 7905 Siringo Pass Austin, TX 78749 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Fee |
| 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.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: Sch: 5/7 Rpt: 8/10 | | 2 FILER NAME Marr, Justin | | 3 Filer ID | |
| 4 Date 11/05/2024 | | 5 Payee name Roth House | | | |
| 6 Amount (\$) \$60.00 | | 7 Payee address; City; State; Zip Code 7905 Siringo Pass Austin, TX 78749 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Fee | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 12/04/2024 | | Payee name Roth House | | | |
| Amount (\$) \$60.00 | | Payee address; City; State; Zip Code 7905 Siringo Pass Austin, TX 78749 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Fee | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 08/16/2024 | | Payee name Texas Golden Crescent Foundation | | | |
| Amount (\$) \$40.00 | | Payee address; City; State; Zip Code 770 Augusta Road Edgefield, SC 29824 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 6/7 Rpt: 9/10 | 2 FILER NAME Marr, Justin | 3 Filer ID |
| 4 Date 11/26/2024 | 5 Payee name U.S. Postal Service | |
| 6 Amount (\$) \$170.00 | 7 Payee address; City; State; Zip Code 2804 Sam Houston Drive Victoria, TX 77904 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Box Renewal |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/04/2024 | Payee name University of Houston - Victoria | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 3007 N. Ben Jordan St. Victoria, TX 77901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation - Day of Giving |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/06/2024 | Payee name Victoria Area Go Texan | |
| Amount (\$) \$620.00 | Payee address; City; State; Zip Code PO Box 7304 Victoria, TX 77903-7304 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 7/7 Rpt: 10/10 | 2 FILER NAME Marr, Justin | 3 Filer ID |
| 4 Date 08/27/2024 | 5 Payee name Victoria West High School | |
| 6 Amount (\$) \$42.50 | 7 Payee address; City; State; Zip Code 307 W. Tropical Dr. Victoria, TX 77904 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Football Team |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |