#### CAND DATE / OFF CEHOLDER CAMPA GN FINANCE REPORT

#### FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form

3 CANDIDATE / **OFFICEHOLDER** NAME

MS / MRS / MR

NICKNAME

ADDRESS / PO BOX;

TRISCHEUE

STRO NE

1 Filer ID (Ethics Commission Filers)

STATE:

SUFFIX

ZIP CODE

2 Total pages filed

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OFFICE USE ONLY

Date Received

4 CANDIDATE / **OFFICEHOLDER MAILING ADDRESS** 

4509 ROLLING HIERS DR. FWITX JULIA

ate Postmarked 9/2022 1. 5 .5

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MS

CKOSSLAND

МІ

Receipt # Date Processed Amount \$

NICKNAME

LAST

SUFFIX

Date Imaged

7 CAMPAIGN **TREASURER ADDRESS** 

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #. TAMWORTH

CITY;

STATE;

ZIP CODE 76116

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

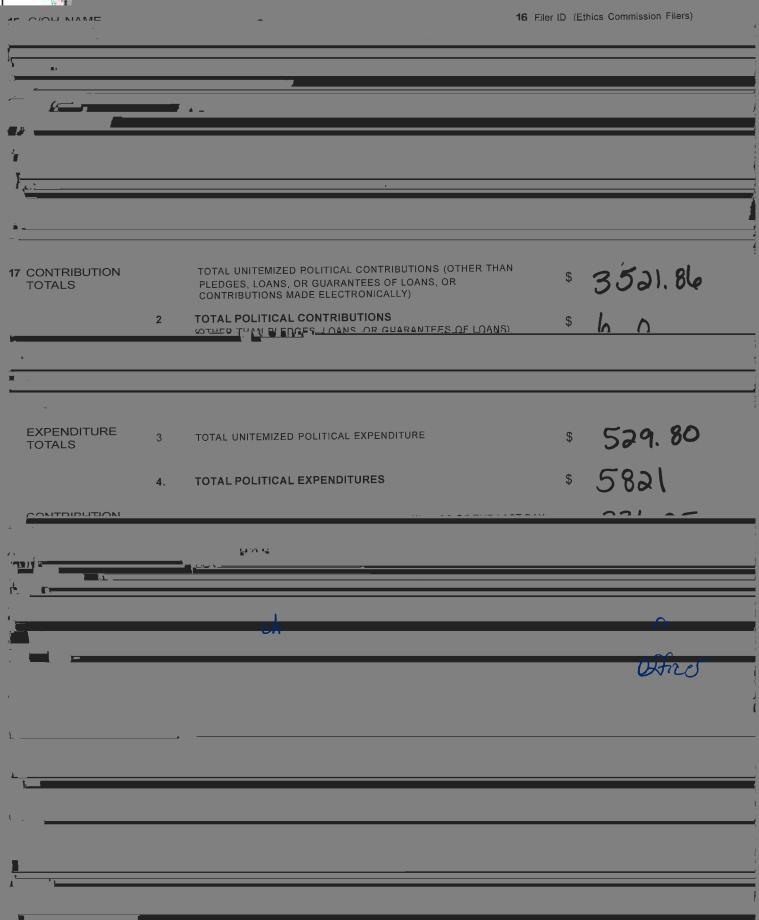
(310)

PHONE NUMBER

EXTENSION

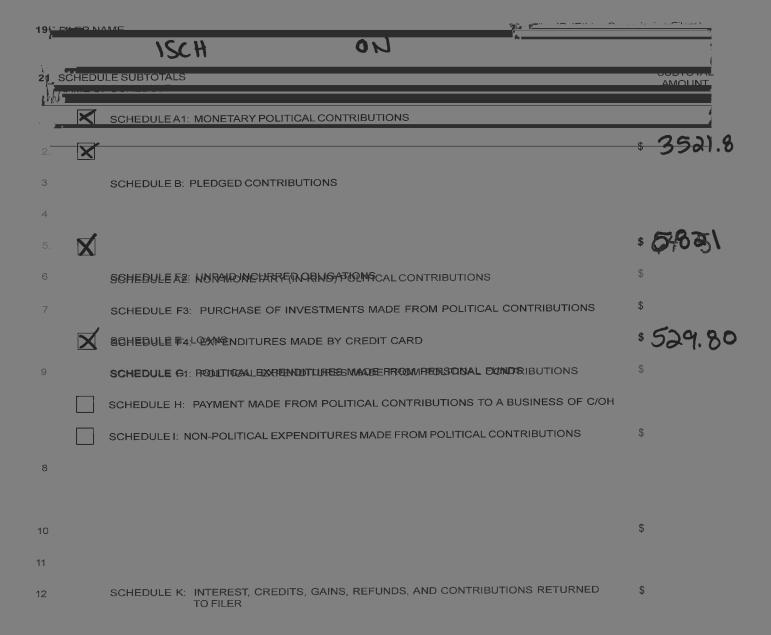
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2



#### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3



## MONETARY POLITICAL CONTRIBUTIONS

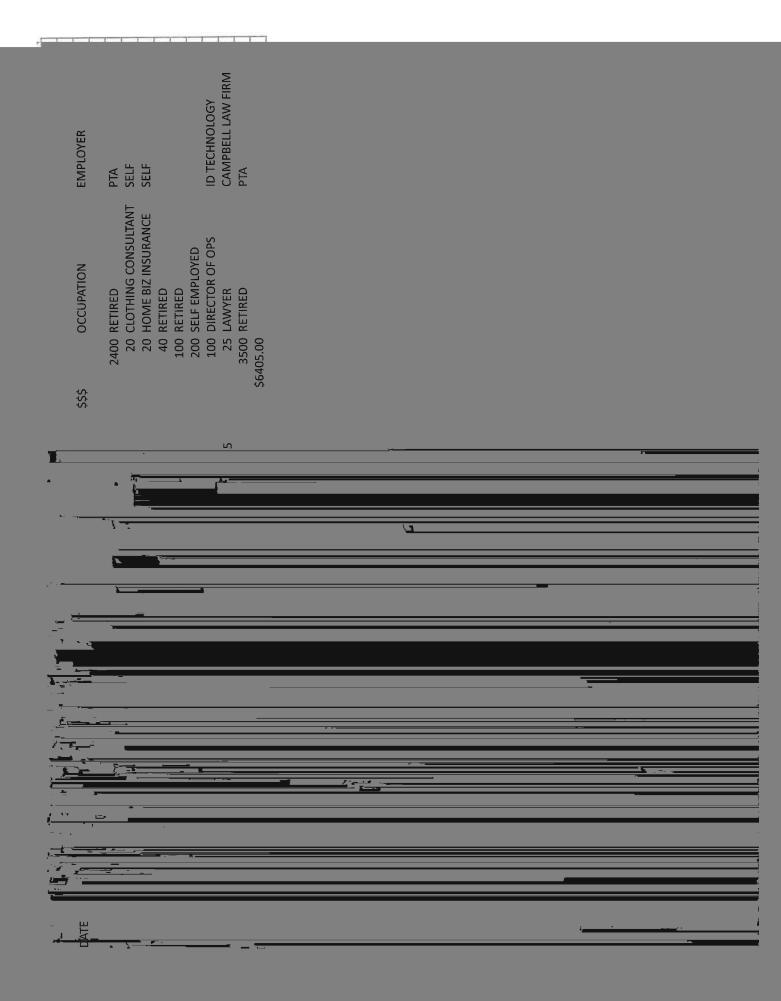
### SCHEDULE A1

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

	The Instruction Guide explains how	to complete this	form.		Table to the same Outle of the Ada	
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. ,	cik va	out-of-state PAC				
					3 Filer ID (Ethics Commission File	rs)
<b>4</b> Date	A Real III sanga - Cooperation does				7 Amount of contribution (\$)	
-						
1 11		eut-of-state PAC		_		
-						4
	6 Contributor address;	City;		Zip Code		
8 Prin	ncipal occupation / Job title (See Instructions)	City;	9 Emplo	yer (See Instru	ctions)	
	Full name of contributor				e y la	
Tipe .						4
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•		out-of-state PAC				
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	Contributor address;	City;	State;	Zip Code		

Principal occupation of the principal occupation of the principal occupation of the principal occupation of the principal occupation occupation of the principal occupation of the principal occupation occupatio





#### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

TRISCHEUE STRONG

3 Filer ID (Ethics Commission Filers)

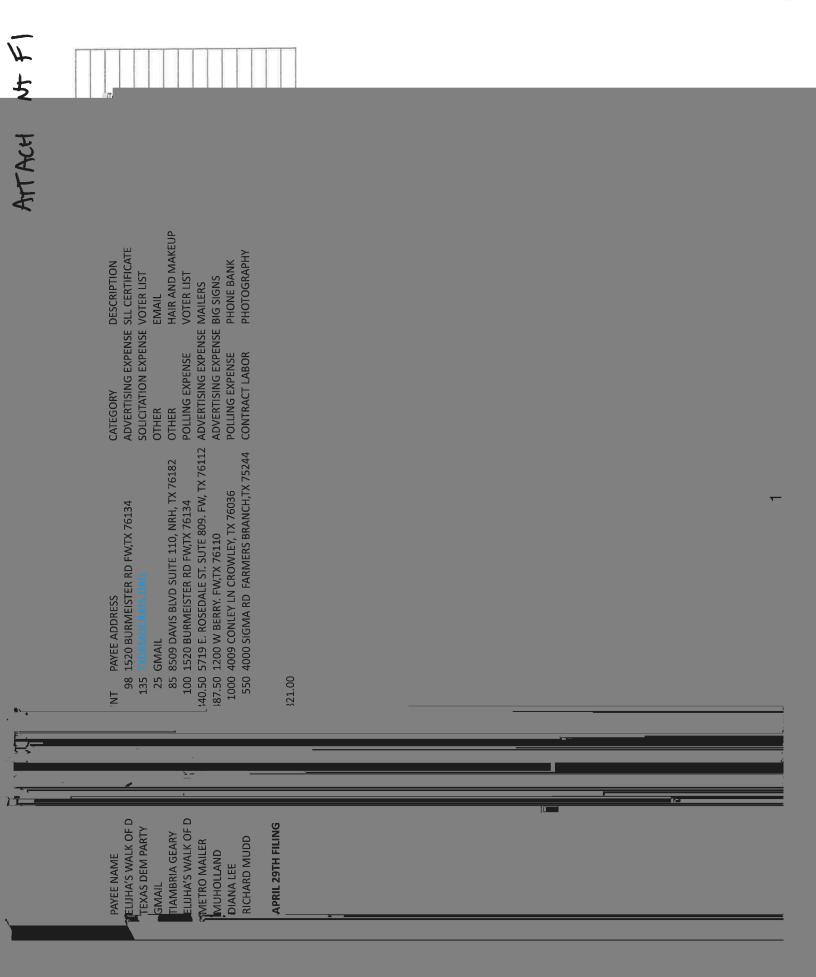
3521.86 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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	Fivert Fiveress	Loop Poncyment/Poimburgement	Solicitation/Fundraising Evnense
edounting/Sanking		Office Overhead/Rental Expense	Transportation Equipment 8. Related Expense Travel In District
onsulting Expense ontributions/Donations Made B	•	Polling Expense Printing Expense	Travel Out Of District
Candidate/Officeholder/Politica edit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
			Service Control Control
Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
	- B and address	City;	State; Zip Code
Amount (\$)	7 Payee address;	Oity,	State, Lip 2000
•			
	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
. •			
	(c) EXPENDITURE CATEG  (c) Check if travel outside of Texas Complete Sch		n, TX, officeholder living expense
		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	5,1100 1,015
Date	Payee name the Instruction Guide explains		
	Payee address  SEE ATT		
	TRISCHELL	S ON City;	State Zin Code
Amount (\$)	Payee address	City;	State Zip Code
	See ATT	TACHED	
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OF	Check if travel outside of Texas Complete Sch	Office I Austri	Office hold
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•			
	Category (See Categories listed at the top of this se		
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PURPOSE			- TV. afficial-cides living events
EXPENDITURE			
Tight .			



### EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE **F4**

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. <i>K</i> .	EXPENDITURE CAT	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking	Event Expense Fees	Office Overhead/Rental Expense T	colicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made	Food/Boverage-Expense By Gift/Awards/Memorials Expense	Polling Expense Printing Expense	ravel In District ravel Out Of District
Condidate/Officeholder/Politi		Salaries/Wages/Contract Labor Cains how to complete this form.	Other (enter a category not listed above)
1 Total Schedule F4:			Filer ID (Ethics Commission Filers)
-	6 Payee name		
7. Amount (\$)	8 Payee address;	City;	State Zip Code
4 <u></u>			
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9			<u>'</u>
	(a) Category (See Categories listed at the top of	this schedule)	
	(a) a second sec	anto danogato)	•
7			
	(c) Check if travel outside of Texas Compl	ete Schedule T. Check if Austin,	TX, officeholder living expense
11	Candidate / Officeholder name	Office sought	Office held
America State of the Atlanta			
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<u>.</u>	2 FILER NAME	S1	
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4 TOTAL OF UNITED	MIZED EXPENDITURES CHARGE	EDSTQACREDIT CARD \$	529.
5 Date	0.5		
4/28/	Payee name of A		
<u> Date</u>	Service of the servic		
599,80	Payee address	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
10		Non-Political Des n	ARE PAMORK
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