CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Richard	MI	OFFICE USE ONLY			
NAME	nickname Last Dick Lavine	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	RECEIVED By Travis Central Appraisal District at 5:23 pm, Jul 15, 2024			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 636-8814	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Lousia	MI				
NAME	NICKNAME LAST	SUFFIX	Date Processed			
	Keeler		Date Imaged			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); AF	PT / SUITE #; CITY;	STATE; ZIP CODE			
TREASURER ADDRESS	1007 Milam Place Austin, TX 78704					
(Residence or Business)						
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(512) 496-0978					
9 REPORT TYPE	January 15 30th day be	fore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day befo	ore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	4 / 25 / 24	THROUGH 6	/ 30 / 24			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Prir	mary Runoff Other Description				
	Gel	neral Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	Travis Central Appraisal District Boar	rd, Place 3 Travis Central Appr	raisal District Board, Place 3			
14 NOTICE FROM POLITICAL	AL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S INCOMPANY OF THE CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH		DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN	N TREASURER NAME				
	COMMITTEE CAMPAIGI	N TREASURER ADDRESS				
	003	TO DACE 2				
	GO	ΓO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Dick Lavine			16 Filer ID (Etl	hics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	\$	0.00
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		\$	375.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITU	JRES	\$	9,239.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAS	ST DAY \$	2,089.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F		F THE \$	0.00
	swear, or affirm, under penalty of perjury, that quired to be reported by me under Title 15, Elec		e and correct ar	nd includes all information
		Dick	c Lavine	
		Signature of Ca	andidate or Offic	ceholder
	Please comple	te either option belov	v.	
	i idase compie	to citilor option belov	••	
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by	this the	day	of,
20, to certify	which, witness my hand and seal of office.			
Signature of officer administer	ering oath Printed name of officer	administering oath	Title o	f officer administering oath
	o	R		
(2) Unsworn Declarati	on			
Mv name is		and my date of birth is	.	
,	(street)		state) (zip co	de) (country)
Executed in	County, State of			
		Signature of Candi	date/Officeholde	(Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ER NAME Lavine	20 Filer ID (Ethics Co	mmissi	on Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	375.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	9,239.70
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ii tile reques	ned information is not applicable, DO N	Of moldde this page in the	тероги.
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME Dick Lavine)		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-s Anthony Haley	, ,	
05/01/2024	6 Contributor address; City;	State; Zip Code, Austin TX 78701	250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ltions)
Date	Full name of contributor out-of-s Circle C Area Democrats	state PAC (ID#:)	Amount of contribution (\$)
05/03/2024	Contributor address; City;	State; Zip Code	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		tions)	
Date	Full name of contributor out-of-s	state PAC (ID#:)	Amount of contribution (\$)
05/18/2024	Contributor address; City;	State; Zip Code Austin TX 78726	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-s	state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

 $If contributor is out-of-state \ PAC, please see Instruction guide for additional \ reporting \ requirements.$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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)

oreal card aymen	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Dick Lavine		3 Filer ID (Ethics Commission Filers)		
4 Date 05/25/2024	5 Payee name ActBlue				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
14.81	PO Box 441146 Somerville, MA 0214	14			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Online Contribution Processing Fee			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/25/2024	Worley Printing				
Amount (\$)	Payee address;	City;	State; Zip Code		
549.91	3217 N Interstate 35 Frontage Rd, A	ustin, TX 78722			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense	Mailer Printing	9		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
05/09/2024	Travis County Democratic Party				
Amount (\$)	Payee address;	City;	State; Zip Code		
3,365.90	PO Box 684263 Austin, Texas 78768	3-4263			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Donations Made by Candidate	Coordinated C	ampaign Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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)

Complete ONLY if direct expenditure to benefit C/OH Description	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to c	Vages/Contract Labor complete this form.	Other (enter a categor	y not listed above)	
Description Description	• =			3 Filer ID (Ethics	Commission Filers)	
690.00 6112 Highlandale Dr. Austin, TX 78731 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE (b) Chock if travel outside of Toxas. Complete Schedule Travis Central Appraisal District Place 1 Diste Payee name Shenghao "Daniel" Wang Purpose OF EXPENDITURE Candidate / Office hold Travis Central Appraisal District Place 1 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Office hold Travis Central Appraisal District Place 1 Description Reimbursement for Campaign Expenses Category (See Categories listed at the top of this schedule) Reimbursement for Campaign Expenses Category (See Categories listed at the top of this schedule) Reimbursement for Campaign Expenses Camplete ONLY if direct expenditure to benefit C/OH Check if travial outside of Toxas. Complete Schedule Travis Central Appraisal District Place 2 Candidate / Officeholder name Office sought Office held Shenghao "Daniel" Wang Travis Central Appraisal District Place 2 Date O5/16/2024 Amount (\$) Payee name Checkmark Typesetting Payee address; City: State: Zip Code 119.08 Category (See Categories listed at the top of this schedule) Payee address; City: State: Zip Code Description						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Reimbursement for Campaign Expenses	6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
Reimbursement Reimbursement for Campaign Expenses Paper and Candidate / Office held office sought fravis Central Appraisal District Place 1 Payee name Shenghao "Daniel" Wang Amount (\$)	690.00	6112 Highlandale Dr. Austin,	TX 78731			
Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule)	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
9 Complete QNLY if direct expenditure to benefit C/OH Jett Hanna Travis Central Appraisal District Place 1 Date	OF	Reimbursement	Reimbursement for Campaign Expenses			
Date Purpose Expenditure to benefit C/OH Shenghao "Daniel" Wang Payee name Shenghao "Daniel" Wang Amount (\$) Payee address; City; State; Zip Code 4,500.00 PO Box 201563 Austin TX 78720 Purpose OF Expenditure Category (See Categories listed at the top of this schedule) Reimbursement Reimbursement Reimbursement Office sought Office held Shenghao "Daniel" Wang Candidate / Officeholder name Office sought Office held Shenghao "Daniel" Wang Date Payee name O5/16/2024 Checkmark Typesetting Amount (\$) Payee address; City; State; Zip Code 119.08 City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Candidate / Office held Shenghao "Daniel" Wang Travis Central Appraisal District Place 2 Category (See Categories listed at the top of this schedule) Description Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Purpose OF Category (See Categories listed at the top of this schedule) Description Purpose OF Category (See Categories listed at the top of this schedule) Description Purpose OF Category (See Categories listed at the top of this schedule) Description Description Description		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Amount (\$) Payee address; City; State; Zip Code 4,500.00 PO Box 201563 Austin TX 78720 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office holder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Office sought Travis Central Appraisal District Place 2 Date Payee name Check mark Typesetting Amount (\$) Payee address; City; State; Zip Code 119.08 Category (See Categories listed at the top of this schedule) Printing Expense Description Reimbursement for Campaign Expenses Office sought Office held Travis Central Appraisal District Place 2 Date Checkmark Typesetting Amount (\$) Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd, Austin, TX 78722 Category (See Categories listed at the top of this schedule) Printing Expense Description Description Description Description Description Description Description			_		Office held	
Amount (\$) Payee address; City; State; Zip Code 4,500.00 PO Box 201563 Austin TX 78720 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if tavel outside of Texas. Complete Schedule T. Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Shenghao "Daniel" Wang Payee name Checkmark Typesetting Amount (\$) Payee address; City; State; Zip Code 119.08 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Design of Literature	Date	Payee name				
A,500.00 PO Box 201563 Austin TX 78720 Category (See Categories listed at the top of this schedule) Reimbursement Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Shenghao "Daniel" Wang Checkmark Typesetting Amount (\$) Payee name Checkmark Typesetting Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Design of Literature	05/24/2024	Shenghao "Daniel" Wang				
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if dustin, TX, officeholder living expense Candidate / Officeholder name Candidate / Officeholder name Shenghao "Daniel" Wang Date Payee name Checkmark Typesetting Amount (\$) Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd, Austin, TX 78722 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Design of Literature	Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement Reimbursement for Campaign Expenses Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Shenghao "Daniel" Wang Date Payee name Checkmark Typesetting Amount (\$) Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd, Austin, TX 78722 Category (See Categories listed at the top of this schedule) Printing Expense Design of Literature	4,500.00	PO Box 201563	Austin	TX	78720	
Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Shenghao "Daniel" Wang Candidate / Officeholder name Shenghao "Daniel" Wang Candidate / Office held Shenghao "Daniel" Wang Candidate / Office held Shenghao "Daniel" Wang Checkmark Typesetting Amount (\$) Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd, Austin, TX 78722 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule)	Description			
Complete ONLY if direct expenditure to benefit C/OH Shenghao "Daniel" Wang Travis Central Appraisal District Place 2 Date Payee name O5/16/2024 Checkmark Typesetting Amount (\$) Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd, Austin, TX 78722 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Printing Expense Design of Literature	OF	Reimbursement Reimbursement for Campaign Expenses				
Date Payee name O5/16/2024 Checkmark Typesetting Amount (\$) Payee address; City; State; Zip Code 119.08 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Payee name Checkmark Typesetting City; State; Zip Code Description Description Design of Literature		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense		
Date Payee name Checkmark Typesetting Amount (\$) Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd, Austin, TX 78722 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Payee name Checkmark Typesetting Payee address; City; State; Zip Code Description Description Design of Literature	Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held	
O5/16/2024 Checkmark Typesetting Amount (\$) Payee address; City; State; Zip Code 119.08 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Checkmark Typesetting City; State; Zip Code Description Description Design of Literature	expenditure to benefit C/OF	¹ Shenghao "Daniel" Wang	Travis Central Appraisal Distri	ict Place 2		
Amount (\$) Payee address; City; State; Zip Code 119.08 Category (See Categories listed at the top of this schedule) Printing Expense Design of Literature	Date	Payee name				
119.08 3217 N Interstate 35 Frontage Rd, Austin, TX 78722 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Design of Literature	05/16/2024	Checkmark Typesetting				
Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Design of Literature	Amount (\$)	Payee address;	City;	State;	Zip Code	
Purpose OF EXPENDITURE Printing Expense Design of Literature	119.08	3217 N Interstate 35 Frontage Rd, Aเ	ıstin, TX 78722			
OF Printing Expense Design of Literature EXPENDITURE		Category (See Categories listed at the top of this schedule)	Description			
Chack if travel outside of Tayas Complete Schedule T Chack if Austin TV officeholder living expanse	OF	Printing Expense	Design of Liter	ature		
Check if Austin, 17, Unicefibile inving expense		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		