

received 4/28/23 @ 4:57pm

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

APR 28 2023

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

N/A

2 Total pages filed: 12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

Joseph

MI

A

NICKNAME

LAST

Solomon

SUFFIX

OFFICE USE ONLY

Date Received

4/28/2023

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5001 Deerwood Loop Killeen TX 76542

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 254 )

394-5673

Date Hand-delivered or Date Postmarked

hand-delivered

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Michelle

MI

C

NICKNAME

LAST

Solomon

SUFFIX

Receipt #

Amount \$

Date Processed

4/28/2023

Date Imaged

4/28/2023

7 CAMPAIGN TREASURER ADDRESS

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

CITY;

STATE;

ZIP CODE

5001 Deerwood Loop Killeen TX 76542

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 254 )

394-5673

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

04 / 07 / 23

THROUGH

Month

Day

Year

04 / 28 / 23

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 23

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Killeen City Council 2

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

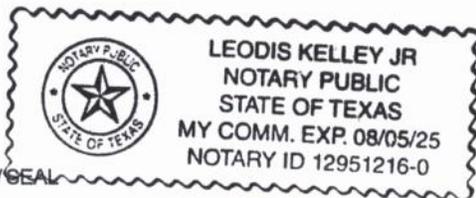
<b>15 C/OH NAME</b> Joseph Solomon		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,958.49
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 4285.07
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2937.40

**18 SIGNATURE** 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.

  
 Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joseph Solomon this the 28 day of April, 2023, to certify which, witness my hand and seal of office.


Leodis Kelley Jr

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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> Joseph Solomon		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	<b>NAME OF SCHEDULE</b>	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,958.49
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	SCHEDULE E: LOANS	\$ N/A
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,285.07
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 4,410.30
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 225.04
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ N/A
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>6</b>
<b>2</b> FILER NAME Joseph Solomon		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/7/23	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Clinton Joseph ..... <b>6</b> Contributor address; City; State; Zip Code 329 Crossland Dr. Killeen TX. 76543	<b>7</b> Amount of contribution (\$)  50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 4/8/23	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Thomas Lane ..... <b>Contributor address;</b> City; State; Zip Code 3135 Osborne Trail. Copperas Cove TX. 76522	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/8/23	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Donald Hudson ..... <b>Contributor address;</b> City; State; Zip Code 4902 Deerwood Lp. Killeen. TX. 76542	<b>Amount of contribution (\$)</b>  200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/13/23	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) David Sneed ..... <b>Contributor address;</b> City; State; Zip Code 2106 Mile Dr. Copperas Cove TX. 76522	<b>Amount of contribution (\$)</b>  200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# 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.		1 Total pages Schedule A1: 6
2 FILER NAME Joseph Solomon		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/23	5 Full name of contributor out-of-state PAC (ID#: _____) Michelle Jackson <hr/> 6 Contributor address; City; State; Zip Code 902 Lydia Dr. Killeen TX. 76541	7 Amount of contribution (\$)  150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/23	Full name of contributor out-of-state PAC (ID#: _____) Eric Young <hr/> Contributor address; City; State; Zip Code 1803 Gigante Dr, Killeen TX. 76543	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/23	Full name of contributor out-of-state PAC (ID#: _____) Latonia Henderson <hr/> Contributor address; City; State; Zip Code 3313 Aubrey Katherine Ln. Killeen. TX. 76543	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/23	Full name of contributor out-of-state PAC (ID#: _____) Eric Williams <hr/> Contributor address; City; State; Zip Code 3808 Dewitt County Ct. Killeen. TX. 76549	Amount of contribution (\$)  10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# 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.		1 Total pages Schedule A1: 6
2 FILER NAME Joseph Solomon		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/23	5 Full name of contributor out-of-state PAC (ID#: _____) Myrna Hawkins <hr/> 6 Contributor address; City; State; Zip Code 3009 Panhandle Dr. Killeen TX. 76542	7 Amount of contribution (\$)  20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/23	Full name of contributor out-of-state PAC (ID#: _____) Joe Walker <hr/> Contributor address; City; State; Zip Code 3217 Sabrina Lane Copperas Cove TX. 76522	Amount of contribution (\$)  200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/23	Full name of contributor out-of-state PAC (ID#: _____) Covenant Savings Federal Credit Union <hr/> Contributor address; City; State; Zip Code 2904 Stan Schlueter Lp. Su. 102 Killeen. TX. 76542	Amount of contribution (\$)  1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/23	Full name of contributor out-of-state PAC (ID#: _____) Andrew Price <hr/> Contributor address; City; State; Zip Code 1414 Zephyr Rd. Killeen TX. 76541	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>6</b>
<b>2</b> FILER NAME Joseph Solomon		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/24/23	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Killeen Firefighters For Responsible GOV	<b>7</b> Amount of contribution (\$)  2500.00
<b>6</b> Contributor address; City; State; Zip Code 604 N. Gray St. Killeen TX. 76541		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 4/23/23	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Nancy Pettaway	<b>Amount of contribution (\$)</b>  100.00
<b>Contributor address; City; State; Zip Code</b> 577 Crossland Dr. Killeen TX. 76543		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/18/23	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Myrtle Nolley	<b>Amount of contribution (\$)</b>  100.00
<b>Contributor address; City; State; Zip Code</b> 5205 Driftwood Killeen TX. 76542		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/18/23	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) A Lasting Fire for My King & Queen	<b>Amount of contribution (\$)</b>  35.00
<b>Contributor address; City; State; Zip Code</b> 10001 Beacon Pond Ln. Burke VA. 22015		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

# 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.		1 Total pages Schedule A1: 6
2 FILER NAME Joseph Solomon		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/23	5 Full name of contributor out-of-state PAC (ID#: _____) Linda Boykin <hr/> 6 Contributor address; City; State; Zip Code 802 Sandy Court Copperas Cove. TX. 76522	7 Amount of contribution (\$)  40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/23	Full name of contributor out-of-state PAC (ID#: _____) Valerie Stewart <hr/> Contributor address; City; State; Zip Code 6705 Deorsam Loop Killeen TX. 76542	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/23	Full name of contributor out-of-state PAC (ID#: _____) Terry Jones <hr/> Contributor address; City; State; Zip Code 908 Magnolie Rd. Killeen TX. 76549	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/23	Full name of contributor out-of-state PAC (ID#: _____) Cash App <hr/> Contributor address; City; State; Zip Code 1455 Market St.Unit 600HQ San Francisco, CA 94103	Amount of contribution (\$)  736.88
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# 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.		1 Total pages Schedule A1: 6
2 FILER NAME Joseph Solomon		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/23	5 Full name of contributor out-of-state PAC (ID#: _____) Cash App ..... 6 Contributor address; City; State; Zip Code 1455 Market St. Unit600HQ San Francisco, CA 94103	7 Amount of contribution (\$)  98.25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/23	Full name of contributor out-of-state PAC (ID#: _____) Paypal Zettle ..... Contributor address; City; State; Zip Code PO. BOX 459500 Omaha NE 68145-0950	Amount of contribution (\$)  5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/23	Full name of contributor out-of-state PAC (ID#: _____) Monetary contributions that did not exceed \$90.00 ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)  130.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2		<b>2</b> FILER NAME Joseph Solomon			<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/13/23		<b>5</b> Payee name Killeen Civic & Conference Center				
<b>6</b> Amount (\$) 845.00		<b>7</b> Payee address; 3601 S WS Young Dr.		City; Killeen	State; TX.	Zip Code 76542
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense			<b>(b)</b> Description Campaign Meet & Greet		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held	
Date 4/18/23		Payee name Post VFW # 9191				
Amount (\$) 91.55		Payee address; 3307 Zephyr Rd.		City; Killeen	State; TX	Zip Code 76543
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense			Description Campaign Meet & Greet		
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Joseph Solomon		Office sought City Council Dist. 2	Office held N/A	
Date 4/20/23		Payee name Menos Mexican Grill				
Amount (\$) 133.49		Payee address; 1100 E. Stan Schlueter Loop		City; Killeen	State; TX.	Zip Code 76542
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense			Description Campaign Meet & Greet		
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Joseph Solomon	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/28/23	<b>5</b> Payee name Killeen Daily Herald
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<b>6</b> Amount (\$) 3000.00	<b>7</b> Payee address; 1809 Florence Rd.	City; Killeen	State; TX.	Zip Code 76541
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising expense	<b>(b)</b> Description Website Campaign Materials
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/1/23- 4/25/23	Payee name Paypal
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Amount (\$) 31.48	Payee address; P.O. BOX 45950	City; Omaha	State; NE.	Zip Code 68145-0950
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Joseph Solomon	Office sought City Council Dist. 2	Office held N/A
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Date 4/13/23	Payee name Cash App
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Amount (\$) 3.55	Payee address; 1455 Market St. Unit 600 HQ	City; San Francisco	State; CA	Zip Code 94103
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 1	<b>2</b> FILER NAME Joseph Solomon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date 4/28/23	<b>6</b> Payee name Killeen Daily Herald	
<b>7</b> Amount (\$) 4,410.30	<b>8</b> Payee address; 1809 Florence Rd.	City; State; Zip Code Killeen TX. 76542
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Campaign Material
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**