CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: CANDIDATE / MS / MRS / MR **OFFICEHOLDER** OFFICE USE ONLY NAME NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: OFFICEHOLDER MAILING **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** Date Hand-delivered or Date Postmarked PHONE 9/26/ 2024 du CAMPAIGN MS / MRS / MR Amount \$ **TREASURER** NAME Date Processed NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX CAMPAIGN STATE; ZIP CODE **TREASURER** ADDRESS MAxine st (Residence or Business) CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** PHONE 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 Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year COVERED 03 26 2024 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Description General Special 12 OFFICE OFFICE HELD (if any) OFFICE SOUGHT (if known) Council man -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 OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45 0/0// 2//						
15 C/OH NAME			16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	PLEDGES, LOAN	IZED POLITICAL CONTRIBUTIONS (OTHER THAN NS, OR GUARANTEES OF LOANS, OR IS MADE ELECTRONICALLY)	\$ 19,250			
	2. TOTAL POLITIC (OTHER THAN PI	CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19 250			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITIC	CAL EXPENDITURES	\$ 10.378			
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF REPORTING I	L CONTRIBUTIONS MAINTAINED AS OF THE LAS PERIOD	TDAY \$ 9872			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA LAST DAY OF TH	L AMOUNT OF ALL OUTSTANDING LOANS AS OF E REPORTING PERIOD	THE \$ -0-			
18 SIGNATURE I s	wear, or affirm, under penalty	of perjury, that the accompanying report is true	and correct and includes all information			
160	uired to be reported by me und	der Little 15, Election Code.				
			1-			
		* en no	anda Kon -			
			TO VIL			
		Signature of Can	didate or Officeholder			
	Pleas	se complete either option below				
	Please complete either option below:					
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed I	efore me by	this the	day of,			
20, to certify v	hich, witness my hand and sea	al of office.				
Signature of officer administeri	ng oath Printed	d name of officer administering oath	Title of officer administering oath			
		OR				
(2) Unsworn Declaratio	1					
My name is	rnando T	2056, and my date of birth is	05/11/1964			
My address is	MAXINE	, ELSA, T	X 78543 USA			
Executed in Hola	(street) County, State of	FLYGG, on the 26 day of Apr	te) (zip code) (country)			
	, ,	(month)	(year)			
		Signature of Candidate	e/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME			
	, ILLICITATIVE	20 Filer ID (Ethics C	ommission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	ONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 19 250	
4.	SCHEDULE E: LOANS	SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTI	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	e Instruction Guide explains how to complete t	his form.	1 Total pages Sche	edule B:
2 FILER NAMI	Fernando Rosa		3 Filer ID (Ethics	Commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES	2	\$	
5 Date	Full name of pledgor out-of-state PAC (ID#: ACE VECTO Pledgor address; City; State Off Del OVO Lave	State: Zin Code	8 Amount of Pledge \$	9 In-kind contribution description
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See	Check if travel outs	ide of Texas. Complete Schedule
Date 417-24	Full name of pledgor out-of-state PAC (ID#:	LIDVN state; Zip Code ELSA 7834	Amount of Pledge \$	In-kind contribution description
Principal occup	ation / Job title (See Instructions)	Employer (See I	Check if travel outside	de of Texas. Complete Schedule
Date 4/9/24	Full name of pledgor out-of-state PAC (ID#:	ate; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occup	eation / Job title (See Instructions)	Employer (See In		e of Texas. Complete Schedule 1
Date F-19 - 24	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins		of Texas. Complete Schedule T.
If co	ATTACH ADDITIONAL COPIES On ntributor is out-of-state PAC, please see Instru	F THIS SCHEDULE	AS NEEDED	ouirements

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

		morade tins page	m the report.		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule B:		
2 FILER NAME	Fernando Rosa		3 Filer ID (Ethics C	Commission Filers)	
	UNITEMIZED PLEDGES		\$		
5 Date	6 Full name of pledgor out-of-state PAC (ID#: BILLY'S HUT MUT WE 7 Pledgor address; City; S 122 South 951 Humi	State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description	
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See		de of Texas. Complete Schedule	
Date CHG-74	Full name of pledgor out-of-state PAC (ID#:	tate: Zip Code	Amount of Pledge \$	In-kind contribution description	
Principal occup	pation / Job title (See Instructions)	Employer (See I	Check if travel outsid	le of Texas. Complete Schedule T.	
Date 416-24	Full name of pledgor out-of-state PAC (ID#:_ YGN LGG EWLYGG Pledgor address; City; SI PV BOX 250 Let Blanco	rate; Zip Code	Amount of Pledge \$	In-kind contribution description	
Principal occup	pation / Job title (See Instructions)	Employer (See In		e of Texas. Complete Schedule T.	
Date 4-17-24	Full name of pledgor out-of-state PAC (ID#:	Blair ; zip Code TX 78760	Amount of Pledge \$	In-kind contribution description	
Principal occupa	ation / Job title (See Instructions)	Employer (See In		or rexas. Complete scriedule 1.	
If co	ATTACH ADDITIONAL COPIES (ontributor is out-of-state PAC, please see Instr	OF THIS SCHEDULE	AS NEEDED	equirements.	

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

		pu	ge in the report.	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule B:	
2 FILER NAMI	temando Basa		3 Filer ID (Ethics	Commission Filers)
	F UNITEMIZED PLEDGES		\$	
	6 Full name of pledgor out-of-state PAC (ID#: HM9M GUHENNE 7 Pledgor address; City; 701 NWH Bentsenk upation / Job title (See Instructions)	State; Zip Code MCHILEN TX 10501	8 Amount of Pledge \$	9 In-kind contribution description I I I I I I I I I I I I I I I I I I
		11 Employer (See	e Instructions)	
Date 48-24	Full name of pledgor out-of-state PAC (ID#: SUNTHENN WINCLUSSS OF STATE OF	DOWDONS State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occup	pation / Job title (See Instructions)	Employer (See		de of Texas. Complete Schedule T.
Date			. manucions)	
	Full name of pledgor	late; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occup	oation / Job title (See Instructions)	Employer (See		e of Texas. Complete Schedule T.
Date .	Full name of pledgor uut-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	; Zip Code		
Principal occupa	ation / Job title (See Instructions)	Employer (See	LCheck if travel outside Instructions)	e of Texas. Complete Schedule T.
	ATTACH ADDITIONAL CODITO			
If co	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see Instru	uction guide for ac	EAS NEEDED dditional reporting re	equirements.

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
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.	other (criter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Horil 2024	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$979	512 E. Edinbus A		State; Zip Code 79543
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	0-13
PURPOSE OF EXPENDITURE	food & Benerase Exp	Food	d Gas
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name /		
419-24	Betos Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1300	110 west 4th st	San Juan	n DX 18589
	Category (See Categories listed at the top of this schedule)	Description	10-01
PURPOSE OF EXPENDITURE	printing Expense	Pulitica	el signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
41774	OMAV Garcia		
Amount (\$)	Payee address;	City;	State; Zip Code
\$750	7915 Texas St	Eloud	
	Category (See Categories listed at the top of this schedule)	Description	()000
PURPOSE OF EXPENDITURE	Contract Labor	GOT	/
	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 SO	CHEDULE AS NEEDEI)

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
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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Pavee name City; State: Zip Code 8 **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Pavee name City; State: Zip Code (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name City; State; Zip Code Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 F	1: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4-17-24	5 Payee name Meh386 BAZAN		
6 Amount (\$) \$750	PD BOX 268	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) What Category (See Categories listed at the top of this schedule)	(b) Description	V
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 417 - 24	Payee name Amanda Marth	ho2	
Amount (\$)	Payee address;	City;	
4400	28006 Las NUG	es Dr Mo	State; Zip Code He T 79530
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	Description 7	V
	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
Date 417 - 24	Payee name Ruben Gonzalez		
Amount (\$)	Payee address;	City;	State; Zip Code
T 150	208 authenez st	Edeorieh	TX 78538
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	Description COT	/
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEFDE	-n

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
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.	- mor (ornor a ca	tegory not listed above)
1 Total pages Schedule F	1: 2 FILER NAME		3 Filer ID (Et	hics Commission Filers)
4 Date 411-24 6 Amount (\$)	5 Payee name GWW AVGA			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$400	1828 Mitsche Dr	. Edinbu	16 TX	78549
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description)	10-12
PURPOSE OF EXPENDITURE	Contract Carsor	50	$\mathcal{T}V$	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livi	ng ovnone
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	The second control of	Office held
Date	Payee name			
41174	Rolando Canto			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$300	Cell East Santa Pr	HSB Blid	Falonel.	TX 79531
	Category (See Categories listed at the top of this schedule)	Description		11 05 9
PURPOSE OF EXPENDITURE	Contract	GO"	\mathcal{N}	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TA, Unicendider living	Office held
Date	Payee name			
417.24	Federico Priz			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500	322 Gladiola ST	CISA	TX	78543
	Category (See Categories listed at the top of this schedule)	Description	/ /	UVJ
PURPOSE OF EXPENDITURE	Contract Capor	60	TV	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDUI FAS NEEDE	in .	

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 Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Candidate/Officeholder/Political Committee Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name State: Zin Code PURPOSE **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Pavee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Pavee address State; Zip Code Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

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
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)

Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Payee address; State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH State: Zip Code Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Pavee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED