

# 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 (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="radio"/> (MR) FIRST: Kenneth MI: J NICKNAME: Chalk LAST: SUFFIX:	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4214 Crestview LN Mansfield, TX 76063		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: (313) PHONE NUMBER: 706-1566 EXTENSION:		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <input checked="" type="radio"/> (MR) FIRST: Dennis MI: NICKNAME: ELLIS LAST: SUFFIX:	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6955 Navigation Dr Grand Prairie, TX 76054		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: (214) PHONE NUMBER: 236-3106 EXTENSION:		
<b>9 REPORT TYPE</b>	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 4 / 1 / 2021    THROUGH    4 / 23 / 2021		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 5 / 1 / 2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> MISD Board Trustee Place I	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <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. 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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME \_\_\_\_\_ 16 Filer ID (Ethics Commission Filers) \_\_\_\_\_

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,345
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 1307.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ —
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mr. Kenneth Chalk this the 23rd day of April

20 21 to certify which, witness my hand and seal of office.

Signature of officer administering oath: *[Signature]* Printed name of officer administering oath: Gerald Sampson Jr. Title of officer administering oath: Personal Buyer

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,345
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 MADE FROM POLITICAL CONTRIBUTIONS		\$ 1307.78
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**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: <u>1</u>
2 FILER NAME <u>Kenneth J. Chalk</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/2/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nicole Simmons</u>	7 Amount of contribution (\$) <u>25.00</u>
6 Contributor address; City; State; Zip Code <u>1345 HWY 1187 Ste 121 Mansfield, TX 76063</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/5/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kendall J. Chalk</u>	Amount of contribution (\$) <u>350.00</u>
Contributor address; City; State; Zip Code <u>4214 Crestview LN Mansfield, TX 76063</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/9/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Daryl Stewart</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>2911 N Camino Lagos Grand Prairie, TX 76054</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/10/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Brundy</u>	Amount of contribution (\$) <u>100</u>
Contributor address; City; State; Zip Code <u>3206 Essex DR Mansfield, TX 76063</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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: <b>2</b>
2 FILER NAME <b>Kenneth J. Chalk</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/10/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DeWan Perry</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>615 Green Castle Dr Dallas, TX 75232</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Correen Robertson</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Albert Mitchell</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>2607 Waterfront Grand Prairie, TX 75054</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dione Mitchell</b>	Amount of contribution (\$) <b>30.00</b>
Contributor address; City; State; Zip Code <b>3015 Oak Briar Ln Grand Prairie, TX 75052</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Kenneth J. Chalk</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/12/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven Butler</b>	7 Amount of contribution (\$) <b>100</b>
6 Contributor address; City; State; Zip Code <b>608 Walnut Bend Mansfield, TX 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ethel Chalk</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>245 Greenville Dr Clarence, LA 71414</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don Armstrong</b>	Amount of contribution (\$) <b>40.00</b>
Contributor address; City; State; Zip Code <b>3017 St. Jude Dr Mansfield, TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/20/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeffery Wilborn</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2903 Claremont Mansfield, TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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: <b>4</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/20/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Harvey Phelps</b>	7 Amount of contribution (\$) <b>300.00</b>
6 Contributor address; City; State; Zip Code <b>1213 Rendon PLACE Mansfield, TX 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>		2 FILER NAME <b>Kenneth J. Chalk</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/2/21</b>		5 Payee name <b>Office Depot</b>			
6 Amount (\$) <b>191.58</b>		7 Payee address; City; State; Zip Code <b>2503 I-20 Frontage Grand Prairie, TX 75052</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Exp</b>		(b) Description <b>Toner for Printer</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>4/9/21</b>		Payee name <b>Taylor Made</b>			
Amount (\$) <b>199.14</b>		Payee address; City; State; Zip Code <b>2363 US 287 Frontage #106 Mansfield, TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Exp</b>		Description <b>Door hangers</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>4/13/21</b>		Payee name <b>M Benjamin Designs</b>			
Amount (\$) <b>108.25</b>		Payee address; City; State; Zip Code <b>P.O. Box 15231 Arlington, TX 76015</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Exp</b>		Description <b>TShirts</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

**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.

1 Total pages Schedule F1: <b>2</b>	2. FILER NAME <b>Kenneth J. Chalk</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/19/21</b>	5 Payee name <b>Taylor Made</b>	
6 Amount (\$) <b>225.98</b>	7 Payee address; City; State; Zip Code <b>2363 US 287 Frontage #106 Mansfield, TX 76063</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Ex</b>	(b) Description <b>Yard Signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>4/23/21</b>	Candidate / Officeholder name <b>MJ Hayes Tarrant Campaign Service</b>	
Amount (\$) <b>313.93</b>	Office sought <b></b>	
	Office held <b></b>	
Date <b>4/23/21</b>	Payee name <b>MJ Hayes Tarrant Campaign Service</b>	
Amount (\$) <b>313.93</b>	Payee address; City; State; Zip Code <b>1510 Valley Wood Trl Mansfield, TX 76067</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Sign Placement</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>4/19/21</b>	Candidate / Officeholder name <b>DJ G-Rob Entertainment</b>	
Amount (\$) <b>250.00</b>	Office sought <b></b>	
	Office held <b></b>	
Date <b>4/19/21</b>	Payee name <b>DJ G-Rob Entertainment</b>	
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>2919 Montalbo Grand Prairie TX 75054</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Exp</b>	Description <b>DJ</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 3	<b>2</b> FILER NAME Kenneth J. Chalk	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/23	<b>5</b> Payee name Anedot
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<b>6</b> Amount (\$) 18.90	<b>7</b> Payee address; 5555 Hilton Baton Rouge LA 70800	City;	State;	Zip Code
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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) Fees	<b>(b)</b> Description Fees for Service
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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