

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold;">RECEIVED</div> JUL 17 2023 NORTHWEST ISD Superintendent's Office Date Hand-delivered or Date Postmarked 7-17-23 Receipt # Amount \$ Date Processed 7-17-23 Date Imaged 7-17-23
	MR	Ronald	S	
NICKNAME	LAST	SUFFIX		
Steve	Sprowls			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	12650 N Beach St Suite 114 #109 Ft Worth, TX 76244			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(682)	207-5591		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	MR	Ronald	S	
NICKNAME	LAST	SUFFIX		
Steve	Sprowls			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	12650 N Beach St Suite 114 #109 Ft Worth, TX 76244			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(682)	207-5591		
9 REPORT TYPE	<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	
	04	24	20	
		THROUGH	Month / Day / Year	
			07 / 15 / 20	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month / Day / Year	Primary	Runoff / Other Description	
		05 / 06 / 20	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	Northwest ISD Trustee Place 5		Northwest ISD Trustee Place 5	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>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.</small>	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS		
Additional Pages				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
Ronald "Steve" Sprowls

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4936.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2266.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3719.67

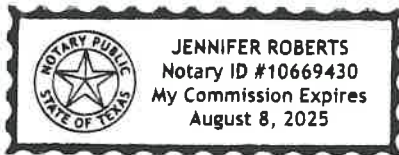
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Steve Sprowls this the 17th day of July, 2023, to certify which, witness my hand and seal of office.

Jennifer Roberts Jennifer Roberts Executive Assistant
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

19 FILER NAME Ronald "Steve" Sprowls		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4936.85
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 3719.67
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1048.84
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1218.14
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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: 1 of 4
2 FILER NAME Ronald "Steve" Sprowls		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/23	5 Full name of contributor out-of-state PAC (ID#: _____) Kate Johnson	7 Amount of contribution (\$) 21.13
6 Contributor address; City; State; Zip Code 1036 Mesa Crest Dr, Haslet, TX, 76052		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/28/23	Full name of contributor out-of-state PAC (ID#: _____) Aaron Ewert	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code 6442 Glennox Ln, Dallas, TX, 75214		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/28/23	Full name of contributor out-of-state PAC (ID#: _____) Aaron Ewert	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code 6442 Glennox Ln, Dallas, TX, 75214		
Principal occupation / Job title (See Instructions) 9814 Bayboro Bridge Dr, Tampa, FL 33626		Employer (See Instructions)
Date 4/28/23	Full name of contributor out-of-state PAC (ID#: _____) Adam Corwin	Amount of contribution (\$) \$939.00
Contributor address; City; State; Zip Code		
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: 2 of 4
2 FILER NAME Ronald "Steve" Sprowls		3 Filer ID (Ethics Commission Filers)
4 Date 4/28/23	5 Full name of contributor out-of-state PAC (ID#: _____) William Cox 6 Contributor address; City; State; Zip Code 5270 Town and Country Blvd, Apt 132, Frisco, TX 75034	7 Amount of contribution (\$) \$939.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/28/23	Full name of contributor out-of-state PAC (ID#: _____) Gary Frazier Contributor address; City; State; Zip Code 1901 Cypress Point Dr, McKinney, TX, 75072	Amount of contribution (\$) \$939.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/2/23	Full name of contributor out-of-state PAC (ID#: _____) Angela Brooks Contributor address; City; State; Zip Code 508 Coyote Rd, Southlake 76092	Amount of contribution (\$) \$52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/11/23	Full name of contributor out-of-state PAC (ID#: _____) Angela Brooks Contributor address; City; State; Zip Code 508 Coyote Rd, Southlake 76092	Amount of contribution (\$) \$200.00
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: 3 of 4
2 FILER NAME Ronald "Steve" Sprowls		3 Filer ID (Ethics Commission Filers)
4 Date 5/11/23	5 Full name of contributor out-of-state PAC (ID#: _____) Crystal Thompson	7 Amount of contribution (\$) \$52.45
6 Contributor address; City; State; Zip Code 3513 Gallant Trail, Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/11/23	Full name of contributor out-of-state PAC (ID#: _____) Shannon Mark	Amount of contribution (\$) \$10.90
Contributor address; City; State; Zip Code 3053 SAN FERNANDO DR, FORT WORTH, TX 76177		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/11/23	Full name of contributor out-of-state PAC (ID#: _____) Kimberly Burkett	Amount of contribution (\$) \$26.34
Contributor address; City; State; Zip Code 12737 Outlook Ave, Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/12/23	Full name of contributor out-of-state PAC (ID#: _____) Scott Hinshaw	Amount of contribution (\$) \$100-00
Contributor address; City; State; Zip Code 20 Fair Green Dr, Trophy Club 76262		
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: 4 of 4
2 FILER NAME Ronald "Steve" Sprowls		3 Filer ID (Ethics Commission Filers)
4 Date 5/12/23	5 Full name of contributor out-of-state PAC (ID#: _____) Madeleine Gray 6 Contributor address; City; State; Zip Code 2415 Lilyfield Dr, Trophy Club, TX 76262	7 Amount of contribution (\$) \$104.39
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/12/23	Full name of contributor out-of-state PAC (ID#: _____) Silvia Revello Contributor address; City; State; Zip Code 14620 Seventeen Lakes Blvd, Roanoke 76262	Amount of contribution (\$) \$10.72
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/16/23	Full name of contributor out-of-state PAC (ID#: _____) Andrew M Ledbetter Contributor address; City; State; Zip Code 11924 Sundog Way, Fort Worth 76244	Amount of contribution (\$) \$31.55
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/21/23	Full name of contributor out-of-state PAC (ID#: _____) Jessica Bailey Contributor address; City; State; Zip Code 4012 Landisburg Trl, Fort Worth, TX 76244	Amount of contribution (\$) \$10.00
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.

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Ronald "Steve" Sprowls		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 3719.67
5 Date of loan 5/22/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Sprowls	9 Loan Amount (\$) 3719.67
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 12801 Saratoga Springs Cir Ft Worth Worth, TX 76244	10 Interest rate 0.00
		11 Maturity date none
12 Principal occupation / Job title (See Instructions) Pilot		13 Employer (See Instructions) Southwest Airlines
14 Description of Collateral none NONE		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral none	Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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
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: 1	2 FILER NAME Ronald "Steve" Sprowls	3 Filer ID (Ethics Commission Filers)
4 Date 5/5/23	5 Payee name Jennifer Murphy	
6 Amount (\$) \$367.00	7 Payee address; City; State; Zip Code 12829 Gallant Ct Ft Worth Worth, TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Reimburse for share in Database Expense/ Voter Contact System
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 5/18/23	Payee name Jennifer Murphy	
Amount (\$) \$446.50	Payee address; City; State; Zip Code 12829 Gallant Ct Ft Worth Worth, TX 76244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Reimburse for share in Database Expense/
	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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date Various thru 7/15/23	Payee name Donorbox	
Amount (\$) \$235.34	Payee address; City; State; Zip Code 601 King St, Suite 200 Alexandria, VA 22314	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card Merchant 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 <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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.

1 Total pages Schedule F4: 1 of 2	2 FILER NAME Ronald "Steve" Sprowls	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1218.14
5 Date 5/2/23	6 Payee name Speak Easy Political	
7 Amount (\$) 500.00	8 Payee address; 1902 Van Ness Ave San Francisco, CA 94109	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Ads
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/5/23	Payee name Lone Star Campaign Mgmt	
Amount (\$) 468.14	Payee address; 312 Rambling Ct Eules, TX 76039	City; State; Zip Code
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Mgmt
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>2 of 2</i>	2 FILER NAME Ronald "Steve" Sprowls	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1218.14
5 Date 5/22/23	6 Payee name Lone Star Campaign Mgmt	
7 Amount (\$) 250.00	8 Payee address; 312 Rambling Ct Euless, TX 76039	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Mgmt
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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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