# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	o complete th	is form.	1 Filer ID (Ethica	s Commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST A.				dentification of the first statement	USE ONLY	
NAME	NICKNAME	GO	odlae	_	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT /	SUITE #; CIT	Y; STATE	; ZIP CODE	RECEI	VED
MAILING ADDRESS						RECEI APR 02	2024
Change of Address	AREA CODE	PHONE NUM	DED	EXTEN	NSION		
5 CANDIDATE/ OFFICEHOLDER PHONE	(817)	925		83	- /	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mr.	RFIRS	best		L	Date Processed	
NAME	NICKNAME	LAST	······································		SUFFIX		
		Go	odloe			Date Imaged	
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEA	SE); APT / SUIT	E #; CI	TY;	STATE;	ZIP CODE
TREASURER ADDRESS							
(Residence or Business)							
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUM	BER	EXTE	NSION		
PHONE							
9 REPORT TYPE	January 15	<b>X</b> 30	un day belore elec	cuon r	Kulloli		fter campaign appointment er Only)
	July 15	8th	n day before election	On I	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day /	Year 2024	THROUGH	Month	Day Yea / 4 / 2	024
11 ELECTION	ELECTION DA	TE			ELECTION TYP	E	
	Month Day	Year	Primary	Runoff	Other Description		
	5/4/	24	General	Special	-		
12 OFFICE	OFFICE HELD (if any)	115D-	Trystee	13 OFFICE GOLD	SE SOUGHT (if know	) Trustee	e-Place 1
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPOR THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES				ILDER'S KNOWLEDGE OK		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE N	NAME				
Additional Pages	GENERAL	COMMITTEE A	DDRESS				
	SPECIFIC	COMMITTEE	CAMPAIGN TREAS	SURER NAME			
		COMMITTEE	CAMPAIGN TREA	ASURER ADDRESS	6		
			GO TO F	PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

CAMI AICHT MANUE ILLI CITI					
15 C/OH NAME	errie Goodloe	J	16 Filer IC	O (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELEC		١	\$ 850.00	
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAI	BUTIONS NS, OR GUARANTEES OF LOANS)		\$ 850.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.		\$ 1168.43	
	4. TOTAL POLITICAL EXPEND	ITURES		\$ 1168.43	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	ST DAY	\$ -318.43	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS O G PERIOD	F THE	\$ 318.43	
	swear, or affirm, under penalty of perjury, to quired to be reported by me under Title 15, E		e and corre	ect and includes all information	
		Zmi	De	rodlee	
		Signature of Ca	andidate or	Officeholder	
Please complete either option below:					
JENNIFER FAITH BARNES Notary Public, State of Texas Comm. Expires 03-24-2025 Notary ID 124320396					
NOTARY STAMP/SEAL					
Training 2 April					
Swoll to and subscribed before the by					
Skulph Banes Tenita Barner Scarby to and					
Signature of officer administr		icer administering oath	700	Title of officer administering oath	
OR					
(2) Unsworn Declaration					
My name is		, and my date of birth is	s	<u> </u>	
, add. 555 10	(street)		(state) (z	zip code) (country)	
Executed in	County, State of	, on the day of	th)	_, 20 (year)	
		(mon	u1)	(year <i>)</i>	
		Signature of Cand	idate/Office	holder (Declarant)	

JENNIEER FAITH BARNES
Comm. Expires 03-74-7025
Comm. Expires 03-74-7025
Notary ID 124370396

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmiss	ion Filers)
	Terrie Goodloe			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.0
4.	SCHEDULE E: LOANS		\$	318.43
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	850.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	318.43
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0,0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1168.43
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$	18.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0.0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0.0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	\$	0.0

# **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	e this form.	1 Total pages Schedule A1:		
2	FILER NAME Terrie Goodloe	,	3 Filer ID (Ethics Commission Filers)		
4		ate PAC (ID#:)	7 Amount of contribution (\$)		
	Elena N. Fernandez	State: 7in Code	50.00		
8	Principal occupation / Job title (See Instructions) AHorney	9 Employer (See Instruct Perduct, Bran	don, Fielder, Collins, 4 Ma		
	Date Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)		
			50,00		
	Principal occupation / Job title (See Instructions)  AHORNEY	Perdve, Brando	on, Fielder, Collins, + Mott		
	Date Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)		
			50.00		
	Principal occupation / Job title (See Instructions)  Attorney	Employer (See Instruction Perdue, Brandon	Fielder, Collins, 4 Mott		
	Date Full name of contributor . out-of-sta	rate PAC (ID#:)	Amount of contribution (\$)		
	Captributer address: City:	State: Zin Code	75,00		
		Facilities (One Institute	4:		
	Principal occupation / Job title (See Instructions)  Attorney	Perd W. Brandon	n. Fielder, Collins, +Mott		
-	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N			

## 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 thi	s form.	1 Total pages Schedule A1:			
2	Terrie Goodloc		3 Filer ID (Ethics Commission Filers)			
4	Date 5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)			
	Dylan Wood	Otate: 7in Code	75,00			
8	Principal occupation / Job title (See Instructions) AHDWY	9 Employer (See Instruction Perdve. Brandon,	tions) Fielder, Collins, + Mott			
	Date Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)			
	Contributor address: City:	State: Zin Code	50.00			
	Principal occupation / Job title (See Instructions)  A Horney  Employer (See Instructions)  Perdu. Brandon, Fielder, Collins + Mott					
		C (ID#:)	Amount of contribution (\$)			
	Contributor address; City; Grav	State; Zip Code	250.00			
	Principal occupation / Job title (See Instructions)  Builder  Employer (See Instructions)  Rock Ridge Homes					
		C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code	250.00			
	God	ley iTX 76044				
	Principal occupation / Job title (See Instructions) Realtor	Employer (See Instruct				
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, <b>DO NOT include this page in the report.</b>					
	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:		
2	FILER NAME	errie Goodloe		3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	ITEMIZED LOANS		\$		
5	Date of loan  7 Name of lender			9 Loan Amount (\$) 318.43		
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date		
	Y) N					
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; City;	State; Zip Code			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
	Institution? Y N			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Collateral		ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	not conficely.	Guarantor address; City;	State; Zip Code			
	not applicable Principal Occupati	on (See Instructions)	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

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Terric Zip Code State: 7 Payee address: Austin, TX 450,71 (b) Description 50 -(a) Category (See Categories listed at the top of this schedule) 8 18"x24" Corregated Plastic sign **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Office sought Candidate / Officeholder name 9 Complete ONLY if direct Good loc, Godley ISD Trystee same expenditure to benefit C/OH 2/28/24 Amount (\$) 11525 Stonehollow Dr. AUSTIN, TX 293.90 Advertising Expense **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct Godley ISD Trustee P expenditure to benefit C/OH samo Zip Code Amount (\$) City; 11525 Stonehollow Dr. Austin 78758 191.56 Category (See Categories listed at the top of this schedule) Description Advertising Expense 4-41x4 Vinyl Banner **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Samp 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 Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Consulting 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Austin, TX 11525 Stonehollow (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Advertising Expense 25- 18"x24" Corrugated Plastic **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Samo expenditure to benefit C/OH Date Payee name Zip Code City; State: Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

### **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

The Instruction	Guide explains how to cor	mplete this form.	Salaries/	USE A NEW PAGE FOR E	EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Terric	Good	loe		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$ 1168.43
5 CREDIT CARD ISSUER	Name of financial institution Capita	al onc			
6 PAYMENT	(a) Amount Charged \$ 450.77	(b) Date Expenditu		(c) Date(s) Credit Card Issue	
7 PAYEE	(a) Payee name	Chean	(b) Payee add	dress; cit Stonehollow	
	Signs on the	meap	11223	STOTIC TOTO	7103111 17. 70130
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list Advertising			(b) Description 50 – 18 1 X 24	Orrugated Plastic Signs
Non-Political	(c) Check if travel outs	side of Texas. Complet	e Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder in Terme Go	odloe	Godley	fice Sought (ISD Trustec)	Place Held Same
PAYMENT	(a) Amount Charged \$ 293, 90	(b) Date Expendito 2/28/1		(c) Date(s) Credit Card Issue 2/29/24	er Paid
PAYEE	(a) Payee name Signs on th	o Cheap	(b) Payee ad	dress; cit 5 Stonehollow	Austin, TX 78758
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list Advertising			(b) Description 6-4'X4'	linyl Banner
Non-Political	(c) Check if travel outs	side of Texas. Complet	e Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder in Terme Go			Fice Sought YISD Trystee	Place 1 same
PAYMENT	(a) Amount Charged \$ 191,56	(b) Date Expendito	_	(c) Date(s) Credit Card Issu 3/12/24	er Paid
PAYEE	(a) Payee name	0.	(b) Payee ad	dress; Cit	ty, State, Zip Code
	Signs on The	Cheap	11525	Stonehollow:	Austin TX 78758
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list Adverts) N	ted at the top of this sche		(b) Description 4 - 41 x 41	Vinyl Banner
Non-Political	(c) Check if travel outs	side of Texas. Complet	e Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Teme 60	odloe (	aodlei	fice Sought USD TNSTEE!	laul Same
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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.  USE A NEW PAGE FOR EACH CREDIT CARD ISSUER					
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Terric	Good	loc		3 FILER ID (Ethics Commission Filers
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  \$ 1168.43					\$ 1168.43
5 CREDIT CARD ISSUER	Name of financial institution Capital One				
6 PAYMENT	(a) Amount Charged \$ 232,20	(b) Date Expenditu	1	(c) Date(s) Credit Card Issu 3/18/2	
7 PAYEE	(a) Payee name Signs on T	ne Cheap	(b) Payee ad 11525	dress; Ci Stone not law	Austin, TX 78758
8 PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories lis Advertising	-		(b) Description 25 - 1811 X24	" Corregated Plastic Signs
Non-Political	(c) Check if travel outs	side of Texas. Complet	e Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r Teme 60	C - 0	offedley	ice Sought ISD Trystee	Office Held Place 1 Same
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit Card Issu	uer Paid
PAYEE	(a) Payee name		(b) Payee ad	dress; Ci	ity, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sche	dule)	(b) Description	
Non-Political	(c) 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	Candidate / Officeholder name Office Sought Office Held			Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit Card Issu	uer Paid
PAYEE	(a) Payee name		(b) Payee ad	dress; C	ity, State, Zip Code
PURPOSE OF (a) Category (See Categories listed at the top of this schedul EXPENDITURE  Political		dule)	(b) Description		
Non-Political	(c) 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	Candidate / Officeholder name Office Sought Office Held			Office Held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

### SCHEDULE G

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

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Cod/Beverage Expense P Gift/Awards/Memorials Expense P	Solicitation/Fundralising Expense  Transportation Equipment & Related Expense olling Expense rinting Expense alaries/Wages/Contract Labor  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 G:	rerrie Goodlo	3 Filer ID (Ethics Commission Filers)		
4 Date	2 FILER NAME TErrie Goodloe  5 Payee name Crystal's Creations			
6 Amount (\$)  18.00  Reimbursement from political contributions intended	7 Payee address; 708 Plum St.	Toshva, TX 76058		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	e Campaign 1-Shirt		
	(c) Check if travel outside of Texas. Complete Schedu			
9 Complete ONLY if direct expenditure to benefit C/OH	Terric Goodloc	Godly ISD trustee same		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description		
	Check if travel outside of Texas. Complete Sched	eleT. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	fule) Description		
	Check if travel outside of Texas. Complete Schedu	IleT. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				