

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12
3 COMMITTEE NAME Great Schools, Great City SPAC		OFFICE USE ONLY <hr/> Date Received RECEIVED JUN 16 2022 Board of Education Date Hand-Delivered for Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 6341 Klamath Road Fort Worth, TX 76116		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI SUFFIX JUDY G NICKNAME LAST NEEDHAM		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 6341 Klamath Road Fort Worth, TX 76116		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE SAME		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 732-6181		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4/28/22 6/8/22		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other 6/18/22 <input type="checkbox"/> General <input checked="" type="checkbox"/> Special Description _____		
GO TO PAGE 2			

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Great Schools, Great City SPAC 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

SUPPORT (Candidate or Measure)

OPPOSE (Candidate or Measure)

ASSIST (Officeholder)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE/OFFICEHOLDER NAME
Dr. Brian Dixon, Camille Rodriguez

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
Dr. Brian Dixon, FWISD District 4; Rodriguez, FWISD Dist. 1

BALLOT IDENTIFICATION / # _____ ELECTION DATE
Month Day Year
/ /

DESCRIPTION

Rodriguez,
FWISD Dist. 1

15 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)	\$ 12,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,015.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 878.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,500.00

16 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 Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

(2) Unsworn Declaration

My name is Judy G. Needham, and my date of birth is 7/8/41
My address is 6341 Klamath Road, Ft Worth, TX, 76116
(street) (city) (state) (zip code/country)

Executed in Tarrant County, State of Texas, on the 16 day of June, 2022
(month) (year)

Judy G. Needham
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>Great Schools, Great City SPAC</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>12,150</i>
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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>15,015</i>
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<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: 7
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 5/1/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Jim P. Boyd	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3720 Bellaire Dr. N., Ft. Worth, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy G. Needham	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6344 Klamath Rd, Ft. Worth, TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. John V. Roach II	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2805 Alton Rd., Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Alice K. Cranz	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4001 W. 5th St., Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 7

2 FILER NAME

Great Schools, Great City SPAC

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/22

5 Full name of contributor out-of-state PAC (ID#: _____)

Mr. and Mrs. Kyle Newman

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City: State: Zip Code

6916 Serrano Dr, Ft. Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/2/22

Full name of contributor out-of-state PAC (ID#: _____)

Mr. and Mrs. R. Denny Alexander

Amount of contribution (\$)

\$100.00

Contributor address; City: State: Zip Code

2928 Alton Road, Ft. Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/22

Full name of contributor out-of-state PAC (ID#: _____)

Mr. and Mrs. Jeff Wentworth

Amount of contribution (\$)

\$250.00

Contributor address; City: State: Zip Code

5020 Bryce Ave, Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/22

Full name of contributor out-of-state PAC (ID#: _____)

Mrs. Sheila B. Johnson

Amount of contribution (\$)

\$5,000.00

Contributor address; City: State: Zip Code

4636 Harley Ave, Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Great Schools Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. John H. Robinson	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4459 Kirkland Dr., Ft. Worth, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Donald Reynolds	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4204 Ridgehaven Ct., Ft. Worth, TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Loflin V. Witcher	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 401 Ridgewood, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Jill W. Black	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2031 Ward Pkwy., Ft. Worth, TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Shirlee J. Gandy	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4250 Sarita Ct., Ft. Worth, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. John H. Robinson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4459 Kirkland Dr., Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Matthew E. Cooper	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3944 Stonehenge Rd., Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judge Pat Ferchill	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1408 Washington Terr., Ft. Worth, TX 76107		
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: 7
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy G. Needham	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 6341 Klamath Rd., Ft. Worth, TX 76116	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Garland Kasater	Amount of contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 1301 Humble Ct., Ft. Worth, TX 76107	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Paul Ray Jr.	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5914 El Campo, Ft. Worth, TX 76107	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Kathie A. Cummins	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 620 Roarings Rd., Ft. Worth, TX 76114	
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: 7
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 6/6/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. John B. McClane	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 3862 Candlelite Ln, Ft. Worth, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosalyn Rosenthal	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3950 Sarita Park, Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. + Mrs. David S. Sykes	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2000 Spanish Tr, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Webster	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4800 Lafayette Ave, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 6/16/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Martin	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 6001 Westover Dr., Ft. Worth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee F. Christie	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 500 W. 7th St, Ste 600, Ft. Worth TX 76102		
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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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 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: **2 Total Pages** 2 FILER NAME: **Great Schools, Great City SPAC** 3 Filer ID (Ethics Commission Filers)

4 Date: **5/2/22** 5 Payee name: **Dr. Brian J. Dixon Campaign**

6 Amount (\$): **\$7,000.00** 7 Payee address: **PO Box 11886 Fort. Worth TX 76110**

8 PURPOSE OF EXPENDITURE: (a) Category: **Contribution** (b) Description: **Candidate for FWISD District 4**

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **5/20/22** Payee name: **Upward Public Affairs**

Amount (\$): **\$2,000.00** Payee address: **2211 Weatherbee St. Ft. Worth TX 76110**

PURPOSE OF EXPENDITURE: Category: **Campaign Expense** Description: **FOR Camille Rodriguez Candidate for FWISD Board, District 1**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **5/31/22** Payee name: **Veritex Bank**

Amount (\$): **\$15.00** Payee address: **2424 Merrick St. Ft. Worth TX 76107**

PURPOSE OF EXPENDITURE: Category: **Banking Expense** Description: **Fee**

Complete ONLY 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
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 Great Schools, Great City SPAC	3 Filer ID (Ethics Commission Filers)
4 Date 6/6/22	5 Payee name Dr. Brian J. Dixon Campaign	
6 Amount (\$) \$6,000.00	7 Payee address; City: Fort Worth State: TX Zip Code: 76110 PO Box 11886	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description Candidate for FWISD District 4
	(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	Candidate / Officeholder name	Office sought Office held

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	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

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	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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