

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST CAMILLE	MI
	NICKNAME	LAST RODRIGUEZ	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST GRAN	MI
	NICKNAME	LAST RODRIGUEZ	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year
7 / 11 / 23		THROUGH	1 / 8 / 24
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
 / /		Primary	Runoff
 / /		General	Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
FWISO TRUSTEE, DIST 1			
14 NOTICE FROM POLITICAL COMMITTEE(S) 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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received
1/17/2024

Date Hand-delivered or Date Postmarked
1/17/2024

Receipt # Amount \$ **0**

Date Processed
1/17/2024

Date Imaged
1/17/2024

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)	\$ 5500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2846.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,358.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

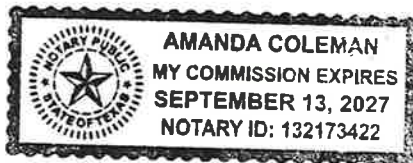
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Camille Rodriguez this the 17th day of January, 2024, to certify which, witness my hand and seal of office.

Ace Signature of officer administering oath
Amanda Coleman Printed name of officer administering oath
Electron Office 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	SCHEDULE E: LOANS	\$ —
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2846.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
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:
2 FILER NAME <i>CAMILLE RODRIGUEZ</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7-26-23</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>WILLIAM MIDDINGS</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>121 AVECAST FT. WORTH TX 76107</i>		
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date <i>7-19-23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>CANTOR HANCO LP</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City; State; Zip Code <i>600 W 6th St, Suite 200 FT. WORTH, TX 76102</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7-29-23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>ERIC FOX</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>3513 WILTON PARK DR FT. WORTH, TX 76109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7-29-23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>LISBY MANNING</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>2217 WINDSOR AVE FT. WORTH, TX 76112</i>		
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 FILER NAME <i>CAMILLE ROZLIGER</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7-29-23</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>ALEX JIMOVER</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>ACTRESS</i>		9 Employer (See Instructions)
Date <i>7-29-23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>HON. MARTHA LEONARD</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>ACTRESS</i>		Employer (See Instructions)
Date <i>7-29-23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>HON. JUDY NEUMAN</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>6341 KIAMATA FT. WORTH TX 76116</i>		
Principal occupation / Job title (See Instructions) <i>ACTRESS</i>		Employer (See Instructions)
Date <i>7-24-23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>PETE GEROW</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code <i>309 MAW ST FT. WORTH, TX 76102</i>		
Principal occupation / Job title (See Instructions) <i>FOUNDATION</i>		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:
2 FILER NAME <i>CAMILLE BOZIGER</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-23-23</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>O'HANON</i>	7 Amount of contribution (\$) <i>\$1500.00</i>
	6 Contributor address; City; State; Zip Code <i>426 W. CAFFERT AVE PHARR TX 78577</i>	
8 Principal occupation / Job title (See Instructions) <i>MILITARY</i>		9 Employer (See Instructions)
Date <i>7-29-23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>FORTHE O'HANON PAC</i>	Amount of contribution (\$) <i>\$500</i>
	Contributor address; City; State; Zip Code <i>TEXAS COMMITTEE</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor 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 out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	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.

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 FILER NAME <i>CAMILE POLIGNO</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7-28-23</i>	5 Payee name <i>USPS</i>	
6 Amount (\$) <i>52.80</i>	7 Payee address; <i>4600 MARK IV PKWY</i>	City; State; Zip Code <i>#7.1002TH TX 76161</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>MATERIALS/FUNDRAISING EXPENSE</i>	(b) Description <i>STAMPS</i>
	(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 Office held
Date <i>1-1-24</i>	Payee name <i>VERIZON WIRELESS</i>	
Amount (\$) <i>\$480.06</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FE</i>	Description <i>CELL PHONE - MONTHLY FEE COMBINES</i>
	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
Date <i>12-28-23</i>	Payee name <i>ONLINE CANDIDATE</i>	
Amount (\$) <i>\$174</i>	Payee address; <i>211 CAROLAN DR NW</i>	City; State; Zip Code <i>MONTGOMERY, NY 12549</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>WEBSITE</i>
	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME <i>CAMILLE ROZMAREZ</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8-3-23</i>	5 Payee name <i>ANGELOS BBQ</i>
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6 Amount (\$) <i>\$ 630.76</i>	7 Payee address; City; State; Zip Code <i>ANGELOS BBQ 2533 WHITE SETTLEMENT FT. WORTH, TX 76107</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FOOD - EVENT EXPENSE</i>	(b) Description <i>FUNDRAISER</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-14-23</i>	Payee name <i>USPS</i>
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Amount (\$) <i>\$ 26.40</i>	Payee address; City; State; Zip Code <i>2120 ELLIOTT AVE FT. WORTH, TX 76164</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>MAILING</i>	Description <i>STAMPS</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1-4-23</i>	Payee name <i>HISPANIC CHAMBER OF COMMERCE</i>
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Amount (\$) <i>\$ 130.00</i>	Payee address; City; State; Zip Code <i>1327 N. MAIN ST FT. WORTH, TX 76164</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>Fiesta Night</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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 <i>CAMILLE POMMER</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-16-23</i>	5 Payee name <i>NANAAMA ACHAMPONG</i>	
6 Amount (\$) <i>\$100.00</i>	7 Payee address; City; State; Zip Code <i>NORTH SIDE HIGH SCHOOL 2211 MCKINLEY AVE FT. WORTH, TX 76164</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>DONATION</i>	(b) Description <i>COLLEGE TOUR</i>
	(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 <i>12-14-23</i>	Payee name <i>OFFICE DEPOT</i>	
Amount (\$) <i>\$146.20</i>	Payee address; City; State; Zip Code <i>2600 W. 7th FT. WORTH, TX 76107</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>rental expense</i>	Description <i>HOLIDAY CARDS</i>
	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 <i>1-3-24</i>	Payee name <i>KATHLEEN HIGGS CAMPAIGN</i>	
Amount (\$) <i>\$1000.00</i>	Payee address; City; State; Zip Code <i>P.O. BOX 15921 FT. WORTH TX 76164</i>	
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 <input type="checkbox"/> Office held <input type="checkbox"/>

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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:	2 FILER NAME <i>CAMILLE FORNIGER</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7-1-23</i>	5 Payee name <i>OFFICE REPT</i>	
6 Amount (\$) <i>72.56</i>	7 Payee address; City; State; Zip Code <i>2600 W 7th ST FT. WORTH TX 76107</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>PRINTING</i>	(b) Description <i>INVITATIONS</i>
	(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 Office held
Date <i>7-26-23</i>	Payee name <i>DOWN TREE</i>	
Amount (\$) <i>\$ 34.12</i>	Payee address; City; State; Zip Code <i>367 CARROLL ST FT. WORTH TX 76107</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>FUNDRAISER RECEPTION</i>
	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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED