

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mrs.</span> <span>Bernadette</span> <span>W</span> </div> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="text-align: center; margin-top: 5px;">Nutall</div>		<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b> </div> <div style="margin-top: 10px;"> Date Received  <div style="text-align: right; transform: rotate(90deg);"> 2010 APR 27 PM 12:30  RECEIVED  BOARD SERVICES  DALLAS ISD </div> </div> <div style="margin-top: 10px;"> Date Hand-delivered or Date Postmarked </div> <div style="display: flex; margin-top: 10px;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <div style="margin-top: 10px;"> Date Processed </div> <div style="margin-top: 10px;"> Date Imaged </div>
	<div style="display: flex; justify-content: space-between;"> <span>ADDRESS / PO BOX;</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>6603 Priage Flower Trail</span> <span>Dallas, Texas 75227</span> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Change of Address </div>		
<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>( 214 )</span> <span>432-0929</span> </div>			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mrs.</span> <span>Willie Mae</span> </div> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="text-align: center; margin-top: 5px;">Coleman</div>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mrs.</span> <span>Willie Mae</span> </div> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="text-align: center; margin-top: 5px;">Coleman</div>		<b>6</b> CAMPAIGN TREASURER NAME
<div style="display: flex; justify-content: space-between;"> <span>STREET ADDRESS (NO PO BOX PLEASE);</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>3802 York Street Dallas, Texas 75210</span> </div> <div style="margin-top: 5px;"> (Residence or Business) </div>		<b>7</b> CAMPAIGN TREASURER ADDRESS	
<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>( 214 )</span> <span>421-9788</span> </div>		<b>8</b> CAMPAIGN TREASURER PHONE	
<b>9</b> REPORT TYPE		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>	
<b>10</b> PERIOD COVERED		<div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year  4    /    5    /    2018 </div> <div>THROUGH</div> <div> Month    Day    Year  4    /    27    /    2018 </div> </div>	
<b>11</b> ELECTION		<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  5    /    5    /    2018 </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>	
<b>12</b> OFFICE		<b>13</b> OFFICE SOUGHT (if known)	
OFFICE HELD (if any)			
School Board Trustee			

**GO TO PAGE 2**

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Bernadette Nutall

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS**  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,250.00
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	\$ 7,868.65
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	\$

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


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

<b>14 C/OH NAME</b> Bernadette Nutall	<b>15 Filer ID</b> (Ethics Commission Filers)
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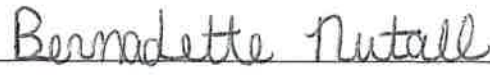
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Alliance of Dallas Educators United Teachers Political Action Committee
	COMMITTEE ADDRESS 334 Centre Street Dallas, Texas 75208	
	COMMITTEE CAMPAIGN TREASURER NAME Karla L. Montoya	
	COMMITTEE CAMPAIGN TREASURER ADDRESS 334 Centre Street Dallas, Texas 75208	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 6,250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,250.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,868.65
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,868.65
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18 AFFIDAVIT**




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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bernadette Nutall, this the 27 day of April, 2018, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Dianna Thompson  
 Printed name of officer administering oath

Notary  
 Title of officer administering oath

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME

Bernadette Nutall

**3** Filer ID (Ethics Commission Filers)**4** Date

4/2018

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Terrance Perkins

**6** Contributor address;

City; State; Zip Code

1623 Riverway Dallas, Texas 75217

**7** Amount of contribution (\$)

\$300.00

**8** Principal occupation / Job title (See Instructions)

Pastor

**9** Employer (See Instructions)

Unknown

Date

4/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Harryette Ehrhardt

Contributor address;

City; State; Zip Code

5731 Swiss Avenue Dallas, Texas 75214

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Valencia Nash

Contributor address;

City; State; Zip Code

3714 Tioga Street Dallas, Texas 75241

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Judge/Lawyer

Employer (See Instructions)

Unknown

Date

4/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Angela Morris

Contributor address;

City; State; Zip Code

250 Kessler Ct. Dallas, Texas 75208

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Communications Manager

Employer (See Instructions)

Parkland

**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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Bernadette Nutall</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/2018</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Evalynn A. Williams</b> 6 Contributor address; City; State; Zip Code <b>1104 Shadow Wood Trail DeSoto, Texas 75115</b>	7 Amount of contribution (\$) <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions) <b>President</b>		9 Employer (See Instructions) <b>Dakita</b>
Date <b>4/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Harryette Ehrhardt</b> Contributor address; City; State; Zip Code <b>5731 Swiss Avenue Dallas, Texas 75214</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>4/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Proctor</b> Contributor address; City; State; Zip Code <b>P.O. Box 765129 Dallas, Texas 75216</b>	Amount of contribution (\$) <b>\$2,500.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>4/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alva Green Simmons</b> Contributor address; City; State; Zip Code <b>7137 Forest Mist Arlington, Texas 76001</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions) <b>Fe Ex Company</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME

Bernadette Nutall

**3** Filer ID (Ethics Commission Filers)**4** Date

4/2018

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

F. Eugene Mayo

**6** Contributor address;

City; State; Zip Code

PO Box 801352

Dallas, Texas 75380

**7** Amount of contribution (\$)

\$150.00

**8** Principal occupation / Job title (See Instructions)

Retired

**9** Employer (See Instructions)

Retired

Date

4/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Thomas and Kyle Renard, M.D.

Contributor address;

City; State; Zip Code

3313 Drexel Drive

Dallas, Texas 75205

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Medical Doctor

Employer (See Instructions)

Unknown

Date

4/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Thomas Crowther

Contributor address;

City; State; Zip Code

6060 N. Central Expy Ste 500 Dallas, Texas 75206

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

The Crowther Group

Date

4/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Albert and Gwyneith Black

Contributor address;

City; State; Zip Code

751 Kessler Lake Drive

Dallas, Texas 75208

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

On-Target Supplies

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME

Bernadette Nutall

**3** Filer ID (Ethics Commission Filers)**4** Date

4/2018

**5** Full name of contributor

Elizabeth F. Myers

☐ out-of-state PAC (ID#:**6** Contributor address;

City; State; Zip Code

533 Geneseo

San Antonio, Texas 78209

**7** Amount of contribution (\$)

\$100.00

**8** Principal occupation / Job title (See Instructions)

Retired

**9** Employer (See Instructions)

Retired

Date

4/2018

Full name of contributor

Lucious L. Williams

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

1421 Covington Drive

DeSoto, Texas 75115

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/2018

Full name of contributor

Pam Gerber

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

4435 Holland Avenue

Dallas, Texas 75219

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/2018

Full name of contributor

S. Conyers Finnell

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

916 Oxbow Lane

Dallas, Texas 75241

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

RN

Employer (See Instructions)

Retired

**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

### 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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME <b>Bernadette Nutall</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>4/18/2018</b>		<b>5</b> Payee name <b>U.S. Postoffice</b>			
<b>6</b> Amount (\$) <b>\$2,120.86</b>		<b>7</b> Payee address; City; State; Zip Code <b>401 Tom Landry Dallas, Texas 75260-9996</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <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 <b>Bernadette Nutall</b>		Office sought <b>School Board Trustee</b>	
Date <b>4/22/2018</b>		Payee name <b>Booker Industries</b>			
Amount (\$) <b>\$2,448.66</b>		Payee address; City; State; Zip Code <b>2344 Farrington Dallas, Texas 75207</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		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 <b>Bernadette Nutall</b>		Office sought <b>School Board Trustee</b>	
Date <b>4/22/2018</b>		Payee name <b>Castle Business Solutions</b>			
Amount (\$) <b>\$2,070.54</b>		Payee address; City; State; Zip Code <b>2777 Stemmons Freeway, Suite 1242</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		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 <b>Bernadette Nutall</b>		Office sought <b>School Board Trustee</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Bernadette Nutall		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/18/2018	<b>5</b> Payee name AMES Printing		
<b>6</b> Amount (\$) \$628.59	<b>7</b> Payee address; City; State; Zip Code 2907 National Drive Garland, Texas 75041		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing Expense		<b>(b)</b> Description  <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 Bernadette Nutall		Office sought  Office held School Board Trustee
Date 4/23/2018	Payee name Eol Latio Radio/Program		
Amount (\$) \$600.00	Payee address; City; State; Zip Code 808 Beckley Dallas, Texas 75203		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense		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 Bernadette Nutall		Office sought  Office held School Board Trustee
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED