

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 Filer)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Camile D.

NICKNAME

LAST

SUFFIX

White

OFFICE USE ONLY

Date Received

APR 30 PM 11:19

RECEIVED
BOARD SERVICES
DALLAS ISD

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE

10212 Carolina Oaks Drive
Dallas, TX 75227

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 288-5369

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Janet "Jan"

NICKNAME

LAST

SUFFIX

Bridges

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE

306 Hillside Court
Garland, TX 75043

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 270-5262

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

9th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

04 / 08 / 2016

THROUGH

Month Day Year

04 / 30 / 2016

11 ELECTION

ELECTION DATE

Month Day Year

05 / 07 / 2016

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Dallas ISD Board of
Trustee, District 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Camile D. White 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,825.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,502.61</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,494.01</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Camile D. White

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Camile D. White, this the 30th day of April, 2014, to certify which, witness my hand and seal of office.

Velevia Williams

Signature of officer administering oath

Velevia Williams

Printed name of officer administering oath

Notary Public

Title of officer administering oath

AMENDMENT:
CANDIDATE MODIFIED REPORTING DECLARATION

FORM ACTA
PG 2

**13 CANDIDATE
NAME**

**14 MODIFIED
REPORTING
DECLARATION**

NEW

**COMPLETE THIS SECTION ONLY IF YOU ARE
CHOOSING MODIFIED REPORTING**

- This declaration must be filed no later than the 30th day before the first election to which the declaration applies. --**
- The modified reporting option is valid for one election cycle only. --**
(An election cycle includes a primary election, a general election, and any related runoffs.)
- Candidates for the office of state chair of a political party may NOT choose modified reporting. --**

I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to
which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Camile D. White

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,825
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	\$ 8,502.61
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 2

2 FILER NAME

Camile D. White

3 Filer ID (Ethics Commission Filer)

4 Date

4-21-20
16

5 Full name of contributor

ACU Construction

out-of-state PAC (ID# _____)

6 Contributor address:

3044 Old Denton Road #111-113
Carrollton

City: State: Zip Code

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Construction

9 Employer (See Instructions)

Self Employed

Date

4-21-16

Full name of contributor

Clifton E. Miller

out-of-state PAC (ID# _____)

Contributor address:

1412 main street Suite 1000
Dallas, TX 75262

City: State: Zip Code

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

Self Employed

Date

Full name of contributor

Kenneth W. Carter

out-of-state PAC (ID# _____)

Contributor address:

1412 Main Street Dallas, TX
Suite #1000 75262

City: State: Zip Code

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

Self employed.

Date

4-12-16

Full name of contributor

Ruel M. Hamilton

out-of-state PAC (ID# _____)

Contributor address:

325 N. St. Paul St. Suite 3350
Dallas, TX 75201

City: State: Zip Code

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Real Estate Investor

Employer (See Instructions)

Self Employed

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 of 2

2 FILER NAME

Camile D. White

3 Filer ID (Public Commission Filers)

4 Date

4-12-16

5 Full name of contributor

Rue M. Hamilton

out-of-state PAC (ID#): _____

6 Contributor address:

325 N. St. Paul St Suite 3350
Dallas TX 75201

City: State: Zip Code

7 Amount of contribution (\$)

2,500⁰⁰/_X

8 Principal occupation / Job title (See instructions)

Real Estate Investor

9 Employer (See instructions)

Self Employed

Date

4-22-14

Full name of contributor

Rue M. Hamilton

out-of-state PAC (ID#): _____

Contributor address:

325 N. St. Paul St Suite 3350

City: State: Zip Code

Amount of contribution (\$)

2,000⁰⁰/_X

Principal occupation / Job title (See instructions)

Real Estate Investor

Employer (See instructions)

Self Employed

Date

4-27-16

Full name of contributor

Linus Spiller

out-of-state PAC (ID#): _____

Contributor address:

3320 New Castle
Dallas, TX 75220

City: State: Zip Code

Amount of contribution (\$)

75⁰⁰/_X

Principal occupation / Job title (See instructions)

Employer (See instructions)

Everest College-Dallas

Date

Full name of contributor

David Bradley

out-of-state PAC (ID#): _____

Contributor address:

2504 Summit Drive
Irving TX 75062-5320

City: State: Zip Code

Amount of contribution (\$)

250⁰⁰/_X

Principal occupation / Job title (See instructions)

Accountant

Employer (See instructions)

Dallas County

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Entertainment Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Offices/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 5	2 FILER NAME Camile D. White	3 Filer ID (Ethics Commission File#)
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4 Date 4-21-2016	5 Payee name Adolphus Hotel
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6 Amount (\$) 10.00	7 Payee address; City: State; Zip Code 1321 Commerce St. Dallas, TX 75202
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Parking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, offsholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offsholder name	Office sought	Office held
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Date 4-11-2016	Payee name Office Max
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Amount (\$) 25.24	Payee address; City: State; Zip Code 1516 Town East Blvd Mesquite, TX 75150
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Copying	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, offsholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offsholder name	Office sought	Office held
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Date 4-8-2016	Payee name Office Max
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Amount (\$) 18.37	Payee address; City: State; Zip Code 1516 Town East Blvd Mesquite, TX 75150
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Copying	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, offsholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offsholder name	Office sought	Office held
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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/Bookkeeping
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Seeds/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Partial Expense
Printing Expense
Printing Expenses
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 of 5** 2 FILER NAME: **Camille D. White** 3 Filer ID (Ethics Commission Filers):

4 Date: **4-25-2014** 5 Payee name: **CCP Printing**

6 Amount (\$): **150.00** 7 Payee address: **5534 S. Hampton Road**
City: State: Zip Code: **Dallas, TX 75232**

8 PURPOSE OF EXPENDITURE: **Campaign push cards.**
(a) Category (See Categories listed at the top of this schedule):
(b) Description:
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense.

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

Date: **4-19-2014** Payee name: **All You Need Signs**

Amount (\$): **433.00** Payee address: **4020 S. Buckner Blvd.**
City: State: Zip Code: **Dallas, TX 75227**

PURPOSE OF EXPENDITURE: **Campaign Signs (18x24)**
Category (See Categories listed at the top of this schedule):
Description:
 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:

Date: **4-18-14** Payee name: **Dallas County**

Amount (\$): **5.00** Payee address: **Stemmons Freeway**
City: State: Zip Code: **Dallas, TX**

PURPOSE OF EXPENDITURE: **Report fee**
Category (See Categories listed at the top of this schedule):
Description:
 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:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 6(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/Officelholder/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: 3 of 5	2 FILER NAME Camile	3 Filer ID (Ethics Commission Filers)
4 Date 4-13-2016	5 Payee name DIG Ent Marketing & Promotions	
6 Amount (\$) 190.00	7 Payee address: City: State: Zip Code 1601 E. Debbie Lane # 1320 Mansfield, TX 76063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Push Cards	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officelholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officelholder name	Office sought	Office held
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Date 4-13-2016	Payee name DIG Ent Marketing & Promotions		
Amount (\$) 175.00	Payee address: City: State: Zip Code 1601 East. Debbie Lane # 1320 Mansfield, TX 76063		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Push Cards	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officelholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officelholder name	Office sought	Office held
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Date 4/20/2014	Payee name Booker Industries		
Amount (\$) 1,470.36	Payee address: City: State: Zip Code 2344 Farrington Dallas, TX 75207		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Mailer editing, Printing and mailing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officelholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officelholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Expenses	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: 4 of 5		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 4-12-16		5 Payee name Ground Game Texas			
6 Amount (\$) 4,000⁰⁰		7 Payee address; City; State; Zip Code 7004 Pickrell Dallas, TX 75227			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Canvassing Polling 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		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 4-22-2016		Payee name Ground Game Texas			
Amount (\$) 2,000⁰⁰		Payee address; City; State; Zip Code 7004 Pickrell Dallas, TX 75227			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Canvassing Polling 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				
Date 4-25-16		Payee name Office Max			
Amount (\$) 8⁰⁶		Payee address; City; State; Zip Code 1515 Town E. Blvd Mesquite, TX 75150			
PURPOSE OF EXPENDITURE	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				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 9(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: 5 & 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date April 2014	5 Payee name Pay Pal
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6 Amount (\$) 17.58 X	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED