

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

RECEIVED
BOARD SERVICES
DALLAS ISD

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received 2017 AUG - 1 PM 4: 9		
	Mrs. Audrey S.					
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked		
	Pinkerton			9		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount \$		
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	1	27	16	4	5	16

6 EXPLANATION OF CORRECTION

Correction of data entry errors made by campaign volunteer.

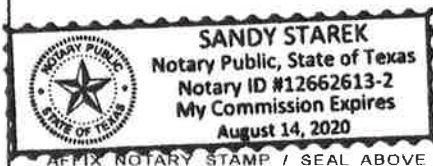
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Audrey Pinkerton
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Audrey Pinkerton this the 1st day of Aug 20 17, to certify which, witness my hand and seal of office.

Sandy Starek
Signature of officer administering oath

Sandy Starek
Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS. AUDREY S.	OFFICE USE ONLY Date Received	
	NICKNAME LAST SUFFIX PINKERTON		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 225553 DALLAS, TEXAS 75208		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 885-7154	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. JEROME	Receipt #	Amount \$
	NICKNAME LAST SUFFIX GARZA	Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 710 N. EDGEFIELD DALLAS, TEXAS 75208		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 536-7380		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 1 / 27 / 16 THROUGH Month Day Year 4 / 5 / 16		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special School Board-Joint Election	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
MRS. AUDREY S. PINKERTON

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.

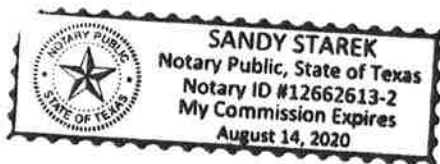
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	N/A
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 5.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19168.81
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 61.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 2044.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16992.78
OUTSTANDING LOAN TOTALS	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.



AFFIX NOTARY STAMP / SEAL ABOVE

Audrey Pinkerton
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Audrey Pinkerton, this the 1st day of Aug, 20 17, to certify which, witness my hand and seal of office.

Sandy Starek
Signature of officer administering oath

Sandy Starek
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME MRS. AUDREY S. PINKERTON		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19032.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 131.31
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	\$ 1983.22
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:
2 FILER NAME MRS. AUDREY S. PINKERTON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) See attached.	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

**Itemized Donations
Schedule A1**

Date	Name	Name Address	Amount
01/22/2016	Audrey Pinkerton	434 W Greenbriar Lane Dallas, Texas 75208	25.00
01/27/2016	Mary Ann & Chris Climer	Dallas, TX 75208-2626	125.00
02/01/2016	Ashley Schultz	720 Rainbow Drive Dallas TX 75208	100.00
02/02/2016	Christina & Brendan Bass	Dallas, Texas 75208	200.00
02/05/2016	Mary Ann & Chris Climer	Dallas, TX 75208-2626	100.00
02/05/2016	Carla and Butch Boss	Dallas, Texas 75208	500.00
02/06/2016	Beverly & Michael Mendoza	Dallas, TX 75203-1317	125.00
02/11/2016	Mary Forrester	Dallas, TX 75224	50.00
02/11/2016	Mark Blaquiére	Dallas, Texas 75208	107.00
02/11/2016	Nicola Muchnikoff	1808 Auburn Dr, Richardson, TX 75081	25.00
02/17/2016	Pero Vrucinic	Dallas, TX 75208	50.00
02/18/2016	Robbie & Amy Tawil	1330 Rainbow Dr Dallas, Texas 75208	1,000.00
02/18/2016	Irene & Leonard Ellis	Dallas, TX 75208-2751	100.00
02/18/2016	Mac Smith	Dallas, TX 75229-3933	200.00
02/18/2016	Dorsey and Jeffrey Martensen	Dallas, Texas 75208	100.00
02/18/2016	Brooke and Jason Wise	Dallas, Texas 75208-5407	50.00
02/18/2016	Larry Thompson	Dallas Texas 75208	40.00
02/18/2016	Susan and Mike Bacsik	Dallas, Texas 75208-4032	25.00
02/18/2016	Sheri and Paul Adams	Dallas, TX 75208-7601	25.00
02/18/2016	Robbie & Amy Tawil	1330 Rainbow Dr Dallas, Texas 75208	25.00
02/18/2016	Andrea and Erik Tosten	Dallas, TX 75211	20.00
02/18/2016	Lynne Merlino	Dallas, Texas 75208	250.00
02/18/2016	Mike Anglin	Dallas, Texas 75208	500.00
02/19/2016	Rhonda and Scott Dugger	Dallas, TX 75208	50.00
02/19/2016	Jose Plata	Dallas, Texas 75211	50.00
02/19/2016	Alejandra Arroyo	Dallas, TX 75211	30.00
02/19/2016	Andrea Ramirez	Dallas, TX 75208	30.00
02/20/2016	Sarah Myers	Dallas, Texas 75225	150.00
02/20/2016	Linda and David Pauze	Dallas, Texas 75208	1,000.00
02/21/2016	Katherine Homan	Dallas, Texas 75208	250.00
02/22/2016	Marianne Morris John Michael Coghlan	Dallas, Texas 75208-2513	50.00
02/22/2016	Mary and Michael Coghlan	Dallas, Texas 75208	50.00
02/22/2016	Christie Graves	Dallas, Texas 75208-3709	100.00
02/22/2016	Michele and Michael Wiedemer	Dallas, TX 75211	25.00
02/22/2016	Nola Rae Smith	Dallas, Texas 75211	25.00
02/22/2016	Harryette Ehrhardt	Dallas, TX 75214-4638	100.00
02/22/2016	Lynn and Peter Kavanaugh	Dallas, TX 75208	250.00
02/25/2016	Jan and Richard Doherty	Dallas, Texas 75208	100.00
02/27/2016	Eric D Johnson	3525 Turtle Creek Blvd #11A Dallas, TX 75219-	500.00
02/27/2016	Kimberly and Charles Quade	Dallas, Texas 75208	100.00
02/27/2016	Bill Betzen	Dallas, Texas 75237	100.00
02/27/2016	Barbara and Edward Ulbricht	Dallas, Texas 75208	500.00
02/27/2016	Mark Blaquiére	Dallas, Texas 75208	100.00
02/27/2016	Kristine Vowels	Dallas, Texas 75208	250.00
02/28/2016	Leeann Derdeyn	Dallas, Texas 75208-2612	30.00
02/28/2016	Shellie Ann and William Driscoll	Dallas, Texas 75208	50.00

**Itemized Donations
Schedule A1**

Date	Name	Name Address	Amount
02/28/2016	Cindy and Cameron McSpadden	Dallas, Texas 75208	50.00
02/28/2016	Dee Ann and Randy Rath	Dallas, Texas 75208	100.00
02/28/2016	Amy and Richard Schaffner	Dallas, Texas 75208	50.00
02/28/2016	Sally Cribbs	Red Oak, Texas 75154	25.00
02/28/2016	Joseph Hernandez	Dallas, Texas 75224	100.00
02/28/2016	Mary O'Brien	Dallas, Texas 75208	100.00
03/01/2016	Russ White	Dallas, TX 75208	100.00
03/01/2016	Paige Latham	Dallas, Texas 75208	150.00
03/01/2016	Corky Sherman	Dallas, Texas 75208	500.00
03/01/2016	Diane Sherman	Dallas, Texas 75208	100.00
03/01/2016	Roena and Charles Tandy	Dallas, TX 75208	50.00
03/02/2016	Dana LaMure	Dallas, TX 75208	100.00
03/02/2016	Sheri Sanders Mathis	Dallas, Texas 75208	50.00
03/03/2016	Edwin Cabiness	Dallas, TX 75208	500.00
03/06/2016	James Gettman	Dallas, Texas 75208	150.00
03/08/2016	Ruel Hamilton	Dallas, Texas 75201	5,000.00
03/09/2016	Angelia and Greg Venker	Dallas, Texas 75208-2529	500.00
03/14/2016	Paul Cardarella	Dallas, TX 75208	100.00
03/16/2016	Chas E. Fitzgerald	Dallas, Texas 75208-3101	50.00
03/20/2016	Joyce Olsen		25.00
03/20/2016	Teresa Norton and Bob Rodriguez	Dallas, Texas 75208	100.00
03/20/2016	Bruce Hartin		250.00
03/20/2016	Mark and Wendy Walker	Dallas, Texas 75208	250.00
03/21/2016	Vladi and Lori de Jong	Dallas, TX 75208	100.00
03/22/2016	Robert and Diane Gossett	Dallas, Texas 75203	100.00
03/23/2016	Mike and Marty Walker	Dallas, TX 75208	100.00
03/23/2016	Wes and Laura Schlenker	Dallas, Texas 75208	250.00
03/23/2016	Greg Hausdorf	Dallas, Texas 75209	100.00
03/23/2016	Carl and Mary Schoonover	Dallas, Texas 75208	50.00
03/23/2016	David Spence	Dallas, Texas 75208	200.00
03/23/2016	Louise B Smith	Dallas, Texas 75229-3933	1,000.00
03/27/2016	Lawson, Kellie	1539 Oak Knoll St Dallas, TX 75208-2528	25.00
03/28/2016	Richard D. Davis	Dallas, Texas 75207	200.00
03/29/2016	Sprinkle, Suzan	1057 Kessler Pkwy Dallas, TX 75208	50.00
03/29/2016	Morgan, Michele	631 S Manus Dr. Dallas, TX 75224	25.00
03/31/2016	Cabaniss, Edwin & Lisa	1344 N. Windomere Dallas, TX 75208-2735	500.00
04/05/2016	Smith, Cynthia Carpenter	1541 W. Colorado Blvd Dallas, TX 75208	200.00
04/05/2016	Ingrum, Martha	2231 Stevens Woods Lane Dallas, TX 75208	100.00
TOTAL			19,032.00

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME MRS. AUDREY S. PINKERTON		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NO CHANGE	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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.

1 Total pages Schedule F1: 2		2 FILER NAME MRS. AUDREY S. PINKERTON		3 Filer ID (Ethics Commission Filers)	
4 Date 3/4/16		5 Payee name Audrey Pinkerton-reimbursement for Good Guys Signs & city map			
6 Amount (\$) \$898.50		7 Payee address; City; State; Zip Code 1032 E. Hillsborough, Tampa, FL 33604			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/4/16		Payee name Ed Valentine/Booker Industries			
Amount (\$) \$746.93		Payee address; City; State; Zip Code 2344 Farrington, Dallas, TX 75207			
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		Candidate / Officeholder name		Office sought Office held	
Date 3/28/16		Payee name David Pauze-reimbursement for Home Depot			
Amount (\$) \$224.73		Payee address; City; State; Zip Code 2610 Ft. Worth Avenue, Dallas, TX 75211			
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		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 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		2 FILER NAME MRS. AUDREY S. PINKERTON		3 Filer ID (Ethics Commission Filers)	
4 Date to date		5 Payee name Square, PayPal-merchant service fees			
6 Amount (\$) \$113.06		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting /Banking		(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		Candidate / Officeholder name		Office sought Office held	
Date		Payee name N/A			
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	
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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED