

# 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:

1

**OFFICE USE ONLY**

Date Received

**RECEIVED**  
4/23/21

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

MS

FIRST

LYNN

MI

A

NICKNAME

LAST

WALLING

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

PMB 2004 Suite 120  
18484 Preston Rd.

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Dallas TX 75252

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(469)

PHONE NUMBER

840 4017

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

MS

FIRST

LYNN

MI

A

NICKNAME

LAST

WALLING

SUFFIX

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

1525 GENEVA LN

CITY;

PLANO

STATE;

TX 75075

ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE

(469)

PHONE NUMBER

840 4017

EXTENSION

4

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

APR 11:20AM

10 PERIOD COVERED

Month

Day

Year

03 / 23 / 2021

THROUGH

Month

Day

Year

04 / 21 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 01 / 2021

Primary

Runoff

ELECTION TYPE

Other Description

Local Election

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

PLANO BOARD OF TRUSTEES, PLACE 3

14 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME **LYNN WALLING** 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)	\$ NA
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 460
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ NA
	4. TOTAL POLITICAL EXPENDITURES	\$ 1994.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 579.52
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.

*Lynn Walling*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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 **LYNN WALLING**, and my date of birth is [REDACTED]  
 My address is **1525 GENEVA LN**, **PLANO**, **TX**, **75075** ~~TX~~ **USA**  
 (street) (city) (state) (zip code) (country)  
 Executed in **COLLIN** County, State of **TEXAS**, on the **23** day of **APRIL**, 20 **21**.  
 (month) (year)  
*Lynn Walling*  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>LYNN WALLING</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>460</b>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <b>0</b>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <b>0</b>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <b>0</b>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>355</b>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <b>0</b>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>0</b>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <b>50.33</b>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <b>1589.55</b>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <b>0</b>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>0</b>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <b>0</b>

# 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: <b>2</b>
2 FILER NAME <b>LYNN WALLING</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/29/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BO SIMPSON</b>	7 Amount of contribution (\$) <b>100</b>
6 Contributor address; City; State; Zip Code <b>6527 GARLINGHOUSE LN DALLAS TX 75252</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/30/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KAREN &amp; DAVID MYERS</b>	Amount of contribution (\$) <b>150</b>
Contributor address; City; State; Zip Code <b>1812 SACRAMENTO TERRACE PLANO TX 75075</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/31/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SONIA ANGORALDO</b>	Amount of contribution (\$) <b>30</b>
Contributor address; City; State; Zip Code <b>4113 STATEN ISLAND DR. PLANO TX 75075</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JESSICA BLANCOVICH</b>	Amount of contribution (\$) <b>50</b>
Contributor address; City; State; Zip Code <b>6216 LAUREL CREST LN SACHSE TX 75048</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 <b>LYNN WALLING</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/3/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN PAULSON</b>	7 Amount of contribution (\$) <b>70</b>
6 Contributor address; City; State; Zip Code <b>2413 LAUREL LN PLANO TX 75074</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RHETT CARTER</b>	Amount of contribution (\$) <b>10</b>
Contributor address; City; State; Zip Code <b>2106 Redbud Ln PLANO TX 75074</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAMELA SULLIVAN</b>	Amount of contribution (\$) <b>50</b>
Contributor address; City; State; Zip Code <b>18608 FEATHERWOOD DR. DALLAS TX 75252</b>		
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)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**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: <b>1</b>	2 FILER NAME <b>LYNN WALLING</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/6/2021</b>	5 Payee name <b>CANVA</b>
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6 Amount (\$) <b>\$150</b>	7 Payee address; <b>110 KIPAX ST., NSW 2010</b>	City;	State;	Zip Code
			<b>AUSTRALIA</b>	

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE / PRINTING EXPENSE</b>	(b) Description <b>PUSH CARDS (Q: 500)</b>
	(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
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Date <b>4/15/2021</b>	Payee name <b>CANVA</b>
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Amount (\$) <b>\$100</b>	Payee address; <b>110 KIPAX ST., NSW 2010</b>	City;	State;	Zip Code
			<b>AUSTRALIA</b>	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING/PRINT EXPENSE</b>	Description <b>3 T-SHIRTS W/ CAMPAIGN LOGO</b>
	<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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Date <b>4/21/2021</b>	Payee name <b>CANVA</b>
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Amount (\$) <b>\$105</b>	Payee address; <b>110 KIPAX ST., NSW 2010</b>	City;	State;	Zip Code
			<b>AUSTRALIA</b>	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING/PRINTING EXPENSE</b>	Description <b>PUSH CARDS (Q: 250)</b>
	<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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>1</b>	<b>2</b> FILER NAME <b>LYNN WALLING</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$ 50.33</b>
<b>5</b> Date <b>4/4/2021</b>	<b>6</b> Payee name <b>WX.COM LTD</b>	
<b>7</b> Amount (\$) <b>43.30</b>	<b>8</b> Payee address; City; State; Zip Code <b>40 NAMAL TEL AVIV 6350671 ISRAEL</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>WEBSITE</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <b>4/17/2021</b>	<b>Payee name</b> <b>WX.COM LTD</b>	
<b>Amount (\$)</b> <b>7.03</b>	<b>Payee address; City; State; Zip Code</b> <b>40 NAMAL TEL AVIV 6350671 ISRAEL</b>	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>Description</b> <b>CAMPAIGN EMAIL</b>
	<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 PERSONAL FUNDS

**SCHEDULE G**

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.

<b>1</b> Total pages Schedule G: <b>2</b>	<b>2</b> FILER NAME <b>LYNN WALLING</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>3/23/2021</b>	<b>5</b> Payee name <b>VICTORY COMPANIES (VICTORYSTORE.COM)</b>
-----------------------------------	--

<b>6</b> Amount (\$) <b>621.22</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>5200 SW 30TH ST. DAVENPORT IOWA 52802</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CREDIT CARD PAYMENT</b>	(b) Description <b>YARD SIGNS / H-FRAMES</b>
	(c) <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/23/2021</b>	Payee name <b>WIX.COM LTD</b>
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Amount (\$) <b>7.03</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>40 NAMAL TEL AVIV 6350671 ISRAEL</b>
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CREDIT CARD PAYMENT</b>	Description <b>EMAIL MAILBOX</b>
	<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 <b>4/3/2021</b>	Payee name <b>JOYCE MARILYN LOUGHRAY</b>
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Amount (\$) <b>193</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3801 PORTSMOUTH CIRCLE PLANO TX 75023</b>
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>TPOSTS for LG SIGNS</b>
	<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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G: <b>2</b>	<b>2</b> FILER NAME <b>LYNN WALLING</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/13/2021</b>	<b>5</b> Payee name <b>WIX.COM LTD</b>	
<b>6</b> Amount (\$) <b>43.30</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>40 NAMAL TEL AVIV 6350671 ISRAEL</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>CREDIT CARD PAYMENT</b>	
	<b>(b)</b> Description <b>WEBSITE</b>	
	<b>(c)</b> <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>4/13/2021</b>	Payee name <b>3 CENTURY IMPRINT</b>	
Amount (\$) <b>725.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>7522 CAMPBELL RD. #113 DALLAS TX 75248</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	
	Description <b>LARGE SIGNS 60x36 (20)</b>	
	<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
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED