

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: <div style="text-align: center; font-size: 24px;">9</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR C FIRST LAST MI SUFFIX <div style="font-size: 1.2em; margin-top: 10px;">Melody Fowler</div>		OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; margin-top: 5px;">APR 27 2018</div> <div style="margin-top: 5px;">By <i>[Signature]</i></div>								
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;">4900 Morris Heights, Arlington, Tx. 76016</div>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px;">Receipt #</td> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 2px;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; margin-top: 10px;">(817) 446-3085</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR C FIRST LAST MI SUFFIX <div style="font-size: 1.2em; margin-top: 10px;">Tony Pompa</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;">5101 Forestlake Ct., Arlington, Tx. 76017</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; margin-top: 10px;">(817) 466-7345</div>										
9 REPORT TYPE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">04 / 04 / 18</td> <td></td> <td style="text-align: center; font-size: 1.2em;">04 / 26 / 2018</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	04 / 04 / 18		04 / 26 / 2018		
Month Day Year	THROUGH	Month Day Year									
04 / 04 / 18		04 / 26 / 2018									
11 ELECTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> ELECTION DATE Month Day Year <div style="font-size: 1.2em; margin-top: 10px;">5 / 5 / 18</div> </td> <td style="width: 70%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year <div style="font-size: 1.2em; margin-top: 10px;">5 / 5 / 18</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						
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12 OFFICE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">OFFICE HELD (if any)</td> <td style="width: 50%;">13 OFFICE SOUGHT (if known)</td> </tr> <tr> <td style="height: 50px;"></td> <td style="font-size: 1.2em; vertical-align: middle;">AISD Trustee Place 2</td> </tr> </table>			OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		AISD Trustee Place 2				
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	AISD Trustee Place 2										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Melody Fowler

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

☐ GENERAL

☐ 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

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,020⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 8,335.12

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

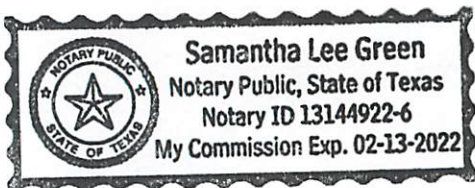
\$ 5,284.12

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 6,000⁰⁰

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.

Melody Fowler
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Melody Fowler*, this the *27th* day of *April*, 20 *18*, to certify which, witness my hand and seal of office.

Susan Feld

Signature of officer administering oath

Samantha Lee Green

Printed name of officer administering oath

Clerk to Supt.

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Melody Fowler***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2020⁰⁰</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ <i>1,000⁰⁰</i>
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>8,335.12</i>
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: <u>3</u>
2 FILER NAME <u>Melody Fowler</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4-11-18</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>John Kinnear</u> 6 Contributor address; City; State; Zip Code <u>[REDACTED] Arlington, Tx 76012</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions)
Date <u>4-22-18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Walt Serier</u> Contributor address; City; State; Zip Code <u>[REDACTED] Arlington, Tx. 76017</u>	Amount of contribution (\$) <u>100⁰⁰</u>
Principal occupation / Job title (See Instructions) <u>HUD Loan Broker</u>		Employer (See Instructions) <u>Self</u>
Date <u>4-24-18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Cindy Kins</u> Contributor address; City; State; Zip Code <u>[REDACTED] Arlington, Tx 76016</u>	Amount of contribution (\$) <u>20⁰⁰</u>
Principal occupation / Job title (See Instructions) <u>Business Owner</u>		Employer (See Instructions) <u>Worth Trailer</u>
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>3</u>
2 FILER NAME <u>Melody Fowler</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4-11-18</u>	5 Full name of contributor <u>Chris + Sharon Kinnear</u> 6 Contributor address: [Redacted] City: State: Zip Code <u>Art. 76013</u>	7 Amount of contribution (\$) <u>\$200.00</u>
8 Principal occupation / Job title (See Instructions) <u>Attorney</u>		9 Employer (See Instructions) <u>U.S. Dept of Housing + Urban Development</u>
Date <u>4-11-18</u>	Full name of contributor <u>Andrew or Anna Piel</u> Contributor address: [Redacted] City: State: Zip Code <u>Art. 76016</u>	Amount of contribution (\$) <u>\$250.00</u>
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Harrison, Stock</u>
Date <u>4-11-18</u>	Full name of contributor <u>Michael Patterson</u> Contributor address: [Redacted] City: State: Zip Code <u>Art. 76017</u>	Amount of contribution (\$) <u>\$200.00</u>
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Self</u>
Date <u>4-10-18</u>	Full name of contributor <u>Beverly Reilly</u> Contributor address: [Redacted] City: State: Zip Code <u>Art. 76008</u>	Amount of contribution (\$) <u>\$250.00</u>
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Melody Fowler

3 Filer ID (Ethics Commission Filers)

4 Date

2-22-18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Charlotte Slaver

6 Contributor address; City; State; Zip Code

[REDACTED]

Art. 76016

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2-22-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

April or Jason Ott

Contributor address; City; State; Zip Code

[REDACTED]

Art. 76013

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

Chapman, Cornelius

Date

4-9-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

IC or Diane Little

Contributor address; City; State; Zip Code

[REDACTED]

Art. 76012

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-11-18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

K & M McBlair

Contributor address; City; State; Zip Code

[REDACTED]

Art. 76013

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Real Estate Management

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan <u>4-20-18</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Larry & Melody Fowler</u>	9 Loan Amount (\$) <u>1,000</u>	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>4900 Morris Heights, Arlington, TX 76016</u>	10 Interest rate <u>-0-</u>	
		11 Maturity date <u>5-5-18</u>	
12 Principal occupation / Job title (See Instructions) <u>Attorney / Teacher</u>		13 Employer (See Instructions) <u>Pope Hardwicke / TCC</u>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Melody Fowler	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/18	5 Payee name Install Connect, Inc.	
6 Amount (\$) 2,625⁰⁰	7 Payee address; City; State; Zip Code 815 A Brazos St., Austin, Tx. 78701	
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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 4/17/18	Payee name Digital Corporate Companies, Inc.	
Amount (\$) 4,645⁸²	Payee address; City; State; Zip Code 801 Station Dr. #108, Arlington, TX 76015	
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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 4-20-18	Payee name Sportswear World	
Amount (\$) 788.40	Payee address; City; State; Zip Code 2430 N. Davis Dr., Arlington, Tx. 76012	
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 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

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: <div style="text-align: center; font-size: 1.5em;">2</div>		2 FILER NAME <div style="text-align: center; font-size: 1.2em; color: red;">Melody Fowler</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center; font-size: 1.2em; color: red;">9-11-18</div>		5 Payee name <div style="text-align: center; font-size: 1.2em; color: red;">Costco</div>			
6 Amount (\$) <div style="text-align: center; font-size: 1.5em; color: red;">270.45</div>		7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em; color: red;">600 W. Arbrook, Blvd, Aclinton, TX. 76014</div>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em; color: red;">Event Expense</div>		(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 <div style="text-align: center; font-size: 1.2em; color: red;">4/29/18</div>		Payee name <div style="text-align: center; font-size: 1.2em; color: red;">Amedot</div>			
Amount (\$) <div style="text-align: center; font-size: 1.2em; color: red;">5.40</div>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em; color: red;">Banking</div>		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					

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