

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

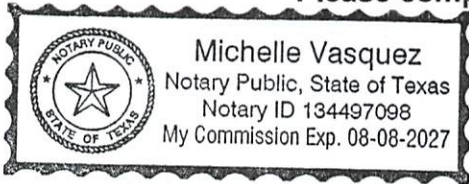
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Sarah B McMurrrough		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 558.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,954.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

S B McMurrrough
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sarah McMurrrough this the 4 day of April.

20 24 to certify which, witness my hand and seal of office.

Michelle Vasquez Signature of officer administering oath
 Printed name of officer administering oath: Michelle Vasquez
 Title of officer administering oath: Coordinator

OR

(2) Unsworn Declaration

My name is Sarah B McMurrrough, and my date of birth is 2/12/1985.

My address is 4602 Willow Park Ct., Arlington, Texas, 76017, USA.
 (street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 1st day of April, 2024.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME Sarah B McMurrrough		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,950.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 49.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 508.41
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 5
2 FILER NAME Sarah B. McMurrough			3 Filer ID (Ethics Commission Filers)	
4 Date 1/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielle Leathers		7 Amount of contribution (\$) 25.00	
	6 Contributor address; City; State; Zip Code [REDACTED] Burleson TX 76028			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date 1/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Le		Amount of contribution (\$) 100.00	
	Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76002			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 1/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooke Phillips		Amount of contribution (\$) 25.00	
	Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 1/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Givens		Amount of contribution (\$) 25.00	
	Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 5
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael and Jennifer Clark 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Davis Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76018	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara and David Kestenbaum Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76001	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristen Clark Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) 50.00
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

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: 5
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron Haddad	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David and Susie Sargent	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Williams	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code P.O. Box 2246 Austin TX 78768		
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

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: 5
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake and Lori Kretz 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Dipert Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Dipert Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Cravens Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013	Amount of contribution (\$) 150.00
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

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: 5
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad and Joy Bates <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael and Rebecca Gerro <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily LaHue Berrong <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joanna Butcher <hr/> Contributor address; City; State; Zip Code [REDACTED] Pantego TX 76013	Amount of contribution (\$) 25.00
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.		

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: 1	2 FILER NAME Sarah B. McMurrrough	3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2024	5 Payee name Anedot	
6 Amount (\$) 49.60	7 Payee address; 1340 Poydras St.	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online donation platform
	(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

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

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	Poling 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 G: 3	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2024	5 Payee name Meta Platforms, Inc.	
6 Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1606 Willow Road	City; State; Zip Code Menlo Park CA 94030
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook advertising
	(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
Date 2/4/2024	Payee name Meta Platforms, Inc.	
Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1605 Willow Road	City; State; Zip Code Menlo Park CA 94029
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook advertising
	<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 2/5/2024	Payee name Meta Platforms, Inc.	
Amount (\$) 1.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1604 Willow Road	City; State; Zip Code Menlo Park CA 94028
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook advertising
	<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.

1 Total pages Schedule G: 3	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2024	5 Payee name Meta Platforms, Inc.	
6 Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1603 Willow Road	City; State; Zip Code Menlo Park CA 94027
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook advertising
	(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		
Date 2/12/2024	Payee name Meta Platforms, Inc.	
Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1602 Willow Road	City; State; Zip Code Menlo Park CA 94026
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook advertising
	<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 3/5/2024	Payee name Meta Platforms, Inc.	
Amount (\$) 68.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1601 Willow Road	City; State; Zip Code Menlo Park CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook advertising
	<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.

1 Total pages Schedule G: 3	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2024	5 Payee name Amazon	
6 Amount (\$) 51.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 410 Terry Ave N	City; State; Zip Code Seattle WA 98109
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Zip ties
	(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		
Date 3/14/2024	Payee name Amazon	
Amount (\$) 32.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 410 Terry Ave N	City; State; Zip Code Seattle WA 98109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zip ties
	<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 3/23/2024	Payee name Amazon	
Amount (\$) 54.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 410 Terry Ave N	City; State; Zip Code Seattle WA 98109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zip ties
	<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