CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS(/ MR. 3 CANDIDATE / 1500 **OFFICEHOLDER** NAME **SUFFIX** NICKNAME ZIP CODE STATE: ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** MAILING **ADDRESS** Change of Address PHONE NUMBER AREA CODE CANDIDATE/ **OFFICEHOLDER** PHONE Amount \$ MRS) MR 6 CAMPAIGN Date Processed TREASURER NAME NICKNAME Date Imaged ZIP CODE STATE; APT / SUITE #, STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN TREASURER **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN TREASURER PHONE 15th day after campaign Runoff 9 REPORT TYPE 30th day before election treasurer appointment January 15 (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit Month 10 PERIOD Month COVERED THROUGH ELECTION DATE 11 ELECTION Other Description Runoff Primary Month General Special 13 OFFICE SOUGHT (if known) 12 OFFICE LOMMISSIONER 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER

	FINANCE REPORT	(Filter Commission Filers)
C/OH NAME	ELiseo PEREZ	Filer ID (Ethics Commission Filers)
CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -()-
	4. TOTAL POLITICAL EXPENDITURES	\$ 81. 14xx
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ - 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD swear, or affirm, under penalty of perjury, that the accompanying report is true	
	required to be reported by me under Title 15, Election Code.	ers ndidate or Officeholder
	Please complete either option below	<i>t</i> :
(1) Affidavit	Please complete either option below	r:
		lta am
NOTARY STAMP/S Sworn to and subscri	SEAL bed before me by <u>Eliseo</u> Perez this the strifty which, witness my hand and seal of office.	20 th day of February MONICA FLORES My Nobary ID # 131935343
NOTARY STAMP/S Sworn to and subscrit 20 24 to ce	SEAL bed before me by Elisco Perez this the striffy which, witness my hand and seal of office. A Jan Manua Fluces	20th day of February MONICA FLORES
NOTARY STAMP/S Sworn to and subscri	SEAL bed before me by Elisco Perez this the striffy which, witness my hand and seal of office. A Jan Manua Fluces	20 th day of February MONICA FLORES My Nobary ID # 131935343
NOTARY STAMP/S Sworn to and subscrit 20	SEAL bed before me by Elisco Perez this the artifywhich, witness my hand and seal of office. A Low Manua Fluces nistering oath Printed name of officer administering oath OR	MONICA FLORES My Notary ID # 131935343 Thopics: Marchd 6; 12927 ing d
NOTARY STAMP/S Sworn to and subscrit 20 24, to ce	bed before me by	MONICA FLORES My Notary ID # 131935343 Thopics: Marchd 6; 12927 ing d
NOTARY STAMP/S Sworn to and subscri 20 24, to ce	bed before me by Eliseo Perez this the striffy which, witness my hand and seal of office. A Low Manua Fluces Inistering oath Printed name of officer administering oath OR Irration , and my date of birth (street) (city)	MONICA FLORES My Notary ID # 131935343 Thopics: Marchd 6; 12927 ing d

SUBTOTALS - C/OH

20 Filer ID (Ethics Comm	nission Filers)			
9 FILER NAME ELISED PEREZ				
~ Priveo	SUBTOTAL AMOUNT			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	\$ - 0 -			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	* - 0			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -			
	\$ -0-			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s - 0 -			
4. SCHEDULE E: LOANS	\$ - 1)-			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	• 0			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0-			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -			
	\$ - 0-			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 81.19 **			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ = 0 -			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	0 -			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-			
LI TOPILER				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	Tradion is not applicable, a series of	OB BOY 9/a)		
<u> </u>	EXPENDITURE CATEGORIES F			
vertising Expense counting/Banking nsulting Expense ntributions/Donations Made By andidate/Officeholder/Political dit Card Payment	Fees Office Overl Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	ense ages/Contract Labor	Solicitation/Fundraising Ex Transportation Equipment Travel In District Travel Out Of District Other (enter a category no	& Related Expense
	The instruction color separate	<u> </u>	3 Filer ID (Ethics Co	mmission Filers)
Total pages Schedule G: 2	FILER NAME ELISED PER	FZ	J Filet ID (Ethics 50	
Date 2.14. 2024	Auto GRAPHICS Y Sign	Co LLC	,	Zip Code
81.14x	Payee address; 23080 HWY 16-5.	City;	State;	Zip Code
Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule)	8073 (b) Description		
PURPOSE OF EXPENDITURE	Adventising Expense	Wire Si	TAKES in, TX, officeholder living exp	
1	(c) Check if travel outside of Texas. Complete Schedule T.			office held
emplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living ex	(pense
Complete ONLY if direct expenditure to benefit Ci	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended		Dintion		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	·	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if	Austin, TX, afficeholder living	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/C	ATTACH ADDITIONAL COPIES OF THIS	COUEDIN E AS N	FEDED	

Auto Graphics & Sign Co. LLC

Invoice

23080 Hwy 16 S. Von Ormy, TX 78073 US 210-624-2367 sales@agandsco.com

BILL TO Eliseo Perez 830-570-7556 commissioner3@atascosacounty.gov.texas

<u> </u>				ENCLOSED
INVOICE#	DATE	TOTAL DUE	DUE DATE	
24106	02/14/2024	\$0.00	02/14/2024	
24100				

	<u> </u>	27A.E	AMCUNT
	50	1.50	75.00T
Wire stakes			
Wire Stakes			75.00

Thank you for your business!

SUBTOTAL

6.19

81.19

81.19

\$0.00

SCANDIDATE OFFICEHOLDER PHONE NUMBER OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME NICKNAME N	OUNTY
CANDIDATE / OFFICEHOLDER NICKNAME	OUNTY
ADDRESS POBOX APT 301-E OFFICEHOLDER MAILING ADDRESS Change of Address Change of Address CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #: APT / SUITE #: APT / SUITE #: CITY: STATE: 10 PERIOD COVERED 11 ELECTION ADDRESS / PO BOX: APT / SUITE #: APT / SUITE #: APT / SUITE #: CITY: ADDRESS / PO BOX: APT / SUITE #: APT / SUITE #: CITY: ADDRESS (Residence or Business) AREA CODE AND AUD A AREA CODE AND AUD A Date Imaged AREA CODE AND AUD A TREASURER ADDRESS (Residence or Business) AREA CODE AND AUD A AREA CODE AREA CODE AND AUD A AREA CODE AND AUD A Date Imaged TOTY: STATE: THOUGH AREA CODE AND AUD A TREASURER PHONE 10 PERIOD COVERED 11 ELECTION DATE Month Day Year Month Day Year Month Day Year Primary Runeff Other Description	
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6 CAMPAIGN TREASURER NAME NICKNAME	naunt \$
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8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 July 15 8th day before election Exceeded Modified Reporting Limit 10 PERIOD COVERED Month Day Year THROUGH ELECTION DATE Month Day Year Month Day Year Month Day Year Special Other Description Special	
July 15 Sth day before election Exceeded Modified Reporting Limit Final Report (A Reporting Limit Day Year Month Day Year Month Day Year HROUGH DELECTION DATE ELECTION DATE SELECTION DATE Secretary General Special Special	ampaign
THROUGH 10 PERIOD 1	
11 ELECTION DATE Month Day Year Primary Runoff Other Description 03/05/2024 General Special	<u></u>
12 OFFICE OFFICE HELD (if any) PCT ##3 ATASCOSA COUNTY COMMISSIONED THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES OR OFFICERORY THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICERORY	MITTEES TO SUPPO
POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE TYPE COMMITTEE NAME	SUCH EXPENDITURE
Additional Pages GENERAL COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2	

SUBTOTALS - C/Oh

19 FILER NAME	Filer ID (Ethics Commission Filers)
LLISEO TEREZ 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4. SCHEDULE E: LOANS	\$ ~ 0 -
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS \$ - O -
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	NTRIBUTIONS \$ -0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	ISINESS OF C/OH \$ -0-
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$ - O -
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$ -0-

AMPAIGN	E / OFFIC HOLDER I FINANCE REPORT	COVER SHEET PG 2
OH NAME	Liseo Ferez	16 Filer ID (Ethics Commission Filers)
ONTRIBUTION OTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	, \$ -0-
XPENDITURE OTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
,	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$ ~ Ø-
OUTSTANDING OAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	of the \$ - 0 -
	Please complete either option bel	low:
	Please complete either option bel	low:
) Affidavit		·
NOTARY STAMP/S	SEAL Down	the Jul day of Februar
() Jy, to ce	entify which, witness my hand and seal of office.	MONICA FLORES
Mme	to the second of	My Notary ID # 131935343 Expires March 16; 2027 ministering of
ignature of officer admi	OR	
	nration	
2) Unsworn Decla	, and my date of t	birth is
2) Unsworn Decla My name is My address is	(street) (city)	(state) (zip code) (country)
2) Unsworn Decla My name is My address is	and my date of t	(state) (zip code) (country)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIGN	FINANCE REPORT	
The C/OH Instruction Gui	de explains how to complete this form.	rs) 2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MR) ELISEO NICKNAME PEREZ MI SUFFIX	Date Receives A COUNTY
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1020 CR-331-E JOURDAN TON, TEXAS 78026	ATA JAN 1 1 1954
Change of Address CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered of Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR YOLANDA NICKNAME LAST SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 1/45 FM /333 Poteet, Texas 78065 AREA CODE PHONE NUMBER EXTENSION	STATE; ZIP CODE
9 REPORT TYPE	January 15 30th day before election Runoff July 15 Sth day before election Exceeded Mod Reporting Lim	
10 PERIOD COVERED	July 601/2023 THROUGH	2 / 3/ / 2023 ON TYPE
11 ELECTION	ELECTION DATE Month Day Year O3 / 05 / 2024 General Special —	er scription
12 OFFICE	OFFICE HELD (If any) PCT, #3 ATASCOSA COUNTY COMMISSIONS THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUTH	TO SUPPLIE TO SUPPLIE
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION	T THE CANDIDATE'S OR OFFICEHOLDER'S RHOWLEDGE IN ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE
Additional Pages	GENERAL COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
	COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2	

SUBTOTALS - C/OH

	20 Filer ID (Ethics Com	mission Filers)
19 FILERNAME ELISEO PEREZ	20 Filer ID (Etnics Com	HARBOTT HOLO,
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ - 0-
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ -0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -0-
4. SCHEDULE E: LOANS		\$ -0-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ - 0-
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ -0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s - O-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$ 820.3/xx
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO		\$ -0-
CONTRACTOR OF THE STATE OF THE		\$ -0-
12 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL		\$ -0-
TOFILER		

CAMPAIGN	I FINANCE REPORT	
C/OH NAME		16 Filer ID (Ethics Commission Filers)
CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (CONTRIBUTIONS OF PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	other than s - 0 -
,	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 820, 3/xx
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A OF REPORTING PERIOD	S OF THE LAST DAY \$ - 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD swear, or affirm, under penalty of perjury, that the accompanying	
	Please complete either op DORA C. GOMEZ Notary Public, State of Texas Comm. Expires 09-01-2024	otion below:
NOTARY STAMP/S Sworn to and subscrit 20 2 , to ce	ned before me by Eliseo Terez Tify which, witness my hand and seal of office. The Comments of the comments o	this the that day of this the the day of
	OR	
(2) Unsworn Decla		
My name is	, and m	ny date of birth is
My address is		(city) (state) (zip code) (country)
Executed in	on the	day of, 20
	<u></u>	Signature of Candidate/Officeholder (Declarant)
	ships state ty us	Revised 11/15/

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
ivertising Expense counting/Banking nsulting Expense intributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Logal 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)
edit Card Payment	The Instruction Guide explai	ns how to complete this form.	
Total pages Schedule G: 2	ELISED PERE	Z	3 Filer ID (Ethics Commission Filers)
1,16.2023	Julie Hilberg	City:	State; Zip Code
Amount (\$) 150,000 Reimbursement from political contributions	522 WILKey Rd. Detect Texas	78065	_
intended	(a) Category (See Categories listed at the top of this		lecript #
PURPOSE OF EXPENDITURE	Filing Fee	35	3 43 3 1
CVLEMON	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aus Office sought	tin, TX, officeholder living expense Office held
complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name		
Date 12.14.2023	RB PRINTING YOFFI	ce Supply city;	State; Zip Code
Amount (\$) Reimbursement from political contributions intended	PLEASANTON, TE	$\frac{37}{2} \times 45 \qquad \frac{780}{2}$	064
PURPOSE OF	Category (See Categories listed at the top of the PRINTING EXPE	use CARO	ds
EXPENDITURE	Check if travel outside of Texas. Complete	te Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name t ;/OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		this schedule) Description	
PURPOSE	Category (See Categories listed at the top of		
EXPENDITURE	Check if travel outside of Texas. Comp	lete Schedule T. Check if	Austin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office field
CAP OT CASE OF	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS N	NEEDED
		enthine state ty us	Revised 11/