#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS/MRS/MR FIRST 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Mrs Maria E NAME Date Received NICKNAME LAST Silver Sam RECEIVED APT / SUITE #; 4 CANDIDATE / CITY STATE: ZIP CODE **OFFICEHOLDER** Horseshoe Bay Texas 78657 FEB 2 6 2024 MAILING **ADDRESS** LLANO CO. ELECTIONS ADMINISTRATOR arked Change of Address 5 CANDIDATE AREA CODE PHONE NUMBER EXTENSION Date Hand-delive **OFFICEHOLDER** PHONE Receipt:# Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN 154 TREASURER Maria Mrs E Date Processed NAME NICKNAME SUFFIX Date Imaged Sam Silver STREET ADDRESS (NO PO BOX PLEASE): 7 CAMPAIGN APT / SUITE # TREASURER 78657 Horseshoe Bay Texas. **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 02 26 24 06 24 THROUGH ELECTION TYPE **ELECTION DATE** # ELECTION Primary Other / 05 24 Special General 13 OFFICE SOUGHT (If known) OFFICE HELD (If any) 12 OFFICE JP Precinct 1Llano County 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME<br>Sam Silver     | 41831<br>41831      |   |                                 | 16            | Filer ID (Ethics Co | mmission Filers)  |
|--------------------------------|---------------------|---|---------------------------------|---------------|---------------------|-------------------|
| 17 CONTRIBUTION TOTALS         | 1. TOTAL            | L UNITEMIZED POLITICAL<br>GES, LOANS, OR GUARAN<br>TRIBUTIONS MADE ELECTR | TEES OF LOANS OR                | R THAN        | \$                  |                   |
|                                | 2 TOTAL             | L POLITICAL CONTRIBU  | ITIONS<br>, OR GUARANTEES OF LO | DANS)         | \$                  | 2400.00           |
| EXPENDITURE TOTALS             | 3. TOTAL            | UNITEMIZED POLITICAL I  | EXPENDITURE.                    |               | \$                  |                   |
|                                | 4 TOTAL             | L POLITICAL EXPENDITI   | URES                            |               | <b>s</b>            | 6145.48           |
| CONTRIBUTION<br>BALANCE        | 5. TOTAL<br>OF RE   | POLITICAL CONTRIBUTIO   | NS MAINTAINED AS OF TH          | IE LAST DAY   | Y \$                | 0                 |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL            | PRINCIPAL AMOUNT OF A   | LL OUTSTANDING LOANS            | AS OF THE     | \$                  |                   |
| (1) Affidavit                  |                     | Please complet  | te either option be             | elow:         |                     |                   |
| NOTARY STAMP/SEA               |                     |   |                                 |               |                     |                   |
| Swom to and subscribed         | before me by        |   | this                            | the           | day of              |                   |
| 20, to certify                 | which, witness my h | and and seal of office.   |                                 |               |                     |                   |
| Signature of officer administe | ring oath           | Printed name of officer   | administering oath              | i especiale e | Title of officer a  | dministering cath |
|                                | 14 · e              | OF OF   | Marie Albert                    | 록. 크          | 51115-              | WHITE             |
| (2) Unsworn Declaration        |                     |   |                                 |               | 1                   |                   |
| My name is MARU                | FE. "SAI            | M" SILVER   | and my date of bit              | oth is 03     | 3/30/5              | 4                 |
| My address is                  |                     |   | _ Harseshoet                    | the TX.       | 78657               | us.               |
| Executed in LIAM               | County, S           | Porne   | on the Tday of to               | (state)       | (zip code)          | (country)         |
| ****                           |                     |   | Signature of C                  | andidate/Off  | iceholder (Declara  | ant)              |

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

| Sam  | Silver 20 Filer to (Ethic  | s Commissio  | n Filers) |  |
|--|--|--|-----------|--|
| The second secon | MEDULE SUBTOTALS ME OF SCHEDULE  | A CONTRACTOR OF THE PARTY OF TH | SUBTOTAL  |  |
| 1.   | SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$   | 2400.00   |  |
| 2.   | SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  |           |  |
| 3.   | SCHEDULE B: PLEDGED CONTRIBUTIONS  |  |           |  |
| 46   | SCHEDULE E: LOANS  | \$   |           |  |
| 5.   | SCHEDULE FI: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              |  |           |  |
| 6.   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$   |           |  |
| 7.   | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$   |           |  |
| 8.   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | S:   | - 2       |  |
| 9.   | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | s  | 3745.48   |  |
| 10:  | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA          | эн \$  |           |  |
| 11.  | SCHEDULE NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | s  |           |  |
| 12.  | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  |           |  |

# MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

|                      | The Instruction Guide explains ho        | w to complete t        | his form.                 | 1 Total pages Schedule A1:            |  |
|----------------------|--|------------------------|---------------------------|---------------------------------------|--|
| Sam Silv             |  |                        |                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date 2/14          | 5 Full name of contributor D. Reznicek   | D. Reznicek            |                           | 7 Amount of contribution (\$)         |  |
|                      | 6 Contributor address;<br>Cat Spring     | City:<br>Texas         | State; Zip Code           |                                       |  |
| Principal of Rancher | ccupation / Job title (See Instructions  | 0.                     | 9 Employer (See Instruct  | tona)                                 |  |
| Date 2/14            | Full name of contributor K. Jones        |                        | PAC (ID#:)                | Amount of contribution (\$)           |  |
|                      | Contributor address;<br>Horseshoe Bay    | City;<br>Texas         | State, Zip Code           | 700.                                  |  |
| Principal oc         | cupation / Job title (See Instructions)  |                        | Employer (See Instructi   | ons)                                  |  |
| Date 2/14            | Full name of contributor K Hussey        | out-of-state PAC (ID#) |                           | Amount of contribution (\$)           |  |
|                      | Contributor address: Horseshoe Bay       | Çity;                  | State; Zip Code<br>Texas  |                                       |  |
| Principal of         | copation / Job title (See Instructions)  | ).                     | Employer (See Instruction | ons)                                  |  |
| Date 2/15            | Full name of contributor P. Aves         | out-of-state F         | PAC (ID#:)                | Amount of contribution (\$)           |  |
| 213                  | Contributor address Horseshoe Bay        | City;                  | State: Zip Code Texas     |                                       |  |
| Principal or         | coupation / Job title (See Instructions) |                        | Employer (See Instruction | ons)                                  |  |

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

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## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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|                        | The International Control of the Con |                        |                                     |                                       |
|------------------------|--|------------------------|-------------------------------------|---------------------------------------|
|                        | The Instruction Guide explains how   | to complete ti         | his form.                           | 1 Total pages Schedule A1:            |
| 2 FILER NA<br>Sam Silv |  |                        |                                     | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/15            | 5 Full name of contributor out-of-state PAC (ID#) F. Gracely   |                        | 7 Amount of contribution (\$) 50.00 |                                       |
| 2113                   | 6 Contributor address;<br>Horseshoe Bay  | City;                  | State; Zip Code<br>Texas            |                                       |
| 8 Principal o          | ccupation / Job title (See Instructions)   |                        | 9 Employer (See Instruct            | dions)                                |
| Date 2/16              | Full name of contributor M. Walsh  | out-of-state f         |                                     | Amount of contribution (\$) 100.00    |
|                        | Contributor address;<br>Horseshoe Bay  | City;                  | State; Zip Code<br>Texas            |                                       |
| Principal oc           | cupation / Job title (See Instructions)  |                        | Employer (See Instructi             | ians)                                 |
| Date 2/19              | Full name of contributor D. Rose   | out-of-state F         | AC (ID#                             | Amount of contribution (\$) 50.00     |
|                        | Contributor address;<br>Horseshoe Bay  | City;                  | State; Zip Code<br>Texas            |                                       |
| Principal of           | ccupation / Job title (See Instructions)   |                        | Employer (See Instructi             | ions)                                 |
| Date 2/19              | Full name of contributor M Thuss   | out-of-state PAC (ID#) |                                     | Amount of contribution (\$)           |
| 213                    | Contributor address; Horseshoe Bay   | City;                  | State; Zip Code<br>Texas            |                                       |
| Principal oc           | ocupation / Job title (See Instructions)   |                        | Employer (See Instruct              | ions)                                 |
|                        | acapation 7 see the Case management  |                        |                                     |                                       |

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## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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| ME                                       |   |   | 3 Filer ID (Ethics Commission Filers)  |  |
|--|---|---|--|--|
| er                                       |   |   | o the local factors of the control o |  |
| 5 Full name of contributor<br>E. Hurd    | E. Hurd   |   | 7 Amount of contribution (\$) 500.00   |  |
| 6 Contributor address;<br>Horseshoe Bay  | Сиу;  | State: Zip Code<br>Texas  |  |  |
| coupation / Job title (See Instructions) |   | 9 Employer (See Instruct  | ions)  |  |
| Full name of contributor                 | out-of-state (  | PAC (IDilt:)  | Amount of contribution (\$)  |  |
| Contributor address,                     | City;   | State: Zip Code   |  |  |
| ccupation / Job title (See Instructions) |   | Employer (See Instructi   | ions)  |  |
| Full name of contributor                 | oul-of-state PAC (ID#   |   | Amount of contribution (\$)  |  |
| Contributor address;                     | City;   | State; Zip Code   |  |  |
| ccupation / Job title (See Instructions) |   | Employer (See Instructi   | ions)  |  |
| Full name of contributor                 | out-of-state I  | PAC (10#:)  | Amount of contribution (\$)  |  |
| Contributor address;                     | City;   | State, Zip Code   |  |  |
| ccupation / Job title (See Instructions) |   | Employer (See Instruct  | ions)  |  |
|  | 5 Full name of contributor E. Hurd 6 Contributor address; Horseshoe Bay ccupation / Job title (See Instructions) Full name of contributor  Contributor address;  Full name of contributor  Contributor address;  ccupation / Job title (See Instructions)  Full name of contributor  Contributor address; | 5 Full name of contributor E. Hurd 6 Contributor address; City; Horseshoe Bay  coupation / Job title (See Instructions)  Full name of contributor out-of-state in compation / Job title (See Instructions)  Full name of contributor out-of-state in contributor address; City;  Contributor address; City;  Contributor address; City;  Contributor address; City; | 5 Full name of contributor  E. Hurd  6 Contributor address; City: State; Zip Code Texas  Compation / Job title (See Instructions)  9 Employer (See Instructions)  Full name of contributor  Contributor address; City: State; Zip Code  Coupation / Job title (See Instructions)  Full name of contributor  Contributor address; City: State: Zip Code  Coupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  out-of-state PAC (ID#  Contributor address; City: State: Zip Code  Contributor address; City: State: Zip Code  Contributor address; City: State: Zip Code  |  |

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# 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Broth Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Logal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selarles/Veges/Contract Lebor Solicitation/Fundratising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter e category not listed above)

| Great Gard Payment                                   | The Instruction Guide explains how to  | complete this form.    |                                       |
|--|--|------------------------|---------------------------------------|
| 1 Total pages Schedule F1.                           | 2 FILER NAME<br>Sam Silver   |                        | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>4/6  | S Payee name<br>Vista Print  |                        |                                       |
| 6 Amount (\$)<br>2075.66                             | 7 Payee address;   | City;                  | State; Zip Code                       |
| 8 PURPOSE OF EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)  Printing Expense | (b) Description Mailer |                                       |
|  | (C) Check I travel outside of Texas. Complete Schedule T.                          | Check if Aust          | in, TX, officeholder living expense   |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name  | Office sought          | Office held                           |
| Date 2/23  | Payee name<br>USPS   |                        |                                       |
| Amount (\$)<br>340.00                                | Payee address;   | City;                  | State; Zip Code                       |
| PURPOSE<br>OF<br>EXPENDITURE                         | Category (See Categories listed at the top of this schedule) Advertising           | Description<br>Mailer  |                                       |
|  | Check if travel outside of Texas Complete Schedule T.                              | Check if Asisti        | in, 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<br>OF<br>EXPENDITURE                         | Category (See Categories listed at the top of this schedule)                       | Description            |                                       |
|  | Check if travel outside of Texas. Complete Schedule T.                             | Check # Austi          | n, TX, officeholder living expense    |
| Complete ONLY if direct                              | Candidate / Officeholder name  | Office sought          | Office held                           |

## **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

Consulting Exponse Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Glt/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 Other (enter a category not listed above)

|  | The instruction Guide explains how to  | o complete this form.        |                                       |  |
|--|--|------------------------------|---------------------------------------|--|
| 1 Total pages Schedule G:  | 2 FILER NAME<br>Sam Silver   |                              | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>02/14  | 5 Payee name<br>HSB Beacon   |                              |                                       |  |
| 6 Amount (\$) 591.00 Reinbursement from political contributions intended | 7 Payee address;   | City;                        | State; Zip Code                       |  |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this achequie) Advertising | (b) Description<br>Newspaper |                                       |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                   | Check & Austin               | TX, officeholder fiving expense       |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH       | Candidate / Officeholder name  | Office sought                | Office held                           |  |
| Date<br>02/14  | Payee name<br>HSB Beacon   |                              |                                       |  |
| Amount (\$) 289.00 Reimbursement from political contributions intended   | Payee address;   | City;                        | State; Zip Code                       |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule) Advertising     | Description                  |                                       |  |
| 2. (2)\$0.40\pungle \$1.00   | Check if travel outside of Texas. Complete Schedule T.                       | Check if Austir              | , TX, officeholder tiving expense     |  |
| Complete ONLY if direct expenditure to benefit C/                        | Candidate / Officeholder name  | Office sought                | Office held                           |  |
| Date 02/14   | Payee name<br>Printworks   |                              |                                       |  |
| Amount (\$) 473.32 Reimbursement from political contributions intended   | Payee address;   | City;                        | State; Zip Code                       |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this achedule) Advertising     | Description                  |                                       |  |
|  | Check if travel outside of Texas. Complete Schedule T. Check if Aust         |                              | itin, 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

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### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Adventising Expense
Accounting/Banking
Consulting Expense
Contributions/Constitions Made By
Candidate/Officerolder/Political Committee
Contributions/Contrib

Event Expense Fees Food/Beverage Expense GRI/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Megas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Qut Of District
Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sam Silver 5 Payee name 4 Date 02/16 USPS 6 Amount (\$) 7 Payee address; City; State: Zip Code 680.00 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE Advertising EXPENDITURE Check if travel butside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name USPS 02/17 Amount (\$) Payee address; Zip Code City: State; 1020.00 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising EXPENDITURE Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name **HSBPOA** 02/14 Amount (\$) Payee address; City: State: Zip Code 520.00 political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE **Event Expense** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct penditure to benefit C/OH

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (epier a calegory not lated above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G; 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sam Silver 4 Date 5 Payee name 02/15 PIC 6 Amount (\$) 7 Payee address; City; State: Zip Code 176.00 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE **Event Expense** OF EXPENDITURE Check if prevel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) City; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; City: Amount (\$) State: Zip Code mbursement from ical contributions infonded Description Category (See Categories listed at the top of this schedule) PURPOSE OF KPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held ete ONLY if direct to benefit C/OH

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