

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

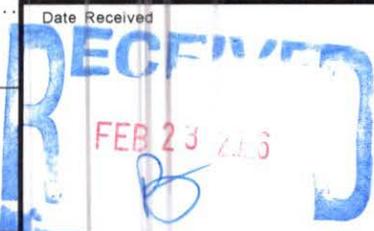
FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

9

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>JUSTIN</b>	MI <b>K</b>	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST <b>LINDEMANN</b>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO BOX 656, LISSIE, TX 77454-0656</b>						
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 979 )</b>				PHONE NUMBER <b>942-7892</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MS</b>	FIRST <b>LISA</b>				MI <b>R</b>	Date Received
	NICKNAME	LAST <b>KRENEK</b>				SUFFIX	Date Hand-delivered or Date Postmarked <i>Hand-delivered</i>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>7219 HIGHWAY 71, GARWOOD, TX 77442-4185</b>		Receipt #	Amount \$			
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 979 )</b>	PHONE NUMBER <b>578-1947</b>	EXTENSION	Date Processed			
9 REPORT TYPE	<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 type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		<b>02 / 25</b>	<b>2024</b>		<b>12 / 31</b>		<b>2024</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	<b>11 / 05</b>		<b>2024</b>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Sheriff</b>				
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> JUSTIN K LINDEMANN		<b>16 Filer ID (Ethics Commission Filers)</b>	
<b>17 CONTRIBUTION TOTALS</b>	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)	\$	500.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,662.39
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1,885.21
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	100.00

**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.

\_\_\_\_\_  
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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b> JUSTIN K LINDEMANN		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,552.39
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 110.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>1</b>
<b>2</b> FILER NAME JUSTIN K LINDEMANN		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON EARTHWORKS, LLC	<b>7</b> Amount of contribution (\$)  \$500.00
	<b>6</b> Contributor address; City; State; Zip Code 2311 FM 949, CAT SPRING, TX 78933	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>1</b> Total pages Schedule F1: <b>2</b>	<b>2</b> FILER NAME JUSTIN K LINDEMANN	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/09/2024	<b>5</b> Payee name THE WEIMAR MERCURY	
<b>6</b> Amount (\$)  \$367.75	<b>7</b> Payee address; City; State; Zip Code 200 W. MAIN ST., WEIMAR, TX 78962 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description NEWSPAPER AD
	<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
<b>Date</b> 02/26/2024	<b>Payee name</b> COLORADO COUNTY CITIZEN	
<b>Amount (\$)</b>  \$485.00	<b>Payee address;</b> City; State; Zip Code 2024 BUS HWY 71 S, COLUMBUS, TX 78934 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> NEWSPAPER AD
	<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
<b>Date</b> 03/01/2024	<b>Payee name</b> BLUE CEDAR BRANDING	
<b>Amount (\$)</b>  \$449.47	<b>Payee address;</b> City; State; Zip Code 3234 FM 109, COLUMBUS, TX 78934 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> ADVERTISING SUPPLIES
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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 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.

<b>1</b> Total pages Schedule F1: <b>2</b>	<b>2</b> FILER NAME <b>JUSTIN K LINDEMANN</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/12/2024</b>	<b>5</b> Payee name <b>USPS</b>	
<b>6</b> Amount (\$)  <b>\$84.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>HWY 90, COLUMBUS, TX 78934</b> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>RENT EXPENSE</b>	<b>(b) Description</b> <b>PO BOX RENTAL</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 <u>ONLY</u> if direct expenditure to benefit C/OH	<b>Candidate / Officeholder name</b>	<b>Office sought</b> <b>Office held</b>
<b>Date</b> <b>09/19/2024</b>	<b>Payee name</b> <b>GO DADDY.COM</b>	
<b>Amount (\$)</b>  <b>\$166.17</b>	<b>Payee address;</b> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>Description</b> <b>WEBSITE FEES</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	<b>Candidate / Officeholder name</b>	<b>Office sought</b> <b>Office held</b>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address;</b> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</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	<b>Candidate / Officeholder name</b>	<b>Office sought</b> <b>Office held</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>3</b>	<b>2</b> FILER NAME JUSTIN K LINDEMANN	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/29/2024	<b>5</b> Payee name FIRST NATIONAL BANK OF EAGLE LAKE
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<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address: PO BOX 247, EAGLE LAKE, TX 77434	City	State	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories.) BANK CHARGES	<b>(b) Description</b> (See instructions regarding type of information required.) MAINETANCE FEE
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Date 03/29/2024	Payee name FIRST NATIONAL BANK OF EAGLE LAKE
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Amount (\$) \$10.00	Payee address: PO BOX 247, EAGLE LAKE, TX 77434	City	State	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.) BANK CHARGES	<b>Description</b> (See instructions regarding type of information required.) MAINETANCE FEE
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Date 04/30/2024	Payee name FIRST NATIONAL BANK OF EAGLE LAKE
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Amount (\$) \$10.00	Payee address: PO BOX 247, EAGLE LAKE, TX 77434	City	State	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.) BANK CHARGES	<b>Description</b> (See instructions regarding type of information required.) MAINETANCE FEE
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Date 05/31/2024	Payee name FIRST NATIONAL BANK OF EAGLE LAKE
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Amount (\$) \$10.00	Payee address: PO BOX 247, EAGLE LAKE, TX 77434	City	State	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.) BANK CHARGES	<b>Description</b> (See instructions regarding type of information required.) MAINETANCE FEE
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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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<b>1</b> Total pages Schedule I:  3	<b>2</b> FILER NAME  JUSTIN K LINDEMANN		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date  06/28/2024	<b>5</b> Payee name  FIRST NATIONAL BANK OF EAGLE LAKE			
<b>6</b> Amount (\$)  \$10.00	<b>7</b> Payee address; PO BOX 247, EAGLE LAKE, TX 77434		<b>City</b>	<b>State</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories.)  BANK CHARGES		<b>(b) Description</b> (See instructions regarding type of information required.)  MAINETANCE FEE	
<b>Date</b>  07/31/2024	<b>Payee name</b>  FIRST NATIONAL BANK OF EAGLE LAKE			
<b>Amount (\$)</b>  \$10.00	<b>Payee address;</b> PO BOX 247, EAGLE LAKE, TX 77434		<b>City</b>	<b>State</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)  BANK CHARGES		<b>Description</b> (See instructions regarding type of information required.)  MAINETANCE FEE	
<b>Date</b>  08/30/2024	<b>Payee name</b>  FIRST NATIONAL BANK OF EAGLE LAKE			
<b>Amount (\$)</b>  \$10.00	<b>Payee address;</b> PO BOX 247, EAGLE LAKE, TX 77434		<b>City</b>	<b>State</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)  BANK CHARGES		<b>Description</b> (See instructions regarding type of information required.)  MAINETANCE FEE	
<b>Date</b>  09/30/2024	<b>Payee name</b>  FIRST NATIONAL BANK OF EAGLE LAKE			
<b>Amount (\$)</b>  \$10.00	<b>Payee address;</b> PO BOX 247, EAGLE LAKE, TX 77434		<b>City</b>	<b>State</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)  BANK CHARGES		<b>Description</b> (See instructions regarding type of information required.)  MAINETANCE FEE	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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<b>1</b> Total pages Schedule I:  3	<b>2</b> FILER NAME  JUSTIN K LINDEMANN		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date  10/31/2024	<b>5</b> Payee name  FIRST NATIONAL BANK OF EAGLE LAKE			
<b>6</b> Amount (\$)  \$10.00	<b>7</b> Payee address;  PO BOX 247, EAGLE LAKE, TX 77434	City	State	Zip Code
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories.)  BANK CHARGES	<b>(b)</b> Description (See instructions regarding type of information required.)  MAINETANCE FEE		
Date  11/30/2024	Payee name  FIRST NATIONAL BANK OF EAGLE LAKE			
Amount (\$)  \$10.00	Payee address;  PO BOX 247, EAGLE LAKE, TX 77434	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  BANK CHARGES	Description (See instructions regarding type of information required.)  MAINETANCE FEE		
Date  12/31/2024	Payee name  FIRST NATIONAL BANK OF EAGLE LAKE			
Amount (\$)  \$10.00	Payee address;  PO BOX 247, EAGLE LAKE, TX 77434	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  BANK CHARGES	Description (See instructions regarding type of information required.)  MAINETANCE FEE		
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  BANK CHARGES	Description (See instructions regarding type of information required.)  MAINETANCE FEE		

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