

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 Files):

2 Total pages filed: **10**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR / MRS MR BREG FIRST LAST CAPERS SUFFIX M	MI M	OFFICE USE ONLY RECEIVED JUL 15 2024 SAN JACINTO COUNTY ELECTION ADMINISTRATOR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 2001 SHAW Rd Cleveland, Tex 77328 APT / SUITE #: CITY: STATE: ZIP CODE:	EXTENSION: 77328	Date Received:
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281) PHONE NUMBER 799-1750	EXTENSION: 77328	Date Hand Carried or Mailed:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR / MRS MR JAY FIRST LAST CAPERS SUFFIX M	MI M	Receipt #: Amount:
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (INC PO BOX PLEASEY: APT / SUITE #: 2001 SHAW Rd Cleveland Tex 77328 CITY: STATE: ZIP CODE:	EXTENSION: 77328	Date Imaged:

8 CAMPAIGN TREASURER PHONE	AREA CODE (832) PHONE NUMBER 401-4203	EXTENSION: 77328
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year
2-26-24 THROUGH **7-15-24**

11 ELECTION

ELECTION DATE	ELECTION TYPE
Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	<input type="checkbox"/> Other Description

12 OFFICE

OFFICE HELD (if any): **SHERIFF of SAN JACINTO Co.**

13 OFFICE SOUGHT (if known):

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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 ADDRESS	COMMITTEE NAME
COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

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**CANDIDATE/OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

FORM C/OH
COVER SHEET PG 2

15. C/OH NAME Greg Capers		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,641.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 46,812.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3484.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Greg Capers this the 15 day of July
Rejeana Mizell to certify which, witness my hand and seal of office.
 Signature of officer administering oath: [Signature] Title of officer administering oath: Notary

(2) Unsworn Declaration

My name is _____ and my date of birth is _____
 My address is _____ (street) (city) (state) (zip code) (country)
 I am required 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**

19	FILER NAME	<i>Greg Capers</i>	20	Filer ID (Ethics Commission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				\$ <i>0</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				\$ <i>816.15</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS				\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS				\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				\$ <i>5046.86</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$ <i>0</i>

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Greg Capers</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ <u>816.15</u>	
5 Date <u>3/1/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <u>Bianco Garcia Edavpatrik.org</u>
7 Contributor address: <u>CAPITAL AUSTIN TEXAS</u>	
8 Amount of Contribution \$ <u>816.15</u>	9 In-kind contribution description
<input type="checkbox"/> Check, if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>L.T. GOVERN MEET</u>	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#
Contributor address:	City: State: Zip Code
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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
Accounting/Accounting
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Other Cash Payment

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation: Equipment & Related Expense
Traveled In District
Traveled Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1 6	2 FILER NAME Greg CAPERS	3 Filer ID (Ethics Commission Filers)
4 Date 2-24-24	5 Payee name Hebert's Cajun Food & BBQ	City: State: Zip Code
6 Amount (\$) \$ 126.00	Hwy 156 ColdSpring Texas	
8 PURPOSE OF EXPENDITURE EVENT EXPENSE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description EARLY VOTING
9 Complete ONLY if direct expenditure to benefit C/OH expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F WALMART	<input type="checkbox"/> Check if Austin, TX. officeholder living expense Office sought
Date 2-26-24	Payee name WALMART	City: State: Zip Code Cleveland TX 77327
Amount (\$) \$ 60.76	Payee address: 831 Highway 59	Description EARLY VOTING
PURPOSE OF EXPENDITURE EVENT EXPENSE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name James Coney	Office held Office held
Date 2-26-24	Payee name James Coney	City: State: Zip Code Humble TX
Amount (\$) \$ 49.89	Payee address: 9813 FM Bypass	Description EARLY VOTING
PURPOSE OF EXPENDITURE EVENT EXPENSE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Greg Capers	Office held Office held

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	City: State: Zip Code
6 Amount (\$)	7 Payee address:	
8	(a) Category (See Categories listed at the top of this schedule):	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	Ball Court 25PKR
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
Date	Payee name	City: State: Zip Code
2-27-24	SAN JACINTO STRUTTERS/NWFT	
Amount (\$)	Payee address:	City: State: Zip Code
600.00	231 Beverly Drive	Shepherd Tx 77371
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule):	Description
	Event Expense	Fork Table
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
Date	Payee name	City: State: Zip Code
2-28-24	At Dorvt ColdSpring	
Amount (\$)	Payee address:	City: State: Zip Code
22.74	201 Highway 150 Suite	ColdSpring Tx 77331
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule):	Description
	Event Expense	Food / Early Voting
Complete ONLY if direct	Candidate / Officeholder name	
	Office sought	
	Office held	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F

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
Candidate Payment

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/undraising 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 F:1	2 FILER NAME Greg Capers	3 Filer ID (Ethics Commission Filers):
4 Date 2-28-24	5 Payee name The Hop	City: State: Zip Code
6 Amount (\$) \$ 50.00	7 Payee address: Highway 150 Coldspring TX 77331	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): EVENT EXPENS	(b) Description: Food / workers
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F Candidate / Officeholder name	<input type="checkbox"/> Check if Austin TX officeholder living expense Office sought
Date 2-29-24	Payee name Hebert's Cajun Food	Office held
Amount (\$) \$ 135.18	Payee address: Highway 156 Coldspring TX 77331	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense	Description: Food / workers
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F Candidate / Officeholder name	<input type="checkbox"/> Check if Austin TX officeholder living expense Office held
Date 3-4-24	Payee name 445 W Southline ST	Office held
Amount (\$) \$ 38.00	Payee address: CK 2394	City: State: Zip Code Cleveland TX 77327
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense	Description: Fuel
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F Candidate / Officeholder name	<input type="checkbox"/> Check if Austin TX officeholder living expense Office held

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
Travel/Car Payment

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Undraining Expense
Transportation/Equipment & Related Expense
Travel in District
Travel Out Of District
Other (letter a category not listed above)

The instruction guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	City: State Zip Code
6 Amount (\$)	7 Payee address:	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F Candidate / Officeholder name	<input type="checkbox"/> Check if Austin, TX. officeholder home expense Office sought
Date	Payee name	Payee address: City: State Zip Code
Amount (\$)	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F Candidate / Officeholder name	<input type="checkbox"/> Check if Austin, TX. officeholder home expense Office sought
Date	Payee name	Payee address: City: State Zip Code
Amount (\$)	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F Candidate / Officeholder name	<input type="checkbox"/> Check if Austin, TX. officeholder home expense Office sought

1 Total pages Schedule F1: 1
 2 FILER NAME: **BREG CAPERS**
 3 Filer ID (Ethics Commission Filers):
 4 Date:
 5 Payee name: **WALMART**
 City: State Zip Code: **Cleveland TX 77327**
 6 Amount (\$): **\$128.06**
 7 Payee address: **831 Highway 59S**

8 PURPOSE OF EXPENDITURE: **EVENT EXPENSE**
 (a) Category: **EVENT EXPENSE**
 (b) Description: **Food / workers**

9 Complete ONLY if direct expenditure to benefit C/OH:
 (c) Check if travel outside of Texas. Complete Schedule F
 Candidate / Officeholder name: **Office sought**
 Check if Austin, TX. officeholder home expense
Office held

Date: **3-7-24**
 Payee name: **San Jacinto Co Election Administrator**
 Payee address: **ColdSpring TX 77381**

Amount (\$): **\$800.00**
 Category: **EVENT EXPENSE**
 Description: **PETITION REQUESTING A RECORD**

Complete ONLY if direct expenditure to benefit C/OH:
 Check if travel outside of Texas. Complete Schedule F
 Candidate / Officeholder name: **Office sought**
 Check if Austin, TX. officeholder home expense
Office held

Date: **1-4-24**
 Payee name: **San Jacinto Co Election Administrator**
 Payee address: **ColdSpring TX 77331**

Amount (\$): **\$13.56**
 Category: **FEES**
 Description: **Public Records Change**

Complete ONLY if direct expenditure to benefit C/OH:
 Check if travel outside of Texas. Complete Schedule F
 Candidate / Officeholder name: **Office sought**
 Check if Austin, TX. officeholder home expense
Office held

POLITICAL EXPENDITURES

SCHEDULE F I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
Fees			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
Date	Payee name	Office sought
Amount (\$)	Payee address; City; State; Zip Code	Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
Date	Payee name	Office sought
Amount (\$)	Payee address; City; State; Zip Code	Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
Date	Payee name	Office sought
Amount (\$)	Payee address; City; State; Zip Code	Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	

1 Total pages Schedule F: 2 FILER NAME **REG CAPERS** 3 ACCOUNT # (Ethics Commission Filers)
 4 Date **1-10-24** 5 Payee name **SAN JACINTO CO REPUBLICAN PARTY**
 6 Amount (\$) **1000.00** 7 Payee address; City; State; Zip Code **Cold Spring Texas 77331**

8 PURPOSE OF EXPENDITURE **Advertising Expense** (a) Category (See categories listed at the top of this schedule) **Advertising Expense** (b) Description (If travel outside of Texas, complete Schedule T) **Event Expense/Table**
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **1-10-24** Payee name **Lake Side Building Supply** Office sought
 Amount (\$) **64.96** Payee address; City; State; Zip Code **PO Box 429 Cold Spring TX 77331** Office held

PURPOSE OF EXPENDITURE **Advertising Expense** Category (See categories listed at the top of this schedule) **Supplies** Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **2-3-24** Payee name **SAN JACINTO CO REPUBLICAN PARTY** Office sought
 Amount (\$) **1800.00** Payee address; City; State; Zip Code **Cold Spring TX 77331** Office held

PURPOSE OF EXPENDITURE **REGAR DINNER** Category (See categories listed at the top of this schedule) **EVENT EXPENSE** Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **2-6-24** Payee name **Sign 2 Direct Co** Office sought
 Amount (\$) **1200.00** Payee address; City; State; Zip Code **Sign 2 Direct Co** Office held

PURPOSE OF EXPENDITURE **Advertising Expense** Category (See categories listed at the top of this schedule) **FLYERS - G** Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F/

EXPENDITURE CATEGORIES FOR BOX 8(a)
 Advertising Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
 Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense
 Consulting Expense Food/Beverage Expense Contributions/Donations Made By
 Event Expense Polling Expense Travel In District Candidate/Officeholder/Political Committee
 Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
Date	Payee name	Office sought
Amount (\$)	Payee address; City; State; Zip Code	Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
Date	Payee name	Office sought
Amount (\$)	Payee address; City; State; Zip Code	Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
Date	Payee name	Office sought
Amount (\$)	Payee address; City; State; Zip Code	Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED