

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

| | | |
|----------------------------------------------------------------|-------------------------------------------|-----------------------------|
| The SPAC Instruction Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: 10- |
|----------------------------------------------------------------|-------------------------------------------|-----------------------------|

| | |
|---------------------------------------------------|------------------------|
| 3 COMMITTEE NAME <i>Citizens for Arlington</i> | OFFICE USE ONLY |
|---------------------------------------------------|------------------------|

| | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 4 COMMITTEE ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>505 E Border Street Arlington, TX 76010</i> | Date Received <i>14 OCT 27 AM 8:28</i> |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|

| | | | |
|---------------------------|-----------------------------------------------|----------------|--------|
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <i>MR Stephen R</i> | Receipt # | Amount |
| | NICKNAME LAST SUFFIX <i>Steve Zimmer</i> | Date Processed | |
| | | Date Imaged | |

| | |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>407 E BEADY ROAD Arlington, TX 76006</i> |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

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| 7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>407 E BEADY ROAD Arlington, TX 76006</i> |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

| | |
|----------------------------|-----------------------------------------------------------|
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(817) 366 1532</i> |
|----------------------------|-----------------------------------------------------------|

| | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-------------------|--------------------------------------------------------------------------------------------------|
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <i>9 / 24 / 2014 THROUGH 10 / 25 / 2014</i> |
|-------------------|--------------------------------------------------------------------------------------------------|

| | | |
|-------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 ELECTION | ELECTION DATE Month Day Year <i>11 / 4 / 2014</i> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special |
|-------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

GO TO PAGE 2

RECEIVED - CSO

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Citizens for Arlington ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

OFFICEHOLDER

SUPPORT (Candidate or Measure)

OPPOSE (Candidate or Measure)

ASSIST (Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

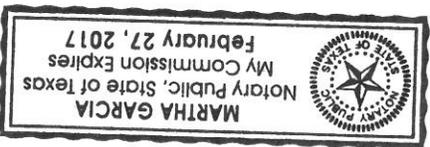
BALLOT IDENTIFICATION / # ELECTION DATE
Month Day Year
City of Arlington / 4 / 2014

DESCRIPTION
City Bond Proposition

| | | |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------|
| 14 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 50 ⁻ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 13900 ⁻ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 ⁻ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 26841.66 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 2308.34 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 15000.00 |

15 AFFIDAVIT

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.



Stephen L Zimmer
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Steve Zimmer, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Martha Garcia Signature of officer administering oath
Martha Garcia Printed name of officer administering oath
Notary Public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Citizens for Arlington

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/2/14

5 Full name of contributor out-of-state PAC (ID#)
MPAC Arlington, Inc

7 Amount of contribution (\$)

1000

8 In-kind contribution description (if applicable)

6 Contributor address; City State Zip Code
PO Box 174474
Arlington, TX 76003

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/2/14

Full name of contributor out-of-state PAC (ID#)
CARLOS SILVESTRI
WEIR & ASSOCIATES

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

Contributor address; City State Zip Code
701 Highlander Blvd
Ste 300, Arlington, TX 76015

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/9

Full name of contributor out-of-state PAC (ID#)
JAMES DON DUKE FAMILY PTs

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City State Zip Code
PO Box 13464
Arlington, TX 76094

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15

Full name of contributor out-of-state PAC (ID#)
JOYCE & KERTLE STANTON

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City State Zip Code
1905 INGREEN CT
PANTEGO, TX 76013-4700

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16

Full name of contributor out-of-state PAC (ID#)
Tom & DIANE CRAVENS

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Contributor address; City State Zip Code
506 South Fielder
Arlington, TEXAS 76013

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 3 | |
| 2 FILER NAME Citizens for Arlington | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/17/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr + Mrs WL Hughes, JR | 7 Amount of contribution (\$) 250- | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City State Zip Code 1809 Woods Dr Arlington, TX 76010 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 10/20/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEPHEN R ZIMMER | Amount of contribution (\$) 500- | In-kind contribution description (if applicable) |
| Contributor address: City State Zip Code 407 E BEADY ROAD Arlington, TX 76006 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/21/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CARL & LISA CRAVENS | Amount of contribution (\$) 100- | In-kind contribution description (if applicable) |
| Contributor address: City State Zip Code 1201 CANTERBURY COURT Arlington, TX 76013 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/21/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JUSTIN R + ANNA L CHAPA | Amount of contribution (\$) 50- | In-kind contribution description (if applicable) |
| Contributor address: City State Zip Code 3206 ANON DRIVE Arlington, TX 76015-2003 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/22/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) AFFA PAC | Amount of contribution (\$) 1000- | In-kind contribution description (if applicable) |
| Contributor address: City State Zip Code 208 S FIELDER ROAD Arlington, TX 76013 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 3 | |
| 2 FILER NAME <i>Citizens for Arlington</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>10/23/14</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>STEPHEN E CAVENDER</i> | 7 Amount of contribution (\$) <i>\$500-</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>2311 North Collins St #323 Arlington, TX 76011-2810</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>10/24/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Randal J Rose</i> | Amount of contribution (\$) <i>\$500-</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>3416 Collard Road Arlington, TX 76017-3554</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| 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.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

(DD 1-800-735-2989)

SCHEDULE C

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C: **2**

2 FILER NAME **Citizens for Arlington**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/1/14

5 Corporation / Labor Organization name
MYCOSKIE METEORUS ASSOC, INC
6 Corporation / Labor Organization address; City; State; Zip Code
**200 E ADRONA STREET
ARLINGTON, TX 76010**

7 Amount of contribution (\$) **1000-**
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date
10/2/14

Corporation / Labor Organization name
Colligan Golf Design
Corporation / Labor Organization address; City; State; Zip Code
**103 S MESQUITE STREET
ARLINGTON, TX 76010**

Amount of contribution (\$) **1000-**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date
10/17/14

Corporation / Labor Organization name
TISEO PAVING COMPANY
Corporation / Labor Organization address; City; State; Zip Code
**419 EAST HIGHWAY 80
MESQUITE, TEXAS 75150**

Amount of contribution (\$) **500-**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date
10/17/14

Corporation / Labor Organization name
BEACON E&P COMPANY LLC
Corporation / Labor Organization address; City; State; Zip Code
**1600 BROADWAY, Suite 1800
DENVER, CO 80202**

Amount of contribution (\$) **2500-**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date
10/21/14

Corporation / Labor Organization name
REYNOLDS ASPHALT + CONSTRUCTION COMP
Corporation / Labor Organization address; City; State; Zip Code
**PO BOX 370
CULLESS, TX 76039**

Amount of contribution (\$) **1000-**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date
10/23

Corporation / Labor Organization name
FREESE AND NICHOLS, INC
Corporation / Labor Organization address; City; State; Zip Code
**4055 INTERNATIONAL PLAZA,
Suite 200
FORT WORTH, TX 76109-4895**

Amount of contribution (\$) **200-**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS **SCHEDULE C**

| | | | |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C: 2 | |
| 2 FILER NAME Citizens for Arlington | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Corporation / Labor Organization name HC LOBF Arlington LLC Bob Kenbel | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 10/24/14 | 6 Corporation / Labor Organization address; City; State; Zip Code 835 E Lamar Blvd # 254 Arlington, TX 76011 | 1000- | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Date | Corporation / Labor Organization name GRATTAN ASSOCIATES, INC Jeff Williams | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10/29/14 | Corporation / Labor Organization address; City; State; Zip Code 600 Six Flags Drive, Ste 500 Arlington, TX 76011 | 1000- | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Date | Corporation / Labor Organization name | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Corporation / Labor Organization address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Date | Corporation / Labor Organization name | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Corporation / Labor Organization address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Date | Corporation / Labor Organization name | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Corporation / Labor Organization address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Date | Corporation / Labor Organization name | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Corporation / Labor Organization address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 2 FILER NAME Citizens for Arlington 3 ACCOUNT # (Ethics Commission Filers)

4 Date 10/7/2014 5 Payee name MAYES Media Group

6 Amount (\$) \$2507.28 7 Payee address; City; State; Zip Code
312 CREEKWOOD DRIVE
Sunnyvale, TX 75182

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Printing Expense (b) Description (If travel outside of Texas, complete Schedule T)
 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 10/14/2014 Payee name MAYES Media Group

Amount (\$) \$1500.00 Payee address; City; State; Zip Code
312 CREEKWOOD DRIVE
Sunnyvale, TX 75182

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Consulting 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 10/17/2014 Payee name US Postmaster

Amount (\$) \$7493.27 Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Other (Postage) 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 10/17/2014 Payee name Arlington Today

Amount (\$) \$3750.00 Payee address; City; State; Zip Code
1000 Ballpark Way, Suite 315
Arlington, TX 76011

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Advertising 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total: **2** F: **2** 2 FILER NAME: **Citizens for Arlington** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **10/22/2014** 5 Payee name: **Mayes Media Group**

6 Amount (\$): **\$8024.75** 7 Payee address; City; State; Zip Code: **312 CREEKWOOD DRIVE Sunnyvale, TX 75782**

8 PURPOSE OF EXPENDITURE: **Printing Expenses**
(a) Category (See categories listed at the top of this schedule)
(b) Description (If travel outside of Texas, complete Schedule T)
 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: **10/25/2014** Payee name: **Mayes Media Group**

Amount (\$): **\$3566.36** Payee address; City; State; Zip Code: **312 CREEKWOOD DRIVE Sunnyvale, TX 75782**

PURPOSE OF EXPENDITURE: _____
Category (See categories listed at the top of this schedule): _____
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: _____ Payee name: _____

Amount (\$): _____ Payee address; City; State; Zip Code: _____

PURPOSE OF EXPENDITURE: _____
Category (See categories listed at the top of this schedule): _____
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: _____ Payee name: _____

Amount (\$): _____ Payee address; City; State; Zip Code: _____

PURPOSE OF EXPENDITURE: _____
Category (See categories listed at the top of this schedule): _____
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