

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission Filers)
1045130850

2 Total pages filed:
10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST CHARLES MI G.
NICKNAME LAST SUFFIX
CHARLIE PARKER

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
501 CROWN COLONY DR.
ARLINGTON TX 76006

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 691-8582

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MICHAEL MI
NICKNAME LAST SUFFIX
MICK ZIEGLER

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1611 MAXWELL CT.
EUELESS TX. 76039

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 690-5768

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 16 / 14 THROUGH 4 / 10 / 14

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
5 / 10 / 14

12 OFFICE

OFFICE HELD (if any)
COUNCILMAN
DISTRICT 1 ARLINGTON

13 OFFICE SOUGHT (if known)

OFFICE USE ONLY

Date Received
14 APR - 7 AM 9:29
RECEIVED - CSO

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

CHARLES PARKER

15 ACCOUNT # (Ethics Commission Filers)

1045130850

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

GENERAL

N/A

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *5,985*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ *487*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

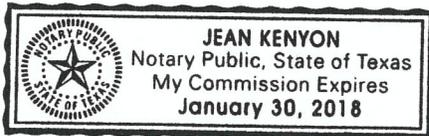
\$ *6,232*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *27,500*

18 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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Charles Parker*, this the *7th* day of *April*, 20 *14*, to certify which, witness my hand and seal of office.

Jean Kenyon
Signature of officer administering oath

Jean Kenyon
Printed name of officer administering oath

Notary
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:

7

2 FILER NAME

CHARLES PARLER

3 ACCOUNT # (Ethics Commission Filers)

1045130850

4 Date

2/27/14

5 Full name of contributor out-of-state PAC (ID#: _____)

DON DUKE

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 13464 ARLINGTON TX
78094

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

N/A

10 Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

RAY CAMPBELL

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2402 CROWN COLONY ARL TX
76011

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

STEVE ZIMMER

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

407 E. BEADY RD. ARL TX
76006

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

AFFA PAC

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

208 S. FIELDER RD. ARL.
TX 76013

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

LINDA E ROY DEAN

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1410 ORIENTAL ARL. TX
76011

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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:
7

2 FILER NAME

CHARLES PARKER

3 ACCOUNT # (Ethics Commission Filers)

1045130850

4 Date

2/27/14

5 Full name of contributor out-of-state PAC (ID# _____)

JOHN BARBER

7 Amount of contribution (\$)

2200

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

603 CROWN COLONY DR ARL. TX
74006

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

N/A

10 Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID# _____)

MICK ZIEGLER

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1611 MAXWELL CT EUELESS TX
74039

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID# _____)

CLIFF MACOSKIE

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1409 WOODBINE CT. ARL. TX
74012

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID# _____)

COY GARRETT

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

709 ARCADEY LN. COLLEYVILLE TX,
74034

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID# _____)

J.M. DODD

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

700 TIMBERLINE CT. ARL. TX
74006

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7

2 FILER NAME

CHARLES PARKER

3 ACCOUNT # (Ethics Commission Filers)

140513 0850

4 Date

2/27/14

5 Full name of contributor out-of-state PAC (ID#: _____)

COREY FICKES

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
3921 MODLIN FT. WORTH TX 76107

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

N/A

10 Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

PAT REILLY

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2725 STEAMBOAT CIR ARL. TX 76006

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

WILLIE RODRIGUEZ

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1813 ELMHURST DR. ARL. TX 76012

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

KATHLEEN REILLY

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1605 DELTA DR. ARL. TX. 76012

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

DEANNA PAINA

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2204 COLLIDGE DR. ARL. TX. 76011

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
7

2 FILER NAME

CHARLES PARKER

3 ACCOUNT # (Ethics Commission Filers)
1045130850

4 Date

2/27/14

5 Full name of contributor out-of-state PAC (ID# _____)

MOSY HADDAD

6 Contributor address; City; State; Zip Code
2500
N.E. GREEN OAKS SUITE 200
ARLINGTON, TX. 76006

7 Amount of contribution (\$)
1,000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

N/A

10 Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID# _____)

TODD STANDIFER

Contributor address; City; State; Zip Code

CROWN COLONY DR. ARL. TX
76011

Amount of contribution (\$)
200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID# _____)

Dr. REG. McDANIEL

Contributor address; City; State; Zip Code

4 WOODLAND DR. ARLANSFIELD
76063 TX

Amount of contribution (\$)
50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID# _____)

PETER SCOTT

Contributor address; City; State; Zip Code

3005 IRON STONE CT. ARL TX
76006

Amount of contribution (\$)
100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID# _____)

ED FLYNN

Contributor address; City; State; Zip Code

P.O. Box 121106 ARL TX 76012

Amount of contribution (\$)
500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **7**

2 FILER NAME
CHARLES PARKER

3 ACCOUNT # (Ethics Commission Filers)
1045130850

4 Date
2/27/14

5 Full name of contributor out-of-state PAC (ID# _____)
JOHN PICKEL

7 Amount of contribution (\$) **250**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**505 OMEGA DR. ARL. TX
76014**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
N/A

10 Employer (See Instructions)
N/A

Date
2/27/14

Full name of contributor out-of-state PAC (ID# _____)
MARY E. GLASS
Contributor address; City; State; Zip Code

Amount of contribution (\$) **100**

In-kind contribution description (if applicable)

**2405 MILLIKIN ARL. TX.
76012**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
2/27/14

Full name of contributor out-of-state PAC (ID# _____)
BRIAN STEWART
Contributor address; City; State; Zip Code
**2502 TWELVE OAKS LN. COLLEQUINE
TX 76034**

Amount of contribution (\$) **150**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
2/27/14

Full name of contributor out-of-state PAC (ID# _____)
BARBARA NASH
Contributor address; City; State; Zip Code
705 VIEWSIDE CIR ARL TX 76011

Amount of contribution (\$) **100**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
2/27/14

Full name of contributor out-of-state PAC (ID# _____)
BARBARA WILLIAMS
Contributor address; City; State; Zip Code
**3500 LENOX DR. FT. WORTH TX
76107**

Amount of contribution (\$) **50**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
7

2 FILER NAME

CHARLES PARKER

3 ACCOUNT # (Ethics Commission Filers)
1045130850

4 Date

2/27/14

5 Full name of contributor out-of-state PAC (ID#: _____)

GLENN LEWIS

6 Contributor address; City; State; Zip Code

5000 ROCKHILL DR. FT. WORTH
76112 TX

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

N/A

10 Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

TOM CRAVENS

Contributor address; City; State; Zip Code

501 S. FIELDER RD. ARL TX
74013

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

ZACK MAXWELL

Contributor address; City; State; Zip Code

5904 S. COOPER SUITE 104 ARL. TX.
76017

Amount of contribution (\$)

20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

TOM SEWELL

Contributor address; City; State; Zip Code

606 CROWN COLONY DR.
ARL. TX. 76006

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/27/14

Full name of contributor out-of-state PAC (ID#: _____)

CRAIG BARTON

Contributor address; City; State; Zip Code

608 CROWN COLONY DR.
ARL. TX 76006

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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:

7

2 FILER NAME

CHARLIE PARKER

3 ACCOUNT # (Ethics Commission Filers)

1045130850

4 Date

2/27/14

5 Full name of contributor

VARIOUS CASH CONTRIBUTORS

out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

UNKNOWN

7 Amount of contribution (\$)

215

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

N/A

10 Employer (See Instructions)

N/A

Date

Full name of contributor

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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 EXPENDITURES

SCHEDULE F

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 |
| Event Expense | Polling Expense | Travel Out Of 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: <i>1</i>	2 FILER NAME <i>CHARLES PARKER</i>	3 ACCOUNT # (Ethics Commission Filers) <i>1045130850</i>
4 Date <i>2/15/14</i>	5 Payee name <i>U.S. POSTAL SERVICE</i>	
6 Amount (\$) <i>65.00</i>	7 Payee address; City; State; Zip Code <i>BALL PARK WAY ARLINGTON TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>POSTAGE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>N/A</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/6/14</i>	Payee name <i>MURPHY NASICA</i>	
Amount (\$) <i>\$422.18</i>	Payee address; City; State; Zip Code <i>815 BRAZOS ST. #304 AUSTIN, TX. 78701</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CAMPAIGN LITERATURE</i>	Description (If travel outside of Texas, complete Schedule T) <i>N/A</i>
Complete <u>ONLY</u> 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)
Complete <u>ONLY</u> 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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED