

# 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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	Mrs.	Beverly		
	NICKNAME	LAST	SUFFIX	
		Crumley		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
Change of Address	1203 Rutherford Dr. Driftwood, Texas 78619			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received
	(512 )	787-6519		Received OCT 11 2022 Elections Office
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked
	Mrs.	Tammy		Receipt #
	NICKNAME	LAST	SUFFIX	Amount \$
		Crumley		Date Processed
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)	406 Deerwood Dr. San Marcos, Texas 78666			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged
	(512 )	618-1527		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year    Month Day Year 7 / 1 / 22    THROUGH    10 / 8 / 22			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11	8	22	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	Hays County District Clerk		Hays County District Clerk	
14 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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input checked="" type="checkbox"/> GENERAL	Hays County Republican Party		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		6000 W. FM 150, P.O. Box 1806 Kyle, TX 78640		
	COMMITTEE CAMPAIGN TREASURER NAME			
	Mary Pat Paul			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
	310 Springwood Rd. Dripping Springs, TX 78620			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,130.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 722.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,880.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Beverly Crumley  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Beverly Crumley this the 14th day of October, 2022, 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****19 FILER NAME****Beverly Crumley****20 Filer ID (Ethics Commission Filers)**

<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/>	<b>SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</b>	<b>\$ 3,730.00</b>
2. <input checked="" type="checkbox"/>	<b>SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</b>	<b>\$ 400.00</b>
3.	<b>SCHEDULE B: PLEDGED CONTRIBUTIONS</b>	<b>\$</b>
4.	<b>SCHEDULE E: LOANS</b>	<b>\$</b>
5. <input checked="" type="checkbox"/>	<b>SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</b>	<b>\$ 330.19</b>
6.	<b>SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</b>	<b>\$</b>
7.	<b>SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</b>	<b>\$</b>
8.	<b>SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</b>	<b>\$</b>
9. <input checked="" type="checkbox"/>	<b>SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</b>	<b>\$ 391.91</b>
10.	<b>SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</b>	<b>\$</b>
11.	<b>SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</b>	<b>\$</b>
12.	<b>SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</b>	<b>\$</b>

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

3 Filer ID (Ethics Commission Filers)

## Beverly Crumley

7 Amount of contribution (\$)

250.00

9 Employer (See Instructions)

Amount of contribution (\$)

150.00

Employer (See Instructions)

Amount of contribution (\$)

350.00

Employer (See Instructions)

Amount of contribution (\$)

25.00

Employer (See Instructions)  
Glen Wier State Farm Insurance Co.

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Beverly Crumley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/04/2022</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>David Glickler</b> 6 Contributor address; City; State; Zip Code <b>211 Caraway Kyle, Tx 78640</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Self Employed</b>
Date <b>10/04/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Cecelia Adair</b> Contributor address; City; State; Zip Code <b>2019 Chaparral Manchaca, TX 78652</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>10/04/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Jon &amp; Tammy Crumley</b> Contributor address; City; State; Zip Code <b>406 Deerwood Dr. San Marcos, Tx 78666</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Superintendent/Director</b>		Employer (See Instructions) <b>SI Mechanical/Hays County</b>
Date <b>10/04/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Adeline Odell</b> Contributor address; City; State; Zip Code <b>110 Montgomery Ct. Buda, Tx 78610</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
<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.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Beverly Crumley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/04/2022</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Karen McBee</b> 6 Contributor address; City; State; Zip Code <b>1194 Rutherford Dr. Driftwood, Tx 78619</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Manager</b>		9 Employer (See Instructions) <b>Texas State Comptroller's Office</b>
Date <b>10/04/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>Eddie Odell</b> Contributor address; City; State; Zip Code <b>1194 Rutherford Dr. Driftwood, Tx 78619</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/04/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>TJ &amp; Lisa Dodd</b> Contributor address; City; State; Zip Code <b>P.O. Box 867, Blanco, Tx 78606</b>	Amount of contribution (\$) <b>95.00</b>
Principal occupation / Job title (See Instructions) <b>Superintendent</b>		Employer (See Instructions) <b>Porter Co.</b>
Date <b>10/04/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>Chris &amp; Melissa Deichmann</b> Contributor address; City; State; Zip Code <b>409 Las Cruces Buda, Tx 78610</b>	Amount of contribution (\$) <b>60.00</b>
Principal occupation / Job title (See Instructions) <b>Maintenance Director</b>		Employer (See Instructions) <b>Hays County</b>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**5****2** FILER NAME**Beverly Crumley****3** Filer ID (Ethics Commission Filers)**4** Date

10/04/2022

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Patricia Cowan****6** Contributor address;

City;

State;

Zip Code

**2600 Hunter Rd. San Marcos, Tx 78666****7** Amount of contribution (\$)**500.00****8** Principal occupation / Job title (See Instructions)**Retired****9** Employer (See Instructions)

Date

10/04/2022

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Becky Payne**

Contributor address;

City;

State;

Zip Code

**2600 Hunter Rd. San Marcos, TX 78666**

Amount of contribution (\$)

**40.00**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

10/04/2022

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Jolene Wood**

Contributor address;

City;

State;

Zip Code

**2600 Hunter Rd. San Marcos, Tx 78666**

Amount of contribution (\$)

**20.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/04/2022

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Sarah Davis**

Contributor address;

City;

State;

Zip Code

**1707 Hamilton San Marcos, Tx 78666**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**Teacher**

Employer (See Instructions)

**San Marcos CISD****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Beverly Crumley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/04/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Sam &amp; Mary Pat Paul</b> 6 Contributor address; City; State; Zip Code <b>310 Springwood, Dripping Springs, Tx 78620</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>10/04/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cecelia Pena</b> Contributor address; City; State; Zip Code <b>San Marcos, Texas 78666</b>	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>10/04/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>John &amp; Shelia Foster</b> Contributor address; City; State; Zip Code <b>105 Foster Blvd. Maxwell, Tx 78656</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Foster's Septic</b>
Date <b>10/04/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cecil &amp; Gayna Cowan</b> Contributor address; City; State; Zip Code <b>1413 Alamo St., San Marcos, Tx 78666</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
<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.		



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Beverly Crumley		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/04/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve & Kelli Whigham 7 Contributor address; City; State; Zip Code 130 Park Drive San Marcos, Tx 78666	8 Amount of Contribution \$ 400.00	9 In-kind contribution description BBQ for Fundraiser Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Legal Assistant		11 Employer (FOR NON-JUDICIAL) (See Instructions) MVBA	
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	Amount of Contribution \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
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/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)

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 08/24/2022	5 Payee name Stripe	
6 Amount (\$) 9.15	7 Payee address; City; State; Zip Code 354 Oyster Point Blv., South San Francisco, CA 94080	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Fees
	(c) Check 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 10/03/2022	Payee name Sam's Club	
Amount (\$) 321.04	Payee address; City; State; Zip Code San Marcos, Texas 78666	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Fundraiser Event Drinks, Sides & Paper Goods
	Check 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check 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 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:		<b>2</b> FILER NAME Beverly Crumley		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 08/22/2022		<b>5</b> Payee name Home Depot			
<b>6</b> Amount (\$) 181.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 3730 Dry Hole Dr., Kyle, Texas 78640			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Supplies for signs		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/29/2022		Payee name Home Depot			
Amount (\$) 209.99 Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3730 Dry Hole Dr., Kyle, Texas 78640			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-Posts supplies for signs		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
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			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
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			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
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