CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	d: 11
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE U	JSE ONLY
NAME	Mr. Gary	М.	Date Received	
	NICKNAME LAST	SUFFIX		
	Cutler		Rece	eived
4 CANDIDATE / OFFICEHOLDER	,	CITY; STATE; ZIP CODE	10114	E 2010
MAILING	1035 Ranchers Club La	ane	JUL 1	52019
ADDRESS	Driftwood, TX 78619		Election	s Office
Change of Address				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(512) 858-7282		Date Hand-delivered of	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Mr. Samuel	R.	Date Processed	
	NICKNAME LAST	SUFFIX	Data Imaged	
	Sam Paul		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	310 Springwood Road			
(Residence or Business)	Dripping Springs, TX	78620		
	bripping springs, in	70020		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	-	
TREASURER	(512) 894-4552			
PHONE	(322)			
9 REPORT TYPE				
	January 15 30th day before el	lection Runoff	15th day afte	
			(Officeholder	
	X July 15 8th day before elec	ction Exceeded \$500 limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month Day Vers	Month	Dev. Veer	
COVERED	Month Day Year 01 / 01 / 2019	Month	Day Year	0
	01/01/2019	THROUGH U6 /	30 / 201	9
44 ELECTION	ELECTION DATE	ELECTION TYPE		
11 ELECTION	TZ D	ELECTION TYPE		
		Runoff Other Description		
	03 / 03 / 2020 General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	Hays County Sheriff	Hays Count	v Sheriff	
	mayb country biletitt	liays coulic	A PHELITI	
	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Gary M. Cu	+10%	1	15 Filer ID (Ethic	s Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDA	TE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		<u> </u>
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,217.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		0.00	
	4. TOTAL POLITICAL EXPENDITURES \$ 4,047.90		4,047.90	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.0		0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 28,764.		28,764.63	
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. AFFIX NOTARY STAMP / SEALABOVE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder				
Sworn to and subsci	, a		, this the	15th
day of July, 20 17, to certify which, witness my hand and seal of office. Onna Parler Strman				
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	Gary M. Cutler	20 Filer ID (Ethics Co	mmissior	ı Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				JBTOTAL MOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,217.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	4,047.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 01 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gary M. Cutler 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) Ronald E. Hood 06/28/2019 6 Contributor address; City; State; Zip Code 750 Dawn View 217.00 Dripping Springs, TX 78620-2494 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 06/28/2019 . Morris Trent Edwards Contributor address; City; State; Zip Code 470 Enchanted Oaks Drive Driftwood, TX 78619-4247 \$ 5,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Official a category not indeed above,
1 Total pages Schedule F1:	² FILER NAME Gary M. Cutler		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/07/2019	Hays County Republican Party		
6 Amount (\$) \$ 2,500.00	7 Payee address; City; State; Zip Code P.O. Box 1655 San Marcos, TX 78667		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contributions/Donations - Lincoln/Reagan Fundraiser		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/10/2019	SMYBSA (San Marcos Youth Baseball/Soft	ball Association	
Amount (\$) \$ 250.00	Payee address; City; State; Zip Code 630 E. Hopkins San Marcos, TX 78666		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations - Donation for youth baseball/softball		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/15/2019	WIX.com, Inc.		
Amount (\$) \$ 9.90	Payee address; City; State; Zip Code New York, NY		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees - Monthly Web Site Fee		tside of Texas. Complete Schedule T. , 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 S	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/M	Vages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Gary M. Cutler	3 Filer ID (Ethics Commission Filers)
4 Date 01/23/2019	5 Payee name HCRW Hays County Republican Women	
6 Amount (\$) \$ 125.00	7 Payee address; City; State; Zip Code P.O. Box 1928 San Marcos, TX 78667	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations - Event Sponsor Donation	(b) Description 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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
02/15/2019	Republican Party of Texas - Grassroots Clu	np
Amount (\$) \$ 8.25	Payee address; City; State; Zip Code 211 E. 7th Street #915 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees - Monthly Membership Fee	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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
02/26/2019	WIX.com, Inc.	
Amount (\$) \$ 9.90	Payee address; City; State; Zip Code New York, NY	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees - Monthly Web Site Fee	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

SCHEDULE F1

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 Gitt/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)

Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Gary M. Cutler 4 Date 5 Payee name 02/26/2019 Republican Party of Texas - Grassroots Club 7 Payee address; 6 Amount (\$) City; State; Zip Code 8.25 211 E. 7th Street #915 \$ Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees - Monthly Membership Fee OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/15/2019 WIX.com, Inc. Amount (\$) Payee address; City; State; Zip Code \$ 9.90 New York, NY Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees - Monthly Web Site Fee OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/26/2019 Republican Party of Texas - Grassroots Club Amount (\$) Payee address; City; State; Zip Code \$ 8.25 211 E. 7th Street #915 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees - Monthly Membership Fee OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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)

Contributions/Donations Made B Candidate/Officeholder/Politica		xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	² FILER NAME Gary M. Cutler	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
04/03/2019	VFW Post #6441		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 650.00	P.O. Box 535		
	Wimberley, TX 78676		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Event Expense - Wimberley VFW Rodeo	Check if travel outside of Texas. Complete Schedule T.	
OF	Box Seats	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Box Seats		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
04/11/2019	U.S. Postal Service		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 64.00	100 Elder Hill Road		
	Driftwood, TX 78619-9998		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fees - Annual Post Office Box Fee	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
	Condidate / Officeholder name	Office cought Office hold	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
04/15/2019	WIV com Inc		
	WIX.com, Inc.		
Amount (\$) \$ 9.90	Payee address; City; State; Zip Code		
	New York, NY		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fees - Monthly Web Site Fee	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
	On all data (Office hall)	200	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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 off District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	² FILER NAME Gary M. Cutler	3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2019	5 Payee name Republican Party of Texas - Grassroots Clu	ıb
6 Amount (\$) \$ 8.25	7 Payee address; City; State; Zip Code 211 E. 7th Street #915 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees - Monthly Membership Fee	(b) Description 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	Payee name	
05/15/2019	WIX.com, Inc.	
Amount (\$) \$ 9.90	Payee address; City; State; Zip Code New York, NY	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees - Monthly Web Site Fee	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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
05/26/2019	Republican Party of Texas - Grassroots Clu	ap a
Amount (\$) \$ 8.25	Payee address; City; State; Zip Code 211 E. 7th Street #915 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees - Monthly Membership Fee	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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/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)

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gary M. Cutler 4 Date 5 Payee name 06/05/2019 HCRW - Havs County Republican Women 7 Payee address; City; State; Zip Code 6 Amount (\$) 150.00 \$ P.O. Box 1928 San Marcos, TX 78667 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contributions/Donations - Event Sponsor OF Check if Austin, TX, officeholder living expense Donation EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 06/05/2019 Juneteenth Foundation, Inc. Amount (\$) Payee address; City; State; Zip Code 200.00 1101-D Thorpe Lane, Ste 118 San Marcos, TX 78666 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contributions/Donations - Event Sponsor OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Donation Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 06/15/2019 WIX.com, Inc. Amount (\$) Payee address; City; State; Zip Code 9.90 New York, NY Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees - Monthly Web Site Fee Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printing	g Expense I ravel In District g Expense Travel Out Of District s/Wages/Contract Labor Other (enter a category not listed above) o complete this form.	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
07	Gary M. Cutler		
4 Date	5 Payee name		
06/26/2019	Republican Party of Texas - Grassroots	Club	
6 Amount (\$) \$ 8.25	7 Payee address; City; State; Zip Code 211 E. 7th Street #915 Austin, TX 78701		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Face Monthly Mambanhin Fac	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Fees - Monthly Membership Fee	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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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		