

# 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)

MA

2 Total pages filed:

9

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

Mr

FIRST

LOW

MI

A

NICKNAME

LAST

SHAW

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED  
JAN 15 2021

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1908 W. MCCARTY LN

SAN MARCOS TX 78666

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

644

0848

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

Mrs,

FIRST

JENNIFER

MI

G-

NICKNAME

LAST

SHAW

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1908 W. MCCARTY LN

SAN MARCOS TX 78666

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

707

4090

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 Modified  
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

10 / 25 / 20

THROUGH

Month

Day

Year

12 / 31 / 20

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 3 / 20

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

COUNTY COMMISSIONER  
PCT 3

13 OFFICE SOUGHT (if known)

COUNTY COMMISSIONER  
PCT 3

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Lon A Shell

15 Filer ID (Ethics Commission Filers)

N/A

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

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

HAYS COUNTY REPUBLICAN PARTY

COMMITTEE ADDRESS

6000 W. FM 150, Kyle, TX 78640

COMMITTEE CAMPAIGN TREASURER NAME

MARY PAT PAUL

COMMITTEE CAMPAIGN TREASURER ADDRESS

310 SPRINGWOOD RD., DIPPING SPRINGS TX  
78620

☐ Additional Pages

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)

\$ 4000.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 25.25

4. TOTAL POLITICAL EXPENDITURES

\$ 19058.26

CONTRIBUTION  
BALANCE

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

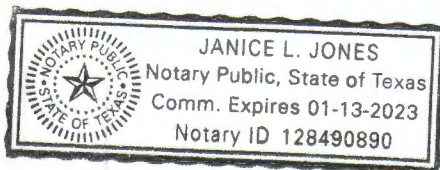
\$ 3034.29

OUTSTANDING  
LOAN TOTALS

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

\$ 0

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.

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Lon A. Shell

this the

9th

day of January, 2021, to certify which, witness my hand and seal of office.

*[Signature of Janice L. Jones]*

Signature of officer administering oath

Janice L. Jones

Printed name of officer administering oath

Legal Support Services

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

LOW A STELL

20 Filer ID (Ethics Commission Filers)

N/A

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4000. <sup>00</sup>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18950. <sup>00</sup>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 83.01
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Con A Strel

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

10/29/20

5 Full name of contributor

☐ out-of-state PAC (ID#)

ANDREW BARNETT

7 Amount of contribution (\$)

1500.00

6 Contributor address;

City;

State;

Zip Code

8200 Hickory Creek Dr. Austin TX 78735

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/29/20

Full name of contributor

☐ out-of-state PAC (ID#)

M. SCOTT ROBERTS

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

PO Box 311 Dripping Springs TX 78619

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/4/20

Full name of contributor

☐ out-of-state PAC (ID#)

ROBBIE WILEY

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

420 OAKWOOD LP Ste 1000 Dallas TX 75266

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/5/20

Full name of contributor

☐ out-of-state PAC (ID#)

CP & V PAC

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

1820 REGAN ROW STE 200 DALLAS TX 75235

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

CON A STEVE

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

10/30/20

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bruce & Ann Barnes

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

3324 HUNTER RD SAN MARCOS TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/5/20

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

MICHAEL NICHOLS

Amount of contribution (\$)

750.00

Contributor address;

City;

State;

Zip Code

3303 SUTTER LN ARLINGTON TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/20

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

BOBBIE & GEORGE CARROLL

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

15 TIMBERCREST DR. SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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  
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: <u>2</u>		2 FILER NAME <u>CON A SHOLL</u>		3 Filer ID (Ethics Commission Filers) <u>N/A</u>	
4 Date <u>10/26/20</u>		5 Payee name <u>JEMER O'HANE CAMPAIGN</u>			
6 Amount (\$) <u>1000.00</u>		7 Payee address; City; State; Zip Code <u>PO Box 1845 San Marcos TX 78667</u>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>CONTRIBUTION</u>		(b) Description <u>CAMPAIGN CONTRIBUTION</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>11/9/20</u>		Payee name <u>JENNIFER &amp; CON A SHOLL</u>			
Amount (\$) <u>16000.00</u>		Payee address; City; State; Zip Code <u>1908 W. MCCANNY LN San Marcos, TX 78666</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>LOAN REPAYMENT</u>		Description <u>LOAN REPAYMENT</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 <u>11/28/20</u>		Payee name <u>HAYS GOP</u>			
Amount (\$) <u>\$500.00</u>		Payee address; City; State; Zip Code <u>PO BOX 1655 San Marcos TX 78667</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>CONTRIBUTOR</u>		Description <u>CONTRIBUTION FOR SPONSORSHIP</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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  
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 F1: <u>2</u>		<b>2</b> FILER NAME <u>LOW A SHAW</u>		<b>3</b> Filer ID (Ethics Commission Filers) <u>N/A</u>	
<b>4</b> Date <u>12/20/20</u>		<b>5</b> Payee name <u>GUTHRIE EATSON</u>			
<b>6</b> Amount (\$) <u>\$1200.00</u>		<b>7</b> Payee address; City; State; Zip Code <u>5613 COLUMWOOD AVE FT WORTH TX 76107</u>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>CONTRACT LABOR</u>		<b>(b)</b> Description <u>CONTRACT LABOR FOR ELECTION WORK</u>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	
Date <u>12/29/20</u>		Payee name <u>TESPA</u>			
Amount (\$) <u>\$250.00</u>		Payee address; City; State; Zip Code <u>570 RIVER MOUNTAIN RD WIMBERLEY TX 78676</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>DONATION</u>		Description <u>DONATION</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>2</b>	2 FILER NAME <b>Lon A Stettin</b>	3 Filer ID (Ethics Commission Filers) <b>N/A</b>
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4 Date <b>11/15/20</b>	5 Payee name <b>American Express</b>
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6 Amount (\$) <b>33.51</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>PO Box 650449 DALLAS TX 75265</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CREDIT CARD PAYMENT</b>	(b) Description <b>CC PAYMENT FOR MONTHLY PURCHASED ON 9/26/20</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/15/20</b>	Payee name <b>American Express</b>
-------------------------	---------------------------------------

Amount (\$) <b>16.50</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO Box 650449 DALLAS TX 75265</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CREDIT CARD PAYMENT</b>	Description <b>CC PAYMENT FOR POSTAGE PURCHASED ON 9/27/20</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/15/20</b>	Payee name <b>American Express</b>
-------------------------	---------------------------------------

Amount (\$) <b>16.50</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO Box 650449 DALLAS TX 75265</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CREDIT CARD PAYMENT</b>	Description <b>CC PAYMENT FOR POSTAGE PURCHASED ON 9/30/20</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="font-size: 2em; margin-left: 50px;">2</div>	2 FILER NAME <div style="font-size: 1.5em; margin-left: 20px;">Con A Sitou</div>	3 Filer ID (Ethics Commission Filers) <div style="font-size: 1.5em; margin-left: 50px;">N/A</div>
4 Date <div style="font-size: 1.2em; margin-left: 20px;">11/15/20</div>	5 Payee name <div style="font-size: 1.2em; margin-left: 20px;">ARABICA EXPRESS</div>	
6 Amount (\$) <div style="font-size: 1.2em; margin-left: 20px;">16.50</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 20px;">PO BOX 658 443 DALLAS TX 75265</div>	
8 PURPOSE OF EXPENDITURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           (a) Category (See Categories listed at the top of this schedule)  <div style="font-size: 1.2em; margin-left: 20px;">CREDIT CARD PAYMENT</div> </div> <div style="width: 45%;">           (b) Description  <div style="font-size: 1.2em; margin-left: 20px;">CC PAYMENT FOR POSTAGE PURCHASED ON 10/18/20</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">           (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         </div> <div style="width: 45%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </div> </div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 45%;">Office sought</div> <div style="width: 10%;">Office held</div> </div>		
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Category (See Categories listed at the top of this schedule)</div> <div style="width: 45%;">Description</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         </div> <div style="width: 45%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </div> </div>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 45%;">Office sought</div> <div style="width: 10%;">Office held</div> </div>		
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Category (See Categories listed at the top of this schedule)</div> <div style="width: 45%;">Description</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         </div> <div style="width: 45%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </div> </div>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 45%;">Office sought</div> <div style="width: 10%;">Office held</div> </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED