

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: 10							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Jenifer L. <small>NICKNAME LAST SUFFIX</small> OKane	OFFICE USE ONLY Date Received <div style="font-size: 1.2em; color: blue; font-weight: bold;">Received</div> <div style="font-size: 1.2em; color: blue; font-weight: bold;">JUL 14 2020</div> <div style="font-size: 1.2em; color: blue; font-weight: bold;">Elections Office</div> <div style="font-size: 1.5em; color: blue; font-weight: bold;">CAH</div> Date Hand-delivered or Date Postmarked <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged		
Receipt #	Amount \$									
Date Processed										
Date Imaged										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1845 San Marcos, TX 78667									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 216.3450									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Doug A. <small>NICKNAME LAST SUFFIX</small> Olson									
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 312 Lacey Oak Loop San Marcos, TX 78666									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 771.5662									
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" 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)
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<input checked="" 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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">1 / 1 / 2020</td> <td></td> <td style="text-align: center;">6 / 30 / 2020</td> </tr> </table>		Month Day Year	THROUGH	Month Day Year	1 / 1 / 2020		6 / 30 / 2020		
Month Day Year	THROUGH	Month Day Year								
1 / 1 / 2020		6 / 30 / 2020								
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 20	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special								
12 OFFICE	OFFICE HELD (if any) Tax Assessor - Collector	13 OFFICE SOUGHT (if known) Tax Assessor - Collector								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Jenifer L. O'Kane

15 Filer ID (Ethics Commission Filers)

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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 190⁻

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

\$ 11,018.⁵⁴

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 383.⁷⁹

4. TOTAL POLITICAL EXPENDITURES

\$ 6,712.⁵⁹

CONTRIBUTION
BALANCE

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

\$ 3,430.¹⁷

OUTSTANDING
LOAN TOTALS

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

\$ ϕ

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.

Jenifer O'Kane
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jenifer O'Kane, this the 14th day of July, 2020, to certify which, witness my hand and seal of office.

Kelli Whigham
Signature of officer administering oath

Kelli Whigham
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jenifer L Okane

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,041.74
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 976.80
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	\$ 6,712.59
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1.01

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Jenifer L. Okane		3 Filer ID (Ethics Commission Filers)
4 Date 1/8/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Wilson	7 Amount of contribution (\$) \$ 250⁻
6 Contributor address; City; State; Zip Code 101 Spring Rd. Fredericksburg, TX 78624		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/16/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hank Seale	Amount of contribution (\$) \$5,000⁻
Contributor address; City; State; Zip Code P.O. Box 1214 Dripping Springs, TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon & Tammy Crumley	Amount of contribution (\$) \$100⁻
Contributor address; City; State; Zip Code 406 Deerwood Dr. San Marcos, TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Muzzy	Amount of contribution (\$) \$100⁻
Contributor address; City; State; Zip Code 2704 Philo St. San Marcos, TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jenifer L. O'Keefe</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/6/20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Britney Richey</i>	7 Amount of contribution (\$) <i>\$250⁻</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 1533 San Marcos, TX 78667</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/6/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Parks & Cassie Dyson</i>	Amount of contribution (\$) <i>\$250⁻</i>
Contributor address; City; State; Zip Code <i>890 Moss Rose Ln. Driftwood, TX 78619</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/6/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jack & Luanne Caraway</i>	Amount of contribution (\$) <i>\$200⁻</i>
Contributor address; City; State; Zip Code <i>301 Bubee Rd. Kyle, TX 78640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/6/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wallis & Patti Green</i>	Amount of contribution (\$) <i>\$100⁻</i>
Contributor address; City; State; Zip Code <i>4136 Knight St. San Marcos, TX 78666</i>		
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 FILER NAME <i>Jenifer L. O'Kane</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/6/20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Blauscy</i>	7 Amount of contribution (\$) <i>\$201.74</i>
6 Contributor address; City; State; Zip Code <i>461 Hill Country Trail Wimberley, TX 78676</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/6/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sally Wilson</i>	Amount of contribution (\$) <i>\$1,000⁻</i>
Contributor address; City; State; Zip Code <i>3000 Lark Ave. McAllen, TX 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/12/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matthew Wilson</i>	Amount of contribution (\$) <i>\$250⁻</i>
Contributor address; City; State; Zip Code <i>2248 FM 490 Edinburg, TX 78541</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/12/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Samantha Wilson</i>	Amount of contribution (\$) <i>\$100⁻</i>
Contributor address; City; State; Zip Code <i>22480 FM 490 Edinburg, TX 78541</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jenifer L. Okane</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/12/20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Connie Rose</i>	7 Amount of contribution (\$) <i>\$100⁻</i>
	6 Contributor address; City; State; Zip Code <i>1325 Bunnratty Circle Pflugerville, TX 78660</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/12/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill & Sheila Wilson</i>	Amount of contribution (\$) <i>\$400⁻</i>
	Contributor address; City; State; Zip Code <i>22480 FM 490 Edinburg, TX 78541</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/12/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lon & Jennifer Shell</i>	Amount of contribution (\$) <i>\$500⁻</i>
	Contributor address; City; State; Zip Code <i>1908 W. McCarty Ln. San Marcos, TX 78666</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/18/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jay & Karol Dreibelbis</i>	Amount of contribution (\$) <i>\$500⁻</i>
	Contributor address; City; State; Zip Code <i>24607 Nichols Sawmill Rd. Magnolia, TX 77355</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jenifer L. Okane</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/18/20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susan Wilson</i>	7 Amount of contribution (\$) <i>\$300⁻</i>
6 Contributor address; City; State; Zip Code <i>101 Spring Rd. Fredericksburg, TX 78624</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/8/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Olson</i>	Amount of contribution (\$) <i>\$250⁻</i>
Contributor address; City; State; Zip Code <i>421 W. San Antonio, Fl San Marcos, TX 78066</i>		
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 (\$)
Contributor address; City; State; Zip Code		
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 (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Jenifer L. O'Kane</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>1/30/20</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steven Whigham</u>	8 Amount of Contribution \$ <u>\$976.⁸⁰</u>	9 In-kind contribution description <u>Meet & Greet (Food/Beverage)</u>
7 Contributor address; City; State; Zip Code <u>130 Park Dr. San Marcos, TX 78666</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
			<input type="checkbox"/> 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)			

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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	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 F1: 2	2 FILER NAME Jennifer L. O'Kane	3 Filer ID (Ethics Commission Filers)
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4 Date 1/29/20	5 Payee name Patterson + Company
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6 Amount (\$) \$3,408.67	7 Payee address; City; State; Zip Code 106 Hargraves Dr. Ste. C, Box 423 Austin, TX 78737
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(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 2/3/20	Payee name Patterson + Company
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Amount (\$) \$920.13	Payee address; City; State; Zip Code 106 Hargraves Dr. Ste. C, Box 423 Austin, TX 78737
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Webpage
	<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 5/11/20	Payee name Patterson + Company
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Amount (\$) \$2,000	Payee address; City; State; Zip Code 106 Hargraves Dr. Ste. C, Box 423 Austin, TX 78737
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Services Advertising/Budget
	<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