CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	Mr. Ruben	MI	OFFICE USE ONLY		
	NIGKNAME LAST BECENTA	SUFFIX	Received Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CO	Maxims TX 1866	Elections Office		
Change of Address 5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION EXTENSION			
OFFICEHOLDER PHONE	(512) 787-4902		Date Hand-deliver G 5: Daty Colin arked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	мі	Date Presentions Office		
	Carnes	SUFFIX	Date imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	ZODE WILLIAM COL, Sout Marcol, IN 1980				
8 CAMPAIGN TREASURER PHONE	(5/2) 923 - 2944	EXTENSION			
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	10 10 2018	THROUGH 10	29 / 20 8		
11 ELECTION	ELECTION DATE Month Day Year Primary 1	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known			
		Hays County	Judge		
	GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C'OH NAME	Kuben	Becerra	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 ON 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 COMMITTEE ADDRESS COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
Ör =	E C II	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 337.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED \$ \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 881.70	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 20, 433.82			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$ 24,801. TI	
18 AFFIDAVIT				
(*)	PAMELA K. ENGL My Notary ID # 1269 Expires June 19, 2	true and correct and includes all info AND under Title 15, Election Code.	perjury, that the accompanying report is primation required to be reported by me	
		Signature of Can	didate or Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subsc		by the said Ruben Becer	1. this the 29th	
day of flet	alel.	to certify which, witness my hand and seal of office PhoneLA ENGLAND	Roter	
Signature of officer	administering	Printed name of officer administering path	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$ 337.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s Ø
4.	SCHEDULE E: LOANS	\$ 1,269.08
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 881.70
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,269.08
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instruct	ine	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
Tom Campbell Following Factor F	FILER NAME	Ruben Becerra	3 Filer ID (Ethics Commission Filers	
10-29-18 6 Contributor address; City: State: Zip Code 129.00	Date	5 Full name of contributor	7 Amount of contribution (\$)	
84 Elm Hill Ct., San Marcos, TX 78 bb. 4 3 Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Contributor address: City: State: Zip Code Full name of contributor City: State: Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Principal occupation / Job title (See Instructions) Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code	0.00	Tom Campbell	\$ n-	
Principal occupation / Job title (See Instructions) Date Full name of contributor Betsi Schaffer Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Contributor address: City: State: Zip Code Full name of contributor But Gata Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code # 100.00	0-29-18	6 Contributor address; City: State: Zip Code	* L5.00	
Principal occupation / Job title (See Instructions) Date Full name of contributor Betsi Schafer Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Self Amount of contribution (\$) D-19-18 Contributor address: City: State: Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Date Full name of contributor Contributor address: City: State: Zip Code # 100.00		84 Elm Hill Ct., San Marcos, TX 78666		
Date Full name of contributor Betsi Schafer Contributor address; City: State: Zip Code P.O. Box 192 Wimberley, TX 78474 Principal occupation / Job title (See Instructions) Pale Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Fincipal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Contributor address: City: State: Zip Code Full name of contributor City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code State: Zip Code State: Zip Code State: Zip Code	T I	pation / Job title (See Instructions) 9 Employer (See In	nstructions)	
Betsi Schaefer Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Pale Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Frincipal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Contributor City: State: Zip Code Full name of contributor City: State: Zip Code Full name of contributor City: State: Zip Code	TIUT EX	mpioyea		
Contributor address: City: State: Zip Code \$\frac{20,00}{P.0. Box 192 Wimberly, TX 78 U7 L}	Date		Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Amount of contribution (\$ Both Gara Contributor address: City: State: Zip Code \$ 100.00			\$ 20.00	
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)	10-26-18		1 20,00	
Principal occupation / Job title (See Instructions) Vealtoy		P.O. Box 192 Wimberley, TX 78676		
Date Full name of contributor Out-of-state PAC (ID#:		pation / Job title (See Instructions) Employer (See In	nstructions)	
Anna Hargrove Contributor address: City: State: Zip Code 520 Thousand Oaks Loop, San Marros, TX 1844 Principal occupation / Job title (See Instructions) That Implayed Date Full name of contributor Box+ Gara Contributor address: City: State: Zip Code \$ 10.00	realtor	XIT		
D-19-18 Contributor address: City: State: Zip Code	Date	Full name of contributor	Amount of contribution (\$)	
Date Contributor address: City: State, Zip Code Code Contributor address: City: State, Zip Code City: State, Zip Code State City: State, Zip Code Code Contributor address: City: State, Zip Code City: State, Zip Code			\$ 10.00	
Date Full name of contributor out-of-state PAC (ID#: , Amount of contribution (\$ Box+ Gara Contributor address; City: State; Zip Code	10-19-18	Commode.		
Date Full name of contributor out-of-state PAC (ID#:		520 Thousand Oaks Loop, San Marzos, TX	78KH	
Date Full name of contributor Out-of-state PAC (ID#:			Instructions)	
Box+ Garta Contributor address; City: State; Zip Code	Not empl	oyed		
Contributor address; City: State; Zip Code	Date	Full name of contributor	Amount of contribution (\$)	
Contributor address; City; State, Zip 3000		N T Tio Code	\$ 100,00	
666 Clear Springs, Buda, TX 18610 Employer (See Instructions)	Contributor address; City: State, Zip State,			
Employer (See instructions)	, , , , , ,	556 Clear Springs, Buda, TX 18610	(antructions)	
Principal occupation / Job title (See Instructions) UFCU	Principal occ	cupation / Job title (See Instructions) Employer (See		
Software developer utcu	SOFTWO	we developer are		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	Ruben Becerra	2 of 2 3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
10-16-18	Anna Hargrove 6 Contributor address City; State; Zip Code	\$ 16.00			
	520 Thousand Oaks Loop, San MarcosTX				
0. (pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
10-10-18	Heiko Stang Contributor address: City; State; Zip Code	\$ 16.00			
	380 Turkey Hollow, Wimberley, TX 78676	•			
Principal occup not emplo	pation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date	Full name of contributor	Amount of contribution (\$)			
10-10-18	Mayiah Farray Contributor address; City; State; Zip Code	\$ 100,00			
102 Novcrest, San Marcos, TX 78444					
Principal occup	oution / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ons)			
Date	Full name of contributor	Amount of contribution (\$)			
Datton Deming Contributor address: City: State: Zip Code 50.00					
102 Norcrest, San Marcos, TX 78666					
	ation / Job title (See Instructions) Employer (See Instructions)	ons)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	To the state of th			

LOANS			SCHEDULE E
The I	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
FILER NAME	Ruben Becerra		3 Filer ID (Ethics Commission Filers
TOTAL OF UN	TEMIZED LOANS		\$
Dalte of loan 7 Name of lender out-of-state PAC (ID#:) 10-28-18 Monica L. Beena			9 Loan Amount (\$) \269.08
ls lender a financial		State; Zip Code	10 Interest rate
Y N	San Marcos, TX 78666	,	11 Maturity date
1042 5	n / Job title (See Instructions)	13 Employer (See Instructions) MS	
4 Description of Collateral		15 Check if personal funds were account (See Instructions)	deposited into political
GUIARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable Principal Occupat	18 Guarantor address; City; ion (See Instructions)	State: Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:	Loan Amount (\$)
Leader address: City:		State; Zip Code	Interest rate
a financial Institution?			Maturity date
Y N Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	
Diescription of Collateral		Check if personal funds were account (See Instructions)	e deposited into political
GUARANTOR Name of guarantor			Amount Guaranteed (\$)
GUARANTOR	1		
	Guarantor address; City;	State: Zip Code	
GIUARANTOR INFORMATION not applicab		State; Zip Code Employer (See Instructions)	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking		XPENDITURE CATE	Loan Repayme	ent/Reimbursement	Solicitation/Fundraising Expense
Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Food/By Gift/Awa al Committee Legal S		Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
4	1	nstruction Guide explain	s how to comp	plete this form.	
1 Total pages Schedule F1:	K	uben Becerro	λ		3 Filer ID (Ethics Commission Filers)
4 Date 10-24-18		ting			
6 Amount (\$)	7 Payee address;	City; State; Zi	ip Code		
881.70	Ace Printi				
8 PURPOSE OF	(a) Category (See Cate	egorus listed at the top of this so	chedule) (b	Description Check if travel out	tside of Texas. Complete Schedule T.
EXPENDITURE	Printin	ng	***	Check if Austin.	. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name		Office sought	Office held
Date	Payee name		and the state of t		
Amount (\$)	Payee address;	City; State; Zip	o Code		
PURPOSE OF EXPENDITURE	Category (See Cate	gories listed at the top of this sc	hedule)		cide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	ceholder name		Office sought	Office held
Date	Payee name				
Amount (\$)	Payee address:	City; State; Zip	o Code		
PURPOSE OF EXPENDITURE	Category (See Cate	gories listed at the top of this sci	hedule)		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name		Office sought	Office held
	ATTACH A	DDITIONAL COPIES O	OF THIS SCH	EDULE AS NEE	DED

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 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	· · · · · · · · · · · · · · · · · · ·	Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
1 of 3				
1 Date	5 Payee name			
10-23-18	Venngage			
Amount (\$)	7 Payee address City; State; Zip Code			
\$ 49.00				
Reimbursement from political contributions intended	1140 Dovercourt Rd. Toront	O, DN, CA		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	n. d. 10 - 12 - 1		f Texas. Complete Schedule T.	
EXPENDITURE	odvertising	Check if Austin, TX.	officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Olificeholder name H	Office sought	Office held	
Date	Payee name			
10-21-18	Mail (Nimp			
Amount (\$)	Payee address: City; State; Zip Code			
63.30				
Reimbursement from				
political contributions intended	mail chimo. com			
	Category (See Categories listed at the top of this schedule)	(b) Description	of Toyac Complete Schedule T.	
PURPOSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense			
EXPENDITURE	advertising		Office held	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		
Date	Payee name			
10-18-18	Witter 7 Code			
Amount (\$)	Payee address; City: State; Zip Code	=		
\$ 50.00				
Reimbursement from political contributions intended	twitter online			
	Category (See Categories listed at the top of this schedule)	(b) Description	le of Texas. Complete Schedule T.	
PURPOSE			X. officeholder living expense	
EXPENDITURE	advertising	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name C/OH	Ollica Boodiir		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEL	DED	
			D. I A OVOIC	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	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)	
1 Total pages Schedule G: 2 of 3	2 FILER NA	ME	and the second s	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee nan	ne			
10-28-18	Vista	Print			
6 Amount (\$) 17.48	7 Payee add	dress; City; State; Zip	Code		
Reimbursement from political contributions intended	Vistapa	int. com			
B	(a) Category (See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE OF	_			de of Texas. Complete Schedule T.	
EXPENDITURE	Wintin	9 Expense		X. officeholder living expense	
		\ 		A. Officerolder living expense	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held	
Date	Payee nam	e			
10-29-18	r. ,	e Ads			
Amount (\$)	Payee add	ress; City; State; Zip	Code		
147.90					
,					
Reimbursement from political contributions intended	google.	tom		,	
	Category (S	See Categories listed at the top of this sche	edule) (b) Description		
PURPOSE	21. (25)	•	Check if travel outsid	le of Texas. Complete Schedule T.	
EXPENDITURE	advert	ising	Check if Austin, T.	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name	Office sought	Office held	
Date	Da				
Date	Payee nam				
10-27-18	talebi)0K			
Amount (\$)	Payee add		Code		
500.00					
Reimbursement from political contributions intended	faceboor	K.com			
PURPOSE	Category (S	see Categories listed at the top of this sche		e of Texas. Complete Schedule T.	
OF EXPENDITURE	adverti	sing	Check if Austin, T	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candida	te / Officeholder name	Office sought	Office held	
	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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 3 of 3 4 Date 5 Payee name 10-17-18 6 Amount (\$) Pavee address: City; State; Zip Code 99.00 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense advertising EXPENDITURE Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name 10-15-18 Payee address; Amount (\$) Reimbursement from political contributions ian Marcos, TX intended (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense abor EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED