

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 MR	FIRST CHRISTOPHER	MI H	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">APR 06 2017</p> <p style="margin: 0;">City Secretary's Office</p> <p style="margin: 0;">12:04 pm JAB</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <table style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
NICKNAME CHRIS	LAST COY	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE									
<input type="checkbox"/> Change of Address	3212 MAVERICKA CT GRAPEVINE TX 76051									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 689-9899	EXTENSION							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST LEIGH	MI W							
	NICKNAME	LAST DAVIS	SUFFIX							
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE									
	3453 SPRINGBREEZE DR. GRAPEVINE TX 76051									
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 868-9500	EXTENSION							
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 18 / 17 THROUGH 3 / 27 / 17									
11 ELECTION	ELECTION DATE		ELECTION TYPE							
	Month Day Year 5 / 6 / 17	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	<input type="checkbox"/> Other Description							
12 OFFICE	OFFICE HELD (if any) GRAPEVINE CITY COUNCIL PLACE 5		13 OFFICE SOUGHT (if known)							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

CHRIS COY

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 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *1,600⁰⁰*

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

\$ *1,000⁰⁰*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,038³⁷*

CONTRIBUTION
BALANCE

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

\$ *2,600⁰⁰*

OUTSTANDING
LOAN TOTALS

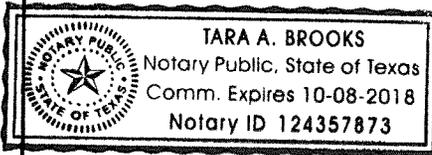
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *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.

Chris Coy
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Chris Coy*, this the *6th* day of *April*, 20*17*, to certify which, witness my hand and seal of office.

Tara Brooks *Tara Brooks* *Notary Public*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

CHRIS COY

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,000⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>192⁰⁶</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$ <i>3038²²</i>
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: <u>2</u>
2 FILER NAME <u>CHRIS COY</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/2/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOHN & NANCY FEWAN</u>	7 Amount of contribution (\$) <u>200</u> <u>00</u>
6 Contributor address; City; State; Zip Code <u>1303 BELLEFONTE LN COLLEGEVILLE TX 76034</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/2/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOHN MICHAEL & SUE P. FRANKS</u>	Amount of contribution (\$) <u>200</u> <u>00</u>
Contributor address; City; State; Zip Code <u>412 E. WALL ST GRAPEVINE TX 76057</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/29/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PAUL DUNN</u>	Amount of contribution (\$) <u>100</u> <u>00</u>
Contributor address; City; State; Zip Code <u>3000 BLACKBURN ST #1604 DALLAS TEXAS 75204</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/8/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DON MAYO</u>	Amount of contribution (\$) <u>100</u> <u>00</u>
Contributor address; City; State; Zip Code <u>2904 KIMBALL CT GRAPEVINE TX 76051</u>		
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

2 FILER NAME

CHRIS COY

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/17

5 Full name of contributor

MARVIN BALVIN

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100 ⁰⁰

6 Contributor address;

City; State; Zip Code

POB 483 GRAPEVINE TX 76099

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/23/17

Full name of contributor

RAY & ALK MENA BARBER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300 ⁰⁰

Contributor address;

City; State; Zip Code

516 LITTLE JOHN DR IRVING TX 75061

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)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME CHRIS COY		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/1/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEIGH W DAVIS	8 Amount of Contribution \$ 79.50	9 In-kind contribution description OFFICE SUPPLIES
7 Contributor address; City; State; Zip Code 3453 SPRINGDALE GRAPES TX 76051		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ATTORNEY		11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
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 3/2/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEIGH W. DAVIS	Amount of Contribution \$ 29.76	In-kind contribution description OFFICE SUPPLIES
Contributor address; City; State; Zip Code 3453 SPRINGDALE GRAPES TX 76051		<input type="checkbox"/> Check if travel outside of Texas/ Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ATTORNEY		Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME CHRIS COY		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/3/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEIGH W. DAVIS	8 Amount of Contribution \$ 82.80	9 In-kind contribution description PRINTING
7 Contributor address; City; State; Zip Code 3453 SPRING BLVD WYTHE TX 76051		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
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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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: 3		2 FILER NAME CHRIS COY		3 Filer ID (Ethics Commission Filers)	
4 Date 2/13/17		5 Payee name 1 & 1 MEDIA INC			
6 Amount (\$) 71.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 701 LEE ROAD, SUITE 300, CHESTERBROOK PA 15087			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <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 2/22/17		Payee name DANWAR, INC.			
Amount (\$) 2425.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 12404 Hwy 155 S, TYLER, TX 75703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) 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 Office held	
Date 3/2/17		Payee name WISE GUYS PIZZERIA			
Amount (\$) 170.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 322 S. PARK BLVD GRAPEVINE, TX 76051			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) 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 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
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: 3		2 FILER NAME CHRIS COY		3 Filer ID (Ethics Commission Filers)	
4 Date 3/8/2017		5 Payee name GRAPEVINE AMBUCS 2017 CHARITY TOURNAMENT			
6 Amount (\$) 150⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2150 W. NORTHWEST HWY SUITE 114 #1089 GRAPEVINE, TX 76051			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <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	
Date 3/7/2017		Payee name GRAPEVINE ROTARY CLUB GOLF FOR GRADS			
Amount (\$) 200⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code C/O 200 VINE ST. GRAPEVINE TX 76051			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) 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	
Date 3/8/17		Payee name PAY PAL			
Amount (\$) 320 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2211 NORTH FIRST ST., SAN JOSE, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SOLICITATION / FUNDRAISING EXPENSE		(b) 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: 3	2 FILER NAME CHRIS COY	3 Filer ID (Ethics Commission Filers)
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4 Date 3/13/17	5 Payee name LOWES
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6 Amount (\$) 1836	7 Payee address; City; State; Zip Code 3000 SH 121, EULESS TX 76039
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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