

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:

11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MR. **GREGG**
 NICKNAME LAST SUFFIX
PATRICK...

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS - / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
14880 BELLAIRE BLV HOUSTON TX 77083

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(346) 718-9241

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MR. **JOSEPH.**
 NICKNAME LAST SUFFIX
MASON

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
14810 SANTA LUCIA DRIVE HOUSTON TX 77083
 (Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 914-3197

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 Month Day Year
9 / 1 / 2021 THROUGH 10 / 3 / 2021

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff Other Description
11 / 2 / 2021 General Special
ALIEF ISD BOARD OF TRUSTEES

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

TRUSTEE POSITION #7

14 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.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME
 GENERAL
 SPECIFIC
 COMMITTEE ADDRESS
 COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received
ALIEF ISD
OCT 04 2021
RECEIVED

Date Hand-delivered or Date Postmarked
R. Williams @ 3:32 PM

Receipt # Amount \$

Date Processed

Date Imaged

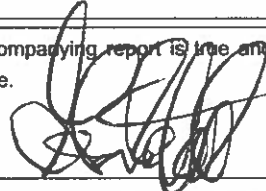
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME GREGG PATRICK		16 Filer ID (Ethics Commission Filers)
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)	\$ 6,190.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,764.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,425.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,500.00

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

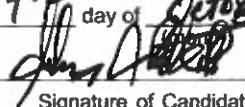
NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is GREGG PATRICK, and my date of birth is 11/17/52
 My address is 14880 BELLARE BLVD, HOUSTON TX 77083 HARRIS
(street) (city) (state) (zip code) (country)
 Executed in HARRIS County, State of TEXAS, on the 4th day of OCTOBER, 20 21
(year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
GREGG PATRICK		
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,190.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 3,500.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,764.45
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 4
2 FILER NAME GREGG PATRICK		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AUSTRA RUNNELS	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 12723 HIGH COTTON LN. HOUSTON, TX 77072		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CORNELOUIS HARGROVE	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 8222 WOODLAND WILLOW DR, HOUSTON, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CATHY MASON	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 14810 SANTA LUCIA DR, HOUSTON, TX 77083		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DARRYL CARTER	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 5651 WILLERS WAY, HOUSTON, TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 4
2 FILER NAME GREGG PATRICK		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DORIS WILLIAMS MORGAN 6 Contributor address; City; State; Zip Code 169349 MIDNIGHT SUN LANE, RICHMOND, TX 77407	7 Amount of contribution (\$) 500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 9/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAPHINE WINTERS Contributor address; City; State; Zip Code 8222 WOODLAND WILLOW DR, HOUSTON, TX	Amount of contribution (\$) 20.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 9/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLA JEFFERSON..... Contributor address; City; State; Zip Code 12402 LIMA DRIVE, HOUSTON, TX 77099	Amount of contribution (\$) 250.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEROME HUDSON Contributor address; City; State; Zip Code 7511 KING STREET, MANVEL, TX 77578	Amount of contribution (\$) 500.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 4
2 FILER NAME GREGG PATRICK		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELVIA HUNTER 6 Contributor address; City; State; Zip Code P.O. BOX 83, RAWLINS, WY 82301	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL HUTCHISON Contributor address; City; State; Zip Code 12803 SHANNON HILLS DR. HOUSTON, TX 77099	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON REYNOLDS CAMPAIGN. Contributor address; City; State; Zip Code 6140 HIGHWAY 6 SOUTH #233, MISSOURI CITY, TX 77459	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOREN VALVERDE Contributor address; City; State; Zip Code 11703 PENDER LANE, STAFFORD, TX 77477	Amount of contribution (\$) 250.00
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 4
2 FILER NAME GREGG PATRICK		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMMY LEASTON 6 Contributor address; City; State; Zip Code 13023 MEADOW LINE, HOUSTON, TX 77083	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGG PATRICK Contributor address; City; State; Zip Code 14880 BELLAIRE BLVD. HOUSTON, TX 77083	Amount of contribution (\$) 525.0
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALIEF FEDERATION OF TEACHERS. Contributor address; City; State; Zip Code 11222 RICHMOND AVE, SUITE 105, HOUSTON, TX 77082	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		
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LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

GREGG PATRICK

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

9/21/21

7 Name of lender

GREGG PATRICK

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

9 Loan Amount (\$)

3,500.00

6 Is lender a financial Institution?
Y N X

8 Lender address; City; State; Zip Code

14880 BELLAIRE BLVD., HOUSTON, TX 77083

10 Interest rate

-0-

11 Maturity date

11/30/2021

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial Institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3		2 FILER NAME GREGG PATRICK		3 Filer ID (Ethics Commission Filers)	
4 Date 9/21/21		5 Payee name MIKE'S SEAFOOD			
6 Amount (\$) 175.42		7 Payee address; City; State; Zip Code 9449 HIGHWAY 6 SOUTH, HOUSTON, TX 77083			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description CAMPAIGN KICKOFF/FOOD & FACILITY		
	(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 9/21/21		Payee name THERESA GRAYSON			
Amount (\$) 250.00		Payee address; City; State; Zip Code 5234 MADDEN LANE HOUSTON, TX 77048			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description CAMPAIGN KICKOFF/ENTERTAINMENT		
	<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 9/21/21		Payee name PREMIER GRAPHICS			
Amount (\$) 475.00		Payee address; City; State; Zip Code 14829 BELLAIRE BLVD., HOUSTON, TX 77083			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description CAMPAIGN KICKOFF/T-SHIRTS		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3	2 FILER NAME GREGG PATRICK	3 Filer ID (Ethics Commission Filers)
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4 Date 9/21/21	5 Payee name TOP3 DESIGN
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6 Amount (\$) 250.00	7 Payee address; 4201 CYPRESS CREEK PARKWAY HOUSTON, TX 77068	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description CAMPAIGN KICKOFF/PHOTOGRAPHY
	(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
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Date 9/28/21	Payee name MICHELLE CHEVANNES CATERING
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Amount (\$) 150.00	Payee address; 3927 SAND RIPPLE LANE KATY, TX 7744	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description CAMPAIGN MEETING
	<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
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Date 9/28/21	Payee name TEXAS DEMOCRATIC PARTY
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Amount (\$) 225.00	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION	Description VOTER'S LISTING
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 3	2 FILER NAME GREGG PATRICK	3 Filer ID (Ethics Commission Filers)
4 Date 9/14/21	5 Payee name NETWORK SOLUTIONS	
6 Amount (\$) 68.21	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description CAMPAIGN WEBSITE
	(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
Date 9/27/21	Payee name NATIONS BUILDERS	
Amount (\$) 35.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN WEBSITE
	<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
Date 9/30/21	Payee name FROST BANK	
Amount (\$) 135.82	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description BANK & DEBIT CARD FEES
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED