

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7631

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ms. Elisabeth A
NICKNAME LAST SUFFIX
Earle

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
7211 Mesa Drive
Austin Tx 78731

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 854-7794

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Mack R.
NICKNAME LAST SUFFIX
Hernandez

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
700 N. Lamar Austin Texas 78703

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 477-9433

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 \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 01 / 11 THROUGH 6 / 30 / 11

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
/ / Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

Travis County Court at Law #7 (same)

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box Apt. / Suite #: City: State: Zip Code

additional pages

GOTO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

Elisabeth Earle

16 ACCOUNT # (Ethics Commission Filers)

17 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ _____

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

\$ _____

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ _____

4. TOTAL POLITICAL EXPENDITURES

\$ 2108⁰²

CONTRIBUTION BALANCE

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

\$ _____

OUTSTANDING LOAN TOTALS

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

\$ 27,419⁸²

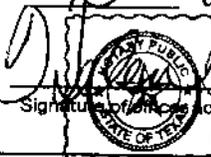
19 AFFIDAVIT

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.

Elisabeth Earle
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elisabeth Earle, this the 15th day of July, 20 11, to certify which, witness my hand and seal of office.



HELEN H. DUKES
Notary Public
STATE OF TEXAS
Commission Exp. 08-12-2012

Helen H. Dukes
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|--|---|
| 1 Total pages Schedule F: 0 | 2 FILER NAME Elisabeth Earle | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|---|

| | |
|--------------------------|---------------------------------|
| 4 Date 1-18-11 | 5 Payee name Best Buy |
|--------------------------|---------------------------------|

| | |
|--|---|
| 6 Amount (\$) 38 ³⁴ | 7 Payee address: City: State: Zip Code 9607 Research Blvd. Ste 500 Aust TX 78757 |
|--|---|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Supplies/office | (b) Description (If travel outside of Texas, complete Schedule T) printer ink |
|---------------------------------|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|--------------------|
| Date 1/20/11 | Payee name USPS |
|-----------------|--------------------|

| | |
|---------------------------------|---|
| Amount (\$) 55 ⁰⁰ | Payee address: City: State: Zip Code 1914 East 6th street Aust TX 78701 |
|---------------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) mail box | Description (If travel outside of Texas, complete Schedule T) |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------|-------------------------|
| Date 2/10/11 | Payee name Kirklands |
|-----------------|-------------------------|

| | |
|----------------------------------|--------------------------------------|
| Amount (\$) 217 ¹⁹ | Payee address: City: State: Zip Code |
|----------------------------------|--------------------------------------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) office furniture/lights | Description (If travel outside of Texas, complete Schedule T) |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------|---------------------------------|
| Date 2/14/11 | Payee name Leadership Austin |
|-----------------|---------------------------------|

| | |
|----------------------------------|---|
| Amount (\$) 450 ⁰⁰ | Payee address: City: State: Zip Code 1609 Shoal Creek Ste. 202 Austin Texas 78701 |
|----------------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) dues/donations | Description (If travel outside of Texas, complete Schedule T) |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages, Schedule F: <i>6</i> | | 2 FILER NAME <i>Elisabeth Earle</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>3/3/11</i> | | 5 Payee name <i>CAPD</i> | | | |
| 6 Amount (\$) <i>600⁰⁰</i> | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>membership</i> | | (b) Description (if travel outside of Texas, complete Schedule T) | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>1-18-11</i> | | Payee name <i>AT-T</i> | | | |
| Amount (\$) <i>150⁹⁶</i> | | Payee address; City; State; Zip Code <i>919 Congress Ave. Austin Texas 78701</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Telephone for Campaign</i> | | Description (if travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>5/4/11</i> | | Payee name <i>Tarrant County Women Lawyers</i> | | | |
| Amount (\$) <i>50⁰⁰</i> | | Payee address; City; State; Zip Code <i>900 E. 30th St. Austin TX 78701</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Underwriting + sponsorship</i> | | Description (if travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>2-10-11</i> | | Payee name <i>AT-T</i> | | | |
| Amount (\$) <i>151⁵⁷</i> | | Payee address; City; State; Zip Code <i>919 Congress Ave. Austin Texas 78701</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Telephone for Campaign</i> | | Description (if travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F: 6 | 2 FILER NAME Elizabeth Earle | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 3-10-11 | 5 Payee name A.T.T | |
| 6 Amount (\$) 149 ²⁶ | 7 Payee address: City: State: Zip Code 919 Congress Ave. Austin Texas 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Telephone for campaign | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 4-3-11 | Payee name H&B | |
| Amount (\$) 163¹⁵ | Payee address: City: State: Zip Code 7025 Village Ctr. Dr. Austin Texas 78721 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Supplies/office | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 4-13-11 | Payee name A.T.T | |
| Amount (\$) 151⁵¹ | Payee address: City: State: Zip Code 919 Congress Avenue Austin Texas 78701 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Telephone for campaign | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 4-16-11 | Payee name J.C Penney | |
| Amount (\$) 431⁹² | Payee address: City: State: Zip Code 9822 Kansas City | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) office furniture/couch | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F: 6 | | 2 FILER NAME Elizabeth Earle | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4-30-11 | | 5 Payee name Leadership Austin | | | |
| 6 Amount (\$) 125⁰⁰ | | 7 Payee address; City; State; Zip Code 1609 Shoal Creek Ste. 202 Austin Texas 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) gift/contribution | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1/27/11 | | Payee name West Austin News | | | |
| Amount (\$) \$45 | | Payee address; City; State; Zip Code 5511 Parkwest Dr. Ste 105 Austin Texas 78731 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) subscription to newspaper | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 5-9-11 | | Payee name AT-T | | | |
| Amount (\$) 151³⁵ | | Payee address; City; State; Zip Code 919 Congress Avenue Austin Texas 78701 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) telephone for campaign | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 5-6-11 | | Payee name Austin Bar Association | | | |
| Amount (\$) \$ 55 | | Payee address; City; State; Zip Code 816 Congress Avenue # 700 Austin Texas 78701 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) budget for law day | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F: <i>6</i> | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>5/10/11</i> | 5 Payee name <i>AYLA Foundation</i> | |
| 6 Amount (\$) <i>\$ 70</i> | 7 Payee address; City; State; Zip Code <i>816 Congress Avenue # 700 Austin Texas 78701</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Tele / fundraiser</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>5/22/11</i> | Payee name <i>Effant Ice Cream Social</i> | |
| Amount (\$) <i>\$ 45</i> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>contribution / fundraiser</i> | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>6-10-11</i> | Payee name <i>AT + T</i> | |
| Amount (\$) <i>149¹⁰</i> | Payee address; City; State; Zip Code <i>919 Congress Avenue Austin Texas 78701</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Telephone for campaign</i> | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>7/11</i> | Payee name <i>Car Statesman Subscriptions</i> | |
| Amount (\$) <i>171⁰⁸</i> | Payee address; City; State; Zip Code <i>305 South Congress Avenue Austin TX 78704</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|--|--|
| 1 Total pages Schedule F: <i>6</i> | 2 FILER NAME <i>Elisabeth Earle</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|--|

| | |
|-------------------------|---------------------------------|
| 4 Date <i>2/4/11</i> | 5 Payee name <i>Act Blue</i> |
|-------------------------|---------------------------------|

| | |
|--|--|
| 6 Amount (\$) <i>100⁰⁰</i> | 7 Payee address: City: State: Zip Code <i>14 Arrow Street Ste 11 Cambridge MA 02138</i> |
|--|--|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>donation</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|-----------------------------------|
| Date <i>6/19/11</i> | Payee name <i>Ozarka Water</i> |
|------------------------|-----------------------------------|

| | |
|----------------------------|--|
| Amount (\$) <i>2343</i> | Payee address: City: State: Zip Code <i>16420 N Int'l Hwy Austin TX 78782</i> |
|----------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>water for office</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address: City: State: Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address: City: State: Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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