

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7952

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>10</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Sally	MI I.
	NICKNAME	LAST Hernandez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 152032 Austin, TX 78715		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 512)	PHONE NUMBER 680-9968	EXTENSION
	MS / MRS / MR Ms.	FIRST Cecilia	MI MI
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST Crossley	SUFFIX
	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (residence or business)	3100 Catalina Dr. Austin, TX 78741		
	AREA CODE ( 512)	PHONE NUMBER 444-0956	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		<input type="checkbox"/> Final report (Attach C/OH - FR)
	Month Day Year 7 / 1 / 2012	THROUGH	Month Day Year 9 / 27 / 2012
11 ELECTION	Month Day Year 11 / 6 / 12	ELECTION DATE	ELECTION TYPE
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County Constable Pct. #3	

**OFFICE USE ONLY**

Date Received

Date Hand Delivered or Postmarked

Receipt #

Date Processed

Date Imaged

2012 OCT - 8 PM 1:47

FILED FOR RECORD

Travis County Texas

Dana DeBeauvoir  
County Clerk

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Sally I Hernandez 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

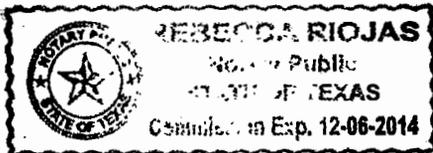
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 800.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 448.78
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,390.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,091.52
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.



Sally I Hernandez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sally I Hernandez, this the 8th day of October, 20 12, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

REBECCA RIOJAS  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 6	
2 FILER NAME <b>Sally I. Hernandez</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/18/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Circle C. Democrats PAC</b> 6 Contributor address; City; State; Zip Code <b>6707 Oasis Dr. Austin, TX</b>	7 Amount of contribution (\$) <b>150.00</b>	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>7/29/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles &amp; Ann Brandt</b> Contributor address; City; State; Zip Code <b>12102 Shetland Chase Austin, TX</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/3/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jana Ortega</b> Contributor address; City; State; Zip Code <b>1105 Rio Grande Street Austin, TX</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/7/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hines, Ranc and Holub</b> Contributor address; City; State; Zip Code <b>1307 Nueces Street Austin, TX</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/9/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dayna Blazey</b> Contributor address; City; State; Zip Code <b>1402 Foxwood CV Austin, TX 78704</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2 of 6

2 FILER NAME

Sally I. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/9/12

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

George Thomas

6 Contributor address; City; State; Zip Code

8719 Ashkird Dr. Houston, TX

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

8/9/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Beverly Willis

Contributor address; City; State; Zip Code

7703 Creekbluff Dr. Austin, TX

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

8/9/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jana Robertson

Contributor address; City; State; Zip Code

4162 Travis Country Circle Austin, TX

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

8/9/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Milton G. Washington

Contributor address; City; State; Zip Code

11500 Oak Trl. Austin, TX

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

8/9/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gary and Nichell Cobb

Contributor address; City; State; Zip Code

4325 Triboro Trl. Austin, TX

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3 of 6

2 FILER NAME

Sally I. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/9/12

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

TCSOA PAC

6 Contributor address; City; State; Zip Code

400 W. 14<sup>th</sup> St. #220 Austin, TX

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/9/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rosemary Lehmborg

Contributor address; City; State; Zip Code

2606 Deerfoot Trl. Austin, TX

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Arturo Guajardo & Diana Medina

Contributor address; City; State; Zip Code

4711 Hickory Holw. Austin, TX

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Minton, Burton, Bassett & Collins

Contributor address; City; State; Zip Code

1100 Guadalupe St. Austin, TX

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Alfred & Susie Reid, Sr.

Contributor address; City; State; Zip Code

2216 Lear Lane Austin, TX

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 of 6	
2 FILER NAME Sally I. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/9/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Dorbandt 6 Contributor address; City; State; Zip Code 603 W. 12 <sup>th</sup> Street Austin, TX	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricky Jones Contributor address; City; State; Zip Code Austin, TX	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable) Food for Fundraiser
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/13/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Baggett Contributor address; City; State; Zip Code 3506 Denbar Court Austin, TX	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland Auto Body Contributor address; City; State; Zip Code 4704 South Lamar Blvd. Austin, TX	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildreth & Rueda Contributor address; City; State; Zip Code 1301 Nueces St. #101 Austin, TX	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 6	
2 FILER NAME <b>Sally I. Hernandez</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/28/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Granger and Mueller</b> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/20/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Adolphus Wells</b> Contributor address; City; State; Zip Code <b>12500 Gun Metal Dr. Austin, TX</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/25/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Austin Tejano Democrats PAC</b> Contributor address; City; State; Zip Code <b>2544 Stoutwood Circle Austin, TX</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/27/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Capital Area Democratic Woman PAC</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/4/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karen L. Huber</b> Contributor address; City; State; Zip Code <b>23020 Pedemales Canyon Trl. Spicewood, TX</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6 of 6

2 FILER NAME

Sally I. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/26/12

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Barbra Fuller

6 Contributor address; City; State; Zip Code

670 Old Spanish Trail Buchanan Dam, TX

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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.

<b>1</b> Total pages Schedule F: <b>1 of 2</b>	<b>2</b> FILER NAME <b>Sally I. Hernandez</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 8/9/12	<b>5</b> Payee name Travis County Democratic Party	
<b>6</b> Amount (\$) 2,500.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Donation	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Coordinated Campaign
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/4/12	Payee name Capital Area Democratic Women	
Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. Box 12962 Austin, TX 78711	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Sponsor
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/10/12	Payee name Home Depot	
Amount (\$) 317.97	Payee address; City; State; Zip Code Austin, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sign Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/10/12	Payee name Home Depot	
Amount (\$) 8.53	Payee address; City; State; Zip Code Austin, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sign 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

# 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.

<b>1</b> Total pages Schedule F: <b>2 of 2</b>	<b>2</b> FILER NAME <b>Sally I. Hernandez</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
---	--	---

<b>4</b> Date <b>9/13/12</b>	<b>5</b> Payee name <b>Home Depot</b>
---------------------------------	--

<b>6</b> Amount (\$)  <b>15.11</b>	<b>7</b> Payee address; City; State; Zip Code <b>Austin, TX</b>
--	--

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

<b>9</b> 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
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**