

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7959

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: 8 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Jaime A. NICKNAME LAST SUFFIX Ballesteros | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: small;">Date Hand-delivered or Date Postmarked</p> <p>Received Amount</p> <p>Date Processed</p> <p>Date Imaged</p> <p style="text-align: center; font-weight: bold; font-size: x-small;">2012 OCT - 9 PM 1:27</p> <p style="text-align: center; font-weight: bold; font-size: x-small;">FILED FOR RECORD</p> <p style="text-align: center; font-weight: bold; font-size: x-small;">Data Delivery County Clerk Travis County, Texas</p> </div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE POB 710 Pflugerville Texas 78691 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 913-5236 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Jim NICKNAME LAST SUFFIX Keasbey | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 521 Broken Feather Pflugerville Texas 78660 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 990-2062 | | |
| 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 THROUGH Month Day Year 07 / 22 / 2012 THROUGH 10 / 09 / 2012 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 06 / 12 | 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) Travis Co. Constable Pct. 2 | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | <p style="font-size: x-small;">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.</p> <p>Name</p> <hr/> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p> | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

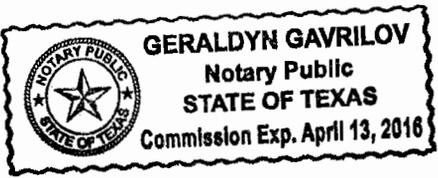
FORM C/OH
COVER SHEET PG 2

| | |
|--------------|---|
| 15 C/OH NAME | 16 ACCOUNT # (Ethics Commission Filers) |
|--------------|---|

| | | |
|--|---|--------------------------------------|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | 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 | \$ 400.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,438.48 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,930.71 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1,768.82 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

Edward Howell
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edward Howell, this the 9th day of October, 2012, to certify which, witness my hand and seal of office.

Geraldyn Gavrilov Geraldyn Gavrilov Tax Specials
Signature of officer administering oath Printed name of officer administering oath 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: 4 | |
| 2 FILER NAME J. ADAN BALLESTEROS | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 08-31-12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha Normand 6 Contributor address; City; State; Zip Code Beaumont, Tx | 7 Amount of contribution (\$) 1,000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 09-06-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy Suits Contributor address; City; State; Zip Code Austin, Tx | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 08-06-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruby Pelan Contributor address; City; State; Zip Code Austin, Tx | Amount of contribution (\$) 30.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/06/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Camarillo Contributor address; City; State; Zip Code Austin, Tx | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/05/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Gomez Contributor address; City; State; Zip Code Austin, Tx | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| 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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 4 | |
| 2 FILER NAME J. ADAN BALLESTEROS | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09-06-12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. T. Edwards | 7 Amount of contribution (\$) 40.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code Round Rock, Tx | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 09-06-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Delamater | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code Pflugerville, Tx | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09-06-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwight Bentram | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code Pflugerville, Tx | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09-06-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall Slagle | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code Austin, Tx | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09-06-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Thomas | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code Manor, Tx | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 4 | |
| 2 FILER NAME J. ADAN BALLESTEROS | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09-07-12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Lopez 6 Contributor address; City; State; Zip Code Austin, Tx | 7 Amount of contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 09-06-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Hernandez Contributor address; City; State; Zip Code Austin, Tx | Amount of contribution (\$) 25.00 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09-06-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Pedraza Contributor address; City; State; Zip Code Austin, Tx | Amount of contribution (\$) 30.00 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09-07-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Wright Contributor address; City; State; Zip Code Pflugerville, Tx | Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09-19-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Tejano Demo PAC Contributor address; City; State; Zip Code Austin, Tx | Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **4**

2 FILER NAME **J. ADAN BALLESTEROS** 3 ACCOUNT # (Ethics Commission Filers)

| | | | |
|--|---|---|--|
| 4 Date 09-04-12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pay Pal | 7 Amount of contribution (\$) 454.48 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

| | | | |
|--|--|---|--|
| Date 09-06-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donation Box Friends of Adan Ballesteros | Amount of contribution (\$) 834.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|---|--|---|--|
| Date 09-20-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Elfant | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code Austin, TX | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|---|---|---|--|
| Date 08-03-12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenters Local Union No. 1266 | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code Austin, TX | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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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: 2 | 2 FILER NAME J. ADAN BALLESTEROS | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|--|

| | |
|---------------------------|-----------------------------------|
| 4 Date 08-06-12 | 5 Payee name Home Depot |
|---------------------------|-----------------------------------|

| | |
|-------------------------------|---|
| 6 Amount (\$) 84.79 | 7 Payee address; City; State; Zip Code Austin, TX |
|-------------------------------|---|

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

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

| | |
|-------------------------|--|
| Date 08-20-12 | Payee name Opinion Analysts, Inc |
|-------------------------|--|

| | |
|------------------------------|---|
| Amount (\$) 189.76 | 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) Advertising |
|------------------------|--|---|

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

| | |
|-------------------------|--|
| Date 08-26-12 | Payee name American Printing |
|-------------------------|--|

| | |
|------------------------------|--|
| Amount (\$) 974.25 | Payee address; City; State; Zip Code Austin TX |
|------------------------------|--|

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

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

| | |
|-------------------------|----------------------------------|
| Date 08-26-12 | Payee name GMP Station |
|-------------------------|----------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) 1,329.87 | 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) Advertising |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 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.

| | | |
|---------------------------------------|--|--|
| 1 Total pages Schedule F: 2 | 2 FILER NAME J. ADAN BALLESTEROS | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|--|

| | |
|---------------------------|--|
| 4 Date 09-24-12 | 5 Payee name American Printing |
|---------------------------|--|

| | |
|----------------------------------|---|
| 6 Amount (\$) 1,352.04 | 7 Payee address; City; State; Zip Code Austin, TX |
|----------------------------------|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | (b) Description (If travel outside of Texas, complete Schedule T) Cash Card |
|--------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 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 |
|--|-------------------------------|---------------|-------------|

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