

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8776

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: <b>10</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <b>STACY</b> MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ <b>SUITS</b>	<b>OFFICE USE ONLY</b> Date Received: <b>2016 FEB 22 AM 11:25</b> Dana DeBeauvoir County Clerk Travis County Texas FILED FOR RECORD	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>7807 PONCASTER, AUSTIN, TX 78745</b>	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(512)</b> PHONE NUMBER: <b>554-2710</b> EXTENSION: _____	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <b>STACY</b> MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ <b>SUITS</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>7807 PONCASTER, AUSTIN, TX 78745</b> (Residence or Business)	
7 CAMPAIGN TREASURER ADDRESS	AREA CODE: <b>(512)</b> PHONE NUMBER: <b>554-2710</b> EXTENSION: _____	REPORT TYPE <input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
8 CAMPAIGN TREASURER PHONE	PERIOD COVERED Month Day Year <b>1 / 23 / 16</b> THROUGH <b>2 / 20 / 16</b>		
9 REPORT TYPE	ELECTION DATE Month Day Year <b>3 / 1 / 16</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
10 PERIOD COVERED	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>TRAVIS CO. CONSTABLE PCT 3</b>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <i>STACY SUITS</i>	15 Filer ID (Ethics Commission Filers)
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16 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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	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	\$ <i>280.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1,580.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>684.78</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>23,102.03</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,337.61</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>27,200.00</i>

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.

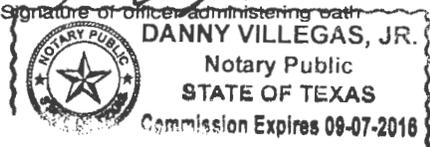
*Stacy Suits*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *STACY SUITS*, this the *February* day of *22nd*, 20 *16*, to certify which, witness my hand and seal of office.

*Danny Villegas JR*  
Printed name of officer administering oath

*Danny Villegas JR*  
Title of officer administering oath



**SUBTOTALS - C/OH**

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

19 FILER NAME <i>STACY SUITS</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>1300.<sup>00</sup></i>
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		\$ <i>19,700</i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>22,321.25</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<del>\$</del>
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

STACY SUITS

3 Filer ID (Ethics Commission Filers)

4 Date

1/24/16

5 Full name of contributor

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

DAVID BINT LIFT

6 Contributor address;

City; State; Zip Code

6303 DANWOOD, AUSTIN, TX 78759

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/24/16

Full name of contributor

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

KAREN HING

Contributor address;

City; State; Zip Code

9101 LA CRESADA DR. #1711, AUSTIN TX 78749

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/16

Full name of contributor

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

LOU MCCREARY

Contributor address;

City; State; Zip Code

1108 SMOYNT OWL CT. AUSTIN, TX 78746

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/16

Full name of contributor

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

DAVID ALBERT

Contributor address;

City; State; Zip Code

1101 GROVE #703, AUSTIN, TX 78741

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>STACY SUITS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/28/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLIE FORD</b>	7 Amount of contribution (\$) <b>250.<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>909 MCPAUL AUSTIN, TX 78759</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/10/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HEATHER BLAND-HO</b>	Amount of contribution (\$) <b>200.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>2804 REGONIS PARK, AUSTIN, TX 78746</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/10/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SCOTT DAVIS</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>1208 W. KILWA DR, GAINESVILLE, TX 76240</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/12/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRIS SAUNDERS</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>3816 S. LAMAR #904, AUSTIN, TX 78704</b>	
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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2</b>
2 FILER NAME <b>STACY SUITS</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>1/26/16</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>DOAN SUITS</b>	9 Loan Amount (\$) <b>5,700</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code <b>2830 MORNINGBERRY, PASADENA, TX 77507</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>—</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>2/15/16</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>STACY SUITS</b>	Loan Amount (\$) <b>8,000.</b>
Is lender a financial institution? <b>Y</b> <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code <b>7807 DOWCASTER, AUSTIN TX 78750</b>	Interest rate <b>0</b>
		Maturity date <b>—</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

STACY SUITS

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

2/19/16

7 Name of lender

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

STACY SUITS

9 Loan Amount (\$)

6,000

6 Is lender a financial Institution?

Y  N

8 Lender address;

City; State; Zip Code

7807 PONCASTER, AUSTIN, TX 78745

10 Interest rate

0

11 Maturity date

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>STACY SUITS</i>		3 Filer ID (Ethics Commission Filers) <i>4</i>	
4 Date <i>1/26/16</i>		5 Payee name <i>KELLY GRAPHICS</i>			
6 Amount (\$) <i>2,601.25</i>		7 Payee address; City; State; Zip Code <i>1409 QUAKER RIDGE, AUSTIN, TX 78745</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>PRINTING - DOOR HANGER</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>1/29/16</i>		Payee name <i>KELLY GRAPHICS</i>			
Amount (\$) <i>3,207.07</i>		Payee address; City; State; Zip Code <i>1409 QUAKER RIDGE, AUSTIN, TX 78746</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>PRINTING - MAILER</i>		Description <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	
Date <i>2/1/16</i>		Payee name <i>US POST OFFICE</i>			
Amount (\$) <i>196.<sup>00</sup></i>		Payee address; City; State; Zip Code <i>7316 MANCHACA, AUSTIN, TX 78745</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>FEES, STAMPS</i>		Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>STACE SUITS</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/11/16</i>	5 Payee name <i>OPINION ANALYST</i>
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6 Amount (\$) <i>325.92</i>	7 Payee address; City; State; Zip Code <i>4500 WILSON #220, AUSTIN, TX 78701</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>CONSULTING, LISTS</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/29/16</i>	Payee name <i>ALLIED ADVERTISING</i>
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Amount (\$) <i>929.60</i>	Payee address; City; State; Zip Code <i>3700 BLANCO, SAN ANTONIO, TX 78212</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>PAINTING - SIGNS</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/17/16</i>	Payee name <i>KELLY GRAPHICS</i>
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Amount (\$) <i>8,196.95</i>	Payee address; City; State; Zip Code <i>1409 QUAKER RIDGE, AUSTIN, TX 78746</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>PRINTING - MAILER</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **SPACK SUITS** 3 Filer ID (Ethics Commission Filers)

4 Date **2/20/16** 5 Payee name **KELLY GRAPHICS**

6 Amount (\$) **7,060.46** 7 Payee address; City; State; Zip Code **7409 QUAKER RIDGE, AUSTIN, TX 78746**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **PRINTING-MAILER** (b) Description  Check if travel outside of Texas. Complete Schedule T.  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 Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY 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  Check if travel outside of Texas. Complete Schedule T.  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