

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: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <i>Mr</i> NICKNAME | FIRST <i>Cesar</i> LAST | MI <i>0</i> SUFFIX |
| <i>Lopez</i> | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2848 Greenhaven Brownsville Tx 78521</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(956) 491-4314</i> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <i>Mr</i> NICKNAME | FIRST <i>Juan</i> LAST | MI <i>F</i> SUFFIX |
| <i>Garcia</i> | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>888 Pine More Dr. Brownsville Tx 78526</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(956) 465-7510</i> | | |
| 9 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 type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <i>10 / 15 / 2017</i> <i>12 / 15 / 2017</i> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>11 / 6 / 2018</i> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) <i>Brownsville ISD School Board</i> | 13 OFFICE SOUGHT (if known) | |

OFFICE USE ONLY

Date Received
BISD Received
DEC 19 2017
1:55 pm

Office of the Chief Financial Officer

Date Hand-delivered or Date Postmarked

| | |
|----------------|-------------|
| Receipt # | Amount \$ |
| Date Processed | Date Imaged |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Cesar Lopez 15 Filer ID (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.

| | |
|---|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input checked="" type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

| | | |
|-------------------------|---|-------------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 2,871 ⁰⁰ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 11,561 ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 337. ⁶¹ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,105. ⁷¹ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 9,865. ⁷¹ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ N/A |

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.

Cesar Lopez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

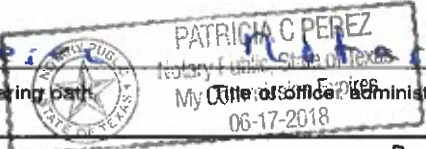
Sworn to and subscribed before me, by the said Cesar Lopez, this the 19 day of Dec, 2017, to certify which, witness my hand and seal of office.

Patricia C Perez
Signature of officer administering oath

Printed name of officer administering oath: Patricia C Perez

My Title as officer administering oath: Notary Public, State of Texas

My Commission Expires: 06-17-2018



SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Cesar Lopez

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>8,100⁰⁰</i> |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>590⁰⁰</i> |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>767.77</i> |
| 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 4

2 FILER NAME

Cesar Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/17

5 Full name of contributor

Daniel J Garcia

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

7 Amount of contribution (\$)

\$400⁰⁰

6 Contributor address;

City; State; Zip Code

101 West 5th St. Rio Grande City Tx 78582

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Daniel J Garcia Law Center

Date

10/25/17

Full name of contributor

Sylvia Garcia

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

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City; State; Zip Code

P.O. Box 106 Garciasville Tx 78547

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

10/26/17

Full name of contributor

Lineberger Grogan Blair & Sampson, LLP

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

Amount of contribution (\$)

\$1,000⁰⁰

Contributor address;

City; State; Zip Code

35 Providencia Ct. Braunsville Tx 78526

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

LGBS firm

Date

10/31/17

Full name of contributor

Ramon Montalvo III

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

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City; State; Zip Code

P.O. Box 2 Westaco Tx 78599

Principal occupation / Job title (See Instructions)

President / CEO

Employer (See Instructions)

Montalvo Insurance Agency

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:

2 of 4

2 FILER NAME

Cesar Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

10/31/17

5 Full name of contributor

Aizar J. Karam

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

7 Amount of contribution (\$)

\$400⁰⁰

6 Contributor address;

City; State; Zip Code

1722 Pecan Ave. McAllen Tx 78501

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Karam Law Firm

Date

10/31/17

Full name of contributor

Edgardo E. Colon

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

Amount of contribution (\$)

\$450⁰⁰

Contributor address;

City; State; Zip Code

4601 Washington Ave. SE 200 Houston Tx 77007

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self Employed

Date

10/31/17

Full name of contributor

Vicente Mendez

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

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City; State; Zip Code

1920 Westminister Rd. Brownsville Tx 78521

Principal occupation / Job title (See Instructions)

CFO

Employer (See Instructions)

Ambiotec

Date

10/31/17

Full name of contributor

Carlos Marin

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

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

295 Calle Jacaranda Brownsville Tx 78520

Principal occupation / Job title (See Instructions)

President / CEO

Employer (See Instructions)

Ambiotec

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:

3 of 4

2 FILER NAME

Cesar Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

10/31/17

5 Full name of contributor

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

Gilberto Hinojosa

6 Contributor address;

City; State; Zip Code

531 E. St. Francis St. Brownsville Tx 78520

7 Amount of contribution (\$)

\$500⁰⁰

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Law Office of Gilberto Hinojosa & Ass.

Date

10/31/17

Full name of contributor

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

Juan Guerra

Contributor address;

City; State; Zip Code

9700 N. 10th St. Suite 309 McAllen Tx 78601

Amount of contribution (\$)

\$750⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Guerra & Farach, PLLC

Date

10/31/17

Full name of contributor

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

Joe Salazar III

Contributor address;

City; State; Zip Code

611 E. Loop 499 Harlingen Tx 78550

Amount of contribution (\$)

\$1,500⁰⁰

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

SIG

Date

10/31/17

Full name of contributor

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

Philip T Coven

Contributor address;

City; State; Zip Code

500 E. Lovee St, Brownsville Tx 78520

Amount of contribution (\$)

\$500⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self Employed

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: 4 of 4 |
| 2 FILER NAME Cesar Lopez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/6/17 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baltazar Salazar | 7 Amount of contribution (\$) \$1,000⁰⁰ |
| 6 Contributor address; City; State; Zip Code 8614 Braz Acres Houston Tx 77074 | | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Self Employed |
| 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) |
| 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) |
| 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <i>1 of 1</i> | |
| 2 FILER NAME <i>Cesar Lopez</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <i>590⁰⁰</i> | |
| 5 Date <i>10/26/17</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Javier Granado</i> 7 Contributor address; City; State; Zip Code <i>1616 North Jackson Edinburg Tx 78539</i> | 8 Amount of Contribution \$ <i>\$440</i> | 9 In-kind contribution description <i>Football tickets</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Accountant</i> | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Xox Business Consultants</i> | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date <i>10/26/17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan F Garcia</i> Contributor address; City; State; Zip Code <i>888 Pine More Dr. Brownsville Tx 78526</i> | Amount of Contribution \$ <i>\$150⁰⁰</i> | In-kind contribution description <i>Venue</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>District Retail Executive, Senior Vice President</i> | | Employer (FOR NON-JUDICIAL) (See Instructions) <i>BBVA Compass Bank</i> | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

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: <i>Lot 2</i> | 2 FILER NAME <i>Cesar Lopez</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/26/17</i> | 5 Payee name <i>Edgar Rico / Mobil Bar</i> | |
| 6 Amount (\$) <i>\$535⁰⁰</i> | 7 Payee address; City; State; Zip Code <i>3026 Monte Cristo Brownsville TX 78526</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Cesar Lopez</i> Office sought: <i>BISD School Board</i> Office held: <i>BISD School Board</i> | |

| | |
|--|---|
| Date <i>10/25/17</i> | Payee name <i>Soriana Hiper</i> |
| Amount (\$) <i>\$125.00</i> | Payee address; City; State; Zip Code <i>Primera y Canales 87350 H. Matamoros Tamp. Mex</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i> |
| | 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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Cesar Lopez</i> Office sought: Office held: <i>BISD School Board</i> | |

| | |
|--|---|
| Date <i>10/26/17</i> | Payee name <i>Feldmans</i> |
| Amount (\$) <i>\$55.29</i> | Payee address; City; State; Zip Code <i>2501 Paredes Ln. Rd Brownsville Tx 78526</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i> |
| | 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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Cesar Lopez</i> Office sought: Office held: <i>BISD School Board</i> | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <i>2 of 2</i> | 2 FILER NAME <i>Cesar Lopez</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/15/17</i> | 5 Payee name <i>The Grafik Spot</i> | |
| 6 Amount (\$) <i>\$ 32.49</i> | 7 Payee address; City; State; Zip Code <i>1265 IV. Expy Brownsville Tx 78520</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Cesar Lopez</i> Office sought: _____ Office held: <i>BISD School Board</i> | |
| Date <i>11/7/17</i> | Payee name <i>Wellsfargo</i> | |
| Amount (\$) <i>\$ 20⁰⁰</i> | Payee address; City; State; Zip Code <i>1175 FM802 Brownsville Tx 78521</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i> | 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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Cesar Lopez</i> Office sought: _____ Office held: <i>BISD School Board</i> | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | 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 <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