

SOFIA

BENAVIDES

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Sofia C. NICKNAME LAST SUFFIX Benavides	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4090 Retama Dr. Brownsville, TX 78521	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 1:24pm FEB 03 2020 RECEIVED By: <i>[Signature]</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 459-4020	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Ruben Gallegos NICKNAME LAST SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5220 Wilderness Drive Brownsville, TX 78526	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 504-3365	Date Imaged	
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2020 THROUGH 01 / 23 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Commissioner Precinct 7	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

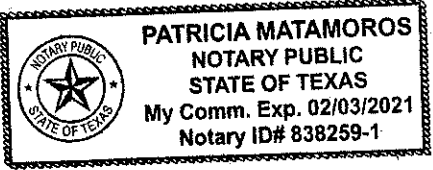
14 C/OH NAME Sofia C. Benavides 15 Filer ID (Ethics Commission Filers)

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.

<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	<u>Balance Brought Forward 9,382.04</u>

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,200 ⁰²
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. <u>Under \$100⁰²</u>	\$ 1,906.82
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,409.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25,265.23
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.

Sofia C. Benavides
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sofia C. Benavides, this the 2nd day of February, 2020, to certify which, witness my hand and seal of office.

Patricia Matamoros
Signature of officer administering oath

Patricia Matamoros
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Sofia C. Benavides</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>22,200.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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>6,316.81</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

Sofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

12/19/19

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

Dennis Stahl

7 Amount of contribution (\$)

1,000⁰⁰

6 Contributor address; City; State; Zip Code

P.O. Box 40409, S.P.I., TX 78597

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

12/20/19

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

Halft Associates

Amount of contribution (\$)

1,500⁰⁰

Contributor address; City; State; Zip Code

1201 W. Browser Rd., Richardson, TX 75081

Principal occupation / Job title (See Instructions)

Engineering - Architecture

Employer (See Instructions)

Date

12/24/19

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

Gary Glick

Amount of contribution (\$)

500⁰⁰

Contributor address; City; State; Zip Code

1712 Lemon Mint Court, Austin, TX 78733

Principal occupation / Job title (See Instructions)

Individual

Employer (See Instructions)

Date

1/30/20

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

S + B PAC

Amount of contribution (\$)

5,000⁰⁰

Contributor address; City; State; Zip Code

P.O. Box 266245, Houston, TX 77207

Principal occupation / Job title (See Instructions)

Engineering Firm

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:

2 of 4

2 FILER NAME

Sofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

1/7/20

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

John W. Hudson

7 Amount of contribution (\$)

500⁰⁰

6 Contributor address; City; State; Zip Code

3014 Fairway Dr., Sugarland TX 77478

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

1/9/20

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

Pipefitters Local Union

Amount of contribution (\$)

2,500⁰⁰

Contributor address; City; State; Zip Code

1301 W. 13th St., Ste A, Deer Park, TX 77536

Principal occupation / Job title (See Instructions)

Union

Employer (See Instructions)

Date

1/8/20

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

Mussette Salazar

Amount of contribution (\$)

1,000⁰⁰

Contributor address; City; State; Zip Code

414 E. Hickman, Port Isabel, TX 78578

Principal occupation / Job title (See Instructions)

Business man

Employer (See Instructions)

Date

1/8/20

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

Cameron Salazar

Amount of contribution (\$)

1,000⁰⁰

Contributor address; City; State; Zip Code

414 E. Hickman, Port Isabel, TX 78578

Principal occupation / Job title (See Instructions)

Business man

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

Sofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

11/8/20

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

Alfonso Salazar

7 Amount of contribution (\$)

1,000⁰⁰

6 Contributor address; City; State; Zip Code

414 E. Hickman, Port Isabel, TX 78578

8 Principal occupation / Job title (See Instructions)

Business man

9 Employer (See Instructions)

Date

11/14/20

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

David + Lori Suissa

Amount of contribution (\$)

200⁰⁰

Contributor address; City; State; Zip Code

P.O. Box 2444, S. P. I., TX 78597

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11/14/20

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

Plumbers Local Union No. 68

Amount of contribution (\$)

2,500⁰⁰

Contributor address; City; State; Zip Code

P.O. Box 8746, Houston, TX 77249

Principal occupation / Job title (See Instructions)

Union

Employer (See Instructions)

Date

11/15/20

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

KCH Enterprise

Amount of contribution (\$)

500⁰⁰

Contributor address; City; State; Zip Code

2709 N. 45th St., McAllen, TX 78501

Principal occupation / Job title (See Instructions)

Individual

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:

4 of 4

2 FILER NAME

Sofia C. Benavides

3 Filer ID# (Ethics Commission Filers)

4 Date

1/31/20

5 Full name of contributor

Sonoma Housing Advisor

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

7 Amount of contribution (\$)

5,000.00

6 Contributor address;

City;

State;

Zip Code

16800 Dallas Parkway #215, Dallas, TX 75248

8 Principal occupation / Job title (See Instructions)

Developer

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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 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: 1034	2 FILER NAME Sofia C Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 1-6-20	5 Payee name H.E.B.	
6 Amount (\$) 205.38	7 Payee address; City; State; Zip Code 2155 Paredes Line Rd., Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(c) <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
Date 1/6/20	Payee name Valle Noticias	
Amount (\$) 300 ⁰⁰	Payee address; City; State; Zip Code 3032 Resaca Vista Drive, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-6-20	Payee name Sams Club	
Amount (\$) 300.58	Payee address; City; State; Zip Code 3570 W. Alton Gloor Blvd., Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 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 of 4	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 1-13-20	5 Payee name All Valley Media	
6 Amount (\$) 382.62	7 Payee address; City; State; Zip Code 221 W. Wilson Ave., Harlingen, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising + Graphics	(b) Description
	(c) <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 Office held
Date 1-21-20	Payee name The Home Depot	
Amount (\$) 227.32	Payee address; City; State; Zip Code 4551 Padre Island Hwy, Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies for Signs	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 Office held
Date 1-21-20	Payee name Cano's Flower Shop	
Amount (\$) 249.74	Payee address; City; State; Zip Code 385 Old Port Isabel Rd., Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Floral Expense for Event	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 Office held

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: 3 of 4	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 1-22-20	5 Payee name Quality Print	
6 Amount (\$) 844.35	7 Payee address; City; State; Zip Code 2165 US Hwy 281, Ste C, Brownsville, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense + Graphics	(b) Description
	(c) <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
Date 1-23-20	Payee name Italia Express	
Amount (\$) 150 ⁰⁰	Payee address; City; State; Zip Code 2370 N. Expressway, Brownsville, Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-24-20	Payee name Carlos Benavides	
Amount (\$) 1,500 ⁰⁰	Payee address; City; State; Zip Code 2010 Lakeline Oaks Drive, Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Video for Advertisement	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 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: 4 of 4	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 1-28-20	5 Payee name El Buen Pastor Methodist	
6 Amount (\$) 250 ⁰⁰	7 Payee address; City; State; Zip Code 435 Boca Chica Blvd., Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description
	(c) <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
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	
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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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