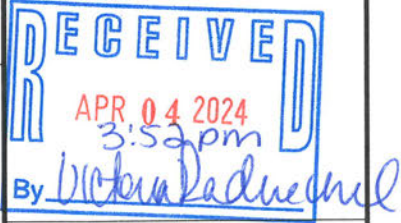


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>10</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / <input checked="" type="radio"/> MRS / MR	FIRST <b>Codi</b>	MI <b>C</b>
	NICKNAME	LAST <b>Chinn</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>106 Comet Dr. Fate, TX 75087</b>		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <b>(972) 523-3432</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MRA	FIRST <b>Gregory</b>	MI <b>D</b>
	NICKNAME	LAST <b>Bray</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>511 Freed Dr. Fate, TX 75087</b>		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <b>(214) 543-3761</b>		
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 <b>1 / 1 / 2024    THROUGH    3 / 25 / 2024</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 4 / 2024</b>		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) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>Council Member, Place 1</b>	
14 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	COMMITTEE NAME <b>Fate 2024</b>	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS <b>2263 Bryant Ln. Fate, TX 75189</b>	
	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME <b>Milford R "Randy" Long</b>	
		COMMITTEE CAMPAIGN TREASURER ADDRESS <b>2263 Bryant Ln. Fate, TX 75189</b>	

**OFFICE USE ONLY**

Date Received  


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**

**15 C/OH NAME** Codi C. Chinn **16 Filer ID (Ethics Commission Filers)**

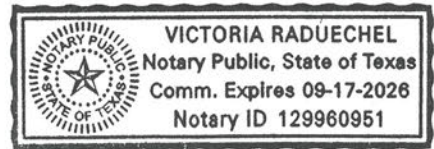
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,465. <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 777.79
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 787.21
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100. <sup>00</sup>

**18 SIGNATURE** 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.

Codi Chinn  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Codi Chinn this the 4 day of April, 2024, to certify which, witness my hand and seal of office.  
Victoria Raduechel Victoria Raduechel Notary Public  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Codi C. Chinn</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>1,465.<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>100.<sup>00</sup></i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>777.79</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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>84</b>
2 FILER NAME <b>Codi C. Chian</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/29/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mark Andrew Hatley</b>	7 Amount of contribution (\$) <b>40.00</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Fate TX 75189</b>		
8 Principal occupation / Job title (See Instructions) <b>VP Operations</b>		9 Employer (See Instructions) <b>Vital Staff</b>
Date <b>2/5/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joanna Marsicano</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Fate TX 75087</b>		
Principal occupation / Job title (See Instructions) <del>Retired</del> <b>Paralegal</b>		Employer (See Instructions) <del>N/A</del> <b>Hughey + Hughey Law Firm</b>
Date <b>2/7/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ronald J. Larsen</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Fate TX 75087</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2/20/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Michael B. Vines</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Fate TX 75189</b>		
Principal occupation / Job title (See Instructions) <b>Insurance Claims Adjuster</b>		Employer (See Instructions) <b>All State</b>

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **34**

2 FILER NAME

**Codi C. Chinn**

3 Filer ID (Ethics Commission Filers)

4 Date

**2/21/24**

5 Full name of contributor

**Mary Ward**

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

7 Amount of contribution (\$)

**100.00**

6 Contributor address:

City:

State:

Zip Code

**Heath TX 75032**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

**N/A**

Date

**3/1/24**

Full name of contributor

**Mark Swindell**

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

Amount of contribution (\$)

**50.00**

Contributor address:

City:

State:

Zip Code

**Fate TX 75087**

Principal occupation / Job title (See Instructions)

**Police Officer**

Employer (See Instructions)

**Dallas Police Department**

Date

**3/4/24**

Full name of contributor

**Michael Brown**

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

Amount of contribution (\$)

**100.00**

Contributor address:

City:

State:

Zip Code

**Fate TX 75087**

Principal occupation / Job title (See Instructions)

**Retired Bus Driver**

Employer (See Instructions)

**AAA Rockwall ISD**

Date

**3/7/24**

Full name of contributor

**Michael Laborde**

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

Amount of contribution (\$)

**500.00**

Contributor address:

City:

State:

Zip Code

**Fate TX 75087**

Principal occupation / Job title (See Instructions)

**Logistics Manager**

Employer (See Instructions)

**Vistara Corp.**

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>84</b>
2 FILER NAME <b>Codi C. Chinn</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/11/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cinda Salinas</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Fate TX 75032</b>		
8 Principal occupation / Job title (See Instructions) <b>Attendant Care</b>		9 Employer (See Instructions) <b>AND Home Healthcare</b>
Date <b>3/15/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Milford R. "Randy" Long</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Fate TX 75189</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>3/15/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Fate 2024</b>	Amount of contribution (\$) <b>225.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Fate TX 75189</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>3/18/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Beverly Bonknight</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Fate TX 75189</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Codi C. Chinn

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/24

5 Full name of contributor

Callie Mennucci

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

7 Amount of contribution (\$) 50.00

6 Contributor address;

City;

State;

Zip Code

[Redacted] Fate TX 75189

8 Principal occupation / Job title (See Instructions)

Admin Wawanesa General Insurance

Employer (See Instructions)

California Policy Management Group

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.

**LOANS**

**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Codi C. Chinn</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS <del>100.</del>		\$ <del>100.</del> <b>0.00</b>
5 Date of loan <b>1/24/24</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Codi C. Chinn</b>	9 Loan Amount (\$) <b>100.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>106 Comet Dr. Fate TX 75087</b>	10 Interest rate <b>0%</b>
		11 Maturity date <del>12/31/2024</del> <b>12/31/2024</b>
12 Principal occupation / Job title (See Instructions) <b>Hairstylist</b>		13 Employer (See Instructions) <b>self</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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

If the requested information is not applicable, DO NOT include this page in the report.

### 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: <b>2</b>	2 FILER NAME <b>Codi C. Chinn</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/12/24</b>	5 Payee name <b>Web Network Solution</b>	
6 Amount (\$) <b>17.98</b>	7 Payee address: <b>106 Comet</b>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Campaign Domain</b>
	(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 <b>Codi C. Chinn</b>	Office sought <b>Fate Council, Place 1</b>
		Office held <b>N/A</b>
Date <b>3/11/24</b>	Payee name <b>First Graphic Services</b>	
Amount (\$) <b>585.20</b>	Payee address: <b>229 Garvon St.</b>	City: State: Zip Code <b>Garland TX 75040</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign Signs</b>
	<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 <b>Codi C. Chinn</b>	Office sought <b>Fate Council, Place 1</b>
		Office held <b>N/A</b>
Date <b>3/18/24</b>	Payee name <b>Datha Matthews</b>	
Amount (\$) <b>75.00</b>	Payee address: <b>113 Stevenson Dr</b>	City: State: Zip Code <b>Fate TX 75087</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>T-Shirts</b>
	<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 <b>Codi C. Chinn</b>	Office sought <b>Fate Council, Place 1</b>
		Office held <b>N/A</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
2	Cooli C. Chian	
<b>4</b> Date	<b>5</b> Payee name	
3/25/24	Minuteman Press	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
99.61	1104-B Ridge Rd.	Rockwall TX 75087
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	Advertising Expense	Push cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<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
	<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
<b>PURPOSE OF EXPENDITURE</b>	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