# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR  MRS  JENNIFE  NICKNAME  LAST	MI T SUFFIX	OFFICE USE ONLY  Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CO	EXTENSION	JUL 16 2018  Office of City Secretary City of Sugar Land, TX  @ 2:40p.m. by Hap
OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MRS JOY NICKNAME LAST WILLIAM	MI Msuffix	Date Hand-delivered or Date Postmarked  Olifo S  Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before electrical July 15 8th day before electrical strains and strains are strains.		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 2 / 16 / 2018	THROUGH 7	Day Year / 16 / 2018
11 ELECTION	ELECTION DATE  Month Day Year Primary  5 / 5 / 2018	ELECTION TYPE  Runoff  Other Description  Special	
12 OFFICE	OFFICE HELD (IF ANY)  At LARGE POSMONZ	13 OFFICE SOUGHT (if known)	
	GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

į										
	14 C/OH NAME	ENNIFE	R LANE 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 OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.								
		COMMITTEE TYPE	COMMITTEE NAME							
		GENERAL								
		SPECIFIC	COMMITTEE ADDRESS							
			COMMITTEE CAMPAIGN TREASURER NAME							
	Additional Pages									
			COMMITTEE CAMPAIGN TREASURER ADDRESS							
	17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$						
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ \$\frac{1}{4}700.00								
	EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED								
		4. TOTAL POLITICAL EXPENDITURES \$ 3,693,77								
	CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 3,693.77  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,006.23								
	OUTSTANDING LOAN TOTALS	6. TOTAL I LAST D	\$							
The second secon	Notar My C	HERCULES HARRIS III y ID # 126517278 ommission Expires May 13, 2020	I swear, or affirm, under penalty of perjutrue and correct and includes all inform under Title 15, Election Code.  Signature of Candida	ation required to be reported by me						
	AFFIX NOTARY STAM	IP/SEALABOVE	Signature of Candida	ate of Officeriolides						
	Sworn to and subsc	10		, this the						
	day of July	, 20 <u>/</u> &,	to certify which, witness my hand and seal of office.							
	The He	raks Hais	Thomas Herceles Harris H	Atolory Public						
	Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath						

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILERNAME JENNIFER LANE 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,700.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <del></del>
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u> </u>
4. SCHEDULE E: LOANS	\$ <i>-</i>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3693.77
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ _
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ _
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ _
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 10-00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OI	+ \$ -
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>_</i>
12. 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: 3
2 FILER NAME JENNIFER LANE	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
Stay at home  Stay at home	
Date  Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Harrell + John	itions) INS Dentistry
Date  Full name of contributor   out-of-state PAC (ID#:)  JAMES SHEEN DEVGEN  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)   Employer (See Instructions)	Amount of contribution (\$)  # 50.00  ctions)
Date  Full name of contributor  MICHAEL KUZAR  Contributor address:  City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  # 300,00
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JENNIFER LANE 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#: LAVY JOHNSON 6 Contributor address; City; State; Zip Code \$ 1,000.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) President Johnson Development Amount of contribution (\$) The Muller Law Group 4/12/18 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Tameson \$500,00 4/17/18 Financial Planner WJ Intrests out-of-state PAC (ID#: Amount of contribution (\$) 4/18/18 Principal occupation / Job title (See Instructions) COMMUNITY RELATIONS MAY. Employer (See Instructions) FORT BOND COUNTY 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME LENNIFER LANE 5 Full name of contributor | out-of-state PAC (ID#: DAVID JOHN STON 6 Contributor address; City; State; Zip Code 4 Date 7 Amount of contribution (\$) 4/19/18 \$ 500.00 Principal occupati Retired Brown + Gay Engineers Date 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 (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ City; State; Zip Code Contributor address; 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.

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (out of processors) and lighted should

Candidate/Officenoider/Politica Credit Card Payment	-	Salaries/ n Guide explains how to	complete this form.	Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME JENN	IFER LAI	VE	3 Filer ID (Ethics Commission Filers)				
4 Date 3/23/18	- D	emembere	d					
6 Amount (\$)		ity; State; Zip Code						
\$ 35.71								
8	(a) Category (See Categories listed	d at the top of this schedule)	(b) Description					
PURPOSE OF	1			outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Other		L Crieck ii Ausui	in, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought	Office held				
Date	Payee name							
419118	Jenny Car	ter						
Amount (\$)	Payee address; Cit	ity; State; Zip Code						
# 36.00								
	Category (See Categories listed	at the top of this schedule)	Description	,				
PURPOSE OF	İ			rutside of Texas. Complete Schedule T.				
EXPENDITURE	Advertising	9	CHECK II Ausun	n, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Office sought	Office held				
Date	Payee name							
4/12/18	10.	PHICS						
Amount (\$)	Payee address; Cit	ty; State; Zip Code						
\$360,47								
_	Category (See Categories listed	at the top of this schedule)	Description					
PURPOSE OF	i		I —	utside of Texas. Complete Schedule T. n, TX, officeholder living expense				
EXPENDITURE	Advertising	J	Oneon ii .	, IX, отпселющег пушу ехреное				
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							

### 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 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

Candidate/Officeholder/Politica Credit Card Payment	•	Legal Service			/ages/Contract Labor	Travel Out Of Dis Other (enter a cat	strict tegory not listed above)
*			uction Guide explains	s how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA	AME JE	ENNIFER	'LAN	VE	3 Filer ID (Eth	hics Commission Filers)
4 Date 4/18/18	5 Payee na	ame	RAPMCS				
6 Amount (\$)	7 Payee ad	Idress;	City; State; Zip	p Code		***************************************	
\$319.34							
8	(a) Category	(See Categorie	es listed at the top of this so	chedule)	(b) Description		
PURPOSE				1		outside of Texas. Complet	
OF EXPENDITURE	Adve	ertisii	ng		L Check it Ausu	tin, TX, officeholder livi	ing expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeho	older name		Office sought		Office held
Date	Payee nar	me					
4/19/18	NBD	) GR	PAPHICS				
Amount (\$)	Payee add	idress;	City; State; Zip	p Code			
629.85							
	Category	(See Categorie	es listed at the top of this sch	chedule)	Description		
PURPOSE OF	A .					utside of Texas. Complete	
EXPENDITURE	Alver	hsin	.9		L Check if Austin	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeho	older name		Office sought		Office held
Date	Payee na	ame					
4/20/18	NBC	) GR.	APHICS				
Amount (\$)	Payee add	dress;	City; State; Zip	p Code		<u> </u>	
127.19							
	Category	(See Categories	es listed at the top of this sch	:hedule)	Description		
PURPOSE OF	1					utside of Texas. Complete	
	Adve	(tisi)	rg		Check it Austin	n, TX, officeholder livin	ig expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeho	older name		Office sought		Office held
***************************************	ATT	ACH ADDI	TONAL COPIES C	OF THIS S	CHEDULE AS NEE	EDED	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	By	Food/Beverage I Gift/Awards/Mer Legal Services		Polling Experience Printing Experience Salaries/Wad		Travel In District Travel Out Of District Other (enter a cate	ict gory not listed above)
Credit Card Payment		Ū	ion Guide explai	•	npiete this form.	outer (effect a care)	gory normoles above)
1 Total pages Schedule F1:	2 FILER NA	ME JEI	VNIFEX	2 LA	NE	3 Filer ID (Ethi	cs Commission Filers)
4 Date 4/25/18	5 Payee per		A PRIN		-		
6 Amount (\$)	7 Payee add	dress;	City; State;	Zip Code			}
ジャーリ		,					
8	(a) Category	(See Categories li	sted at the top of this	schedule)	(b) Description Checkiftravel	outside of Texas. Complete	Schedule T.
PURPOSE OF EXPENDITURE	PRIN	TING	EXP.		<del>[]</del>	stin, TX, officeholder livin	
9 Complete ONLY if direct expenditure to benefit C/OF		te / Officehold	der name	ı.	Office sought		Office held
Date	Payee nan	ne					
4/24/18	NE	30 6	FRAPH	ICS			
Amount (\$)	Payee add	iress;	City; State;	Zip Code			
254.39							
	Category	(See Categories li	sted at the top of this	schedule)	Description		
PURPOSE OF						outside of Texas. Complete : tin, TX, officeholder living	
EXPENDITURE	Adv	ertisi	ng		Officer if Aus	un, 12, omeender nyng	y expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholo	ler name	<u>-</u>	Office sought		Office held
Date	Payee nar	me					
420/18	Lo	we's					
Amount (\$)	Payee add	lress;	City; State;	Zip Code			
21.61							
	Category	(See Categories li	sted at the top of this	schedule)	Description		
PURPOSE OF	•					outside of Texas. Complete : tin, TX, officeholder living	
EXPENDITURE	Othe	CV			Land Officer if Aust	an, in, omognous aviit	, experien
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officehol	der name	···········	Office sought		Office held
	ATT	ACH ADDITI	ONAL COPIES	OF THIS SO	CHEDULE AS NE	EDED	

### 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 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services	•	Salaries	s/Wages/Contract Labor	Other (enter a category not listed above)
General ayındı.	<u> </u>	The Instruc	tion Guide expla	ins how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NA	ME SE	ENNIFE	ER	LANE	3 Filer ID (Ethics Commission Filers)
4 Date 4/27/18	5 Payee nam	"Tex	ry Re	240	25	
6 Amount (\$)	7 Payee add	ress;	City; State;	Zip Code		
200.00						
8	(a) Category	(See Categories	listed at the top of this	s schedule)	(b) Description	
PURPOSE					[	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Adve	rtisii	ng		Check if Austi	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF		te / Officehol	der name		Office sought	Office held
Date	Payee nam					
5/1/18	CV					
Amount (\$)	Payee add	iress;	City; State;	Zip Code		
25.00						
	Category (	See Categories	listed at the top of this	schedule)	Description	
PURPOSE Check if travel outside of Texas. Complete Schedule T.						
OF EXPENDITURE	Pollin	g ey	pense		Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officehol	der name		Office sought	Office held
Date	Payee nan	ne				
5/9/18	JE	NNY	CARTE	R	<del> </del>	
Amount (\$)	Payee add	ress;	City; State;	Zip Code		
120.00						
	Category (	See Categories	listed at the top of this	schedule)	Description	
PURPOSE						utside of Texas. Complete Schedule T.
OF EXPENDITURE	Adve	vtisiv	g		Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officehol	der name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### 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 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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services		Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guid	e explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME JENN	IFER L	ANE	3 Filer ID (Ethics Commission File	ers)	
4 Date 5/9/18	5 Payee name DEEP	ROOTS				
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
212.17						
8	(a) Category (See Categories listed at the	top of this schedule)	(b) Description			
PURPOSE			i —	rtside of Texas. Complete Schedule T.		
OF EXPENDITURE	Other		Check if Austir	a, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	•	Office sought	Office held		
Date	Payee name					
5/9/18	Hallmark					
Amount (\$)	Payee address; City; S	state; Zip Code				
4.33		,				
	Category (See Categories listed at the	top of this schedule)	Description			
PURPOSE Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
EXPENDITURE	Other		Control of the second	TA, Universities in ing expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	)	Office sought	Office held		
Date	Payee name					
6/28/18	MAGANA N	PEDIA				
Amount (\$)	Payee address; City; S	State; Zip Code				
150,00			.,			
	Category (See Categories listed at the	top of this schedule)	Description			
PURPOSE OF	d -	0		side of Texas. Complete Schedule T.		
EXPENDITURE	CONSULTING	EXP.	Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	Ð	Office sought	Office held		
	ATTACH ADDITIONAL (	OPIES OF THIS	SCHEDULE AS NEE	DED		

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Giff/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 (expense opticited above)

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 G:	2 FILER NAME JENNIFER LI	ANE 3 Filer ID (Ethics Commission Filers)					
4 Date 2/22/18		ANE 3 Filer ID (Ethics Commission Filers)  ORT BEND COUNTY CLERK					
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fee - BANKING	(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/C		Office sought Office held					
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
Reimbursement from political contributions intended		Table 2					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held					
Date	Payee name						
Amount (\$)  Reimbursement from political contributions	Payee address; City; State; Zip Code						
intended  PURPOSE  OF  EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							