

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: <div style="text-align: center; font-size: 24px;">6</div>																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:33%; border-bottom: 1px solid black;">FIRST <div style="text-align: center; font-size: 24px;">Carol</div></td> <td style="width:33%; border-bottom: 1px solid black;">MI <div style="text-align: center; font-size: 24px;">K</div></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST <div style="text-align: center; font-size: 24px;">Mc Cutcheon</div></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 24px;">Carol</div>	MI <div style="text-align: center; font-size: 24px;">K</div>	NICKNAME	LAST <div style="text-align: center; font-size: 24px;">Mc Cutcheon</div>	SUFFIX	<div style="text-align: center; font-weight: bold; font-size: 12px;">OFFICE USE ONLY</div> <div style="padding: 5px;">Date Received <div style="font-size: 24px; text-align: center;">July 10, 2020 by H. Jimeno</div></div>																
MS / MRS / MR	FIRST <div style="text-align: center; font-size: 24px;">Carol</div>	MI <div style="text-align: center; font-size: 24px;">K</div>																						
NICKNAME	LAST <div style="text-align: center; font-size: 24px;">Mc Cutcheon</div>	SUFFIX																						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">ADDRESS / PO BOX;</td> <td style="width:20%; border-bottom: 1px solid black;">APT / SUITE #;</td> <td style="width:20%; border-bottom: 1px solid black;">CITY;</td> <td style="width:10%; border-bottom: 1px solid black;">STATE;</td> <td style="width:20%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; background-color: black; height: 40px;">[REDACTED]</td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	[REDACTED]															
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																				
[REDACTED]																								
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:40%; border-bottom: 1px solid black;">EXTENSION</td> </tr> <tr> <td colspan="3" style="text-align: center; background-color: black; height: 20px;">[REDACTED]</td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	[REDACTED]			<input checked="" type="checkbox"/> Date Hand-delivered <input type="checkbox"/> Date Postmarked <div style="font-size: 24px; text-align: center;">7/10/2020 4:00 p.m.</div>														
AREA CODE	PHONE NUMBER	EXTENSION																						
[REDACTED]																								
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:33%; border-bottom: 1px solid black;">FIRST <div style="text-align: center; font-size: 24px;">Carol</div></td> <td style="width:33%; border-bottom: 1px solid black;">MI <div style="text-align: center; font-size: 24px;">A</div></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST <div style="text-align: center; font-size: 24px;">Crowley</div></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 24px;">Carol</div>	MI <div style="text-align: center; font-size: 24px;">A</div>	NICKNAME	LAST <div style="text-align: center; font-size: 24px;">Crowley</div>	SUFFIX	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged										
MS / MRS / MR	FIRST <div style="text-align: center; font-size: 24px;">Carol</div>	MI <div style="text-align: center; font-size: 24px;">A</div>																						
NICKNAME	LAST <div style="text-align: center; font-size: 24px;">Crowley</div>	SUFFIX																						
Receipt #	Amount \$																							
Date Processed																								
Date Imaged																								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; border-bottom: 1px solid black;">APT / SUITE #;</td> <td style="width:20%; border-bottom: 1px solid black;">CITY;</td> <td style="width:10%; border-bottom: 1px solid black;">STATE;</td> <td style="width:20%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; background-color: black; height: 40px;">[REDACTED]</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	[REDACTED]															
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																				
[REDACTED]																								
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:40%; border-bottom: 1px solid black;">EXTENSION</td> </tr> <tr> <td colspan="3" style="text-align: center; background-color: black; height: 20px;">[REDACTED]</td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	[REDACTED]																	
AREA CODE	PHONE NUMBER	EXTENSION																						
[REDACTED]																								
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 (Officerholder Only)	<input checked="" 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)													
<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 (Officerholder Only)																					
<input checked="" 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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">Month</td> <td style="width:25%; text-align: center;">Day</td> <td style="width:25%; text-align: center;">Year</td> <td style="width:25%; text-align: center;">THROUGH</td> <td style="width:25%; text-align: center;">Month</td> <td style="width:25%; text-align: center;">Day</td> <td style="width:25%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 24px;">1</td> <td style="text-align: center; font-size: 24px;">/</td> <td style="text-align: center; font-size: 24px;">1</td> <td></td> <td style="text-align: center; font-size: 24px;">6</td> <td style="text-align: center; font-size: 24px;">/</td> <td style="text-align: center; font-size: 24px;">30</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; font-size: 24px;">/ 2020</td> <td></td> <td colspan="2"></td> <td style="text-align: center; font-size: 24px;">/ 2020</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1	/	1		6	/	30			/ 2020				/ 2020
Month	Day	Year	THROUGH	Month	Day	Year																		
1	/	1		6	/	30																		
		/ 2020				/ 2020																		
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center; border-bottom: 1px solid black;">ELECTION DATE</td> </tr> <tr> <td style="width:33%; border-bottom: 1px solid black;">Month</td> <td style="width:33%; border-bottom: 1px solid black;">Day</td> <td style="width:33%; border-bottom: 1px solid black;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 24px;">5</td> <td style="text-align: center; font-size: 24px;">/</td> <td style="text-align: center; font-size: 24px;">4 / 2019</td> </tr> </table>	ELECTION DATE			Month	Day	Year	5	/	4 / 2019	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center; border-bottom: 1px solid black;">ELECTION TYPE</td> </tr> <tr> <td style="width:33%;"><input type="checkbox"/> Primary</td> <td style="width:33%;"><input type="checkbox"/> Runoff</td> <td style="width:33%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special				
ELECTION DATE																								
Month	Day	Year																						
5	/	4 / 2019																						
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) <div style="font-size: 24px;">Sugar Land City Council District 4</div>	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 Carol R McCutcheon 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

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)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,582.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,260.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,000.00

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.

Carol R. McCutcheon
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol McCutcheon, this the 10th day of July, 2020, to certify which, witness my hand and seal of office.

Natalie Serrano Signature of officer administering oath
Natalie Serrano Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Carol R. McCutcheon</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 1,582.07
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	\$



POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

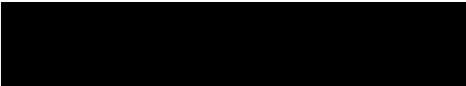


Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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: 3		2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)	
4 Date 1/6/20		5 Payee name Campaign Partner			
6 Amount (\$) 15.00		7 Payee address; 		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website		(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 Campaign Partner			
Amount (\$) 29.00		Payee address; 		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website		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 2/24/20		Payee name Campaign Partner			
Amount (\$) 29.00		Payee address; 		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website		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	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>Carol K. McCutcheon</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>3/23/20</i>	5 Payee name <i>Campaign Partner</i>
--------------------------	---

6 Amount (\$) <i>29.00</i>	7 Payee address; 	City;	State;	Zip Code
-------------------------------	----------------------	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Website</i>	(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 <i>4/23/20</i>	Payee name <i>Campaign Partner</i>
------------------------	---------------------------------------

Amount (\$) <i>29.00</i>	Payee address; 	City;	State;	Zip Code
-----------------------------	--------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Website</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>5/26/20</i>	Payee name <i>Campaign Partner</i>
------------------------	---------------------------------------

Amount (\$) <i>29.00</i>	Payee address; 	City;	State;	Zip Code
-----------------------------	--------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Website</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 <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 FILER NAME <i>Carol K. McCutcheon</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>6/23/20</i>	5 Payee name <i>Campaign Partner</i>
--------------------------	---

6 Amount (\$) <i>29.00</i>	7 Payee address: 	City:	State:	Zip Code
-------------------------------	----------------------	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Website</i>	(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 <i>5/22/20</i>	Payee name <i>Carol K. McCutcheon</i>
------------------------	--

Amount (\$) <i>1,393.07</i>	Payee address: 	City:	State:	Zip Code
--------------------------------	--------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Loan Repayment</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 <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