

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>ANDREW</u>	MI <u>W.</u>	Date Received	
	NICKNAME <u>BRAUNINGER</u>	LAST	SUFFIX	<u>10/31/15</u>	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-Delivered or Date Postmarked	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<u>10/31/15</u>	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #	Amount \$
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	Date Processed	
	<u>9/25/2015</u>		<u>10/24/2015</u>	<u>10/31/15</u>	
				Date Mailed	<u>10/31/15</u>

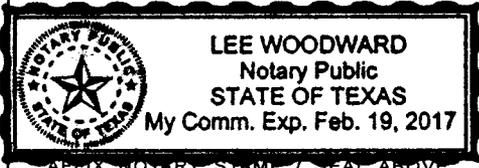
6 EXPLANATION OF CORRECTION
Line 5 COM p. 3

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Andy Brauninger, this the 31st day of October

2015, to certify which, witness my hand and seal of office.

[Signature] Lee Woodward City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>10</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>ANDREW</u>	M.I. <u>W.</u>	Date Received <u>YW 10/28/15</u>	
	NICKNAME	LAST <u>BRAUNINGER</u>	SUFFIX	Date Hand-Delivered or Date Postmarked <u>YW 10/28/15</u>	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	Amount \$
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Processed <u>YW 10/28/15</u>	Date Mailed <u>YW 10/28/15</u>
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 6th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED		Month <u>9</u> Day <u>25</u> Year <u>2015</u> THROUGH	Month <u>10</u> Day <u>24</u> Year <u>2015</u>		

6 EXPLANATION OF CORRECTION
*incorrect amount paid to Huntsville
totals on COHP. 2*

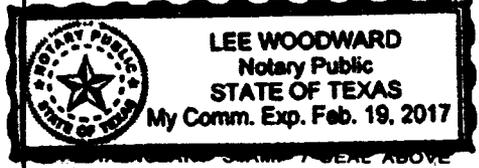
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Andrew Brauning
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Andy Brauning, this the 28th day of October, 2015 to certify which, witness my hand and seal of office.

Lee Woodward Signature of officer administering oath
Lee Woodward Printed name of officer administering oath
City Secretary Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

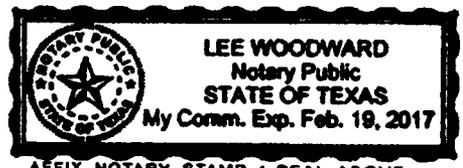
1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	FIRST ANDREW	M.	Date Received 10/27/15	
	NICKNAME	LAST BRAUNINGER	SUFFIX	Date Hand-delivered or Date Postmarked 10/27/15	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount \$	
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed 10/27/15	
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Logged 10/27/15	

6 EXPLANATION OF CORRECTION
*Correction of date on cover sheet
 correction of date for contribution*

7 AFFIDAVIT
 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Andy Brauninger
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Andy Brauninger this the 27th day of October, 2015 to certify which, witness my hand and seal of office.

Lee Woodward
 Signature of officer administering oath

Lee Woodward City Secretary
 Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 Filer)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST ANDREW	MI W.
	NICKNAME	LAST BRAUNINGER	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	885 ELKINS LAKE HUNTSVILLE, TEXAS 77340		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(936)	295-2180	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST MARLENE	MI M.
	NICKNAME	LAST BRAUNINGER	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (AND PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	432 GREENBRIAR HUNTSVILLE, TEXAS 77340		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(936)	295-2180	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 60th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month	Day	Year
	9	25	2015
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11 / 3 / 2015	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
12 OFFICE	OFFICE HELD (if any)	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
	COUNCILMAN AT LARGE POSITION 1	MAYOR	

OFFICE USE ONLY

Date Received
10/26/15

Date Hand-Delivered or Date Postmarked
10/26/15

Project #
10/26/15

Amount \$
10/26/15

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

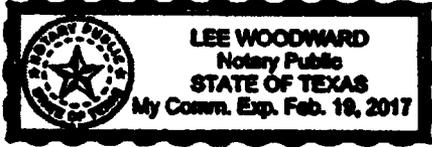
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ #150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4710.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ φ
	4. TOTAL POLITICAL EXPENDITURES	\$ 4755.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 481.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ φ

18 AFFIDAVIT



LEE WOODWARD
Notary Public
STATE OF TEXAS
My Comm. Exp. Feb. 18, 2017

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.

Andy Bauringer

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Bauringer this the 26th day of October, 2015 to certify which, witness my hand and seal of office.

Lee Woodward

Signature of officer administering oath

Lee Woodward City Secretary

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filer)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4710.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4755.86
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COH	\$ 0
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
9/28

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
249 BROADMOOR HUNTSVILLE, TX 77340

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)

Date
9/29

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1624 AVE D HUNTSVILLE TX 77340

Principal occupation / Job title (See Instructions)
RETIRED JUDGE

Employer (See Instructions)

Date
9/29

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
133 PARK LANE HUNTSVILLE, TX 77340

Principal occupation / Job title (See Instructions)
PHYSICIAN

Employer (See Instructions)

Date
10/5

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
218 WATER'S EDGE HUNTSVILLE, TX 77340

Principal occupation / Job title (See Instructions)
RETIRED

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 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

10/5

SANDRA MUNS

\$50.00

6 Contributor address:

City: State: Zip Code

1920-20th St. HUNTSVILLE, TEXAS

77340

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

RETIRED

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

10/5

JOYCE PATTERSON

\$100.00

Contributor address:

City: State: Zip Code

562 ELKINS LAKE HUNTSVILLE, TX

77340

Principal occupation / Job title (See instructions)

Employer (See instructions)

RETIRED

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

10/5

GUENDA HIGH

\$100.00

Contributor address:

City: State: Zip Code

386 ELKINS LAKE HUNTSVILLE, TEXAS

77340

Principal occupation / Job title (See instructions)

Employer (See instructions)

RETIRED

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

10/8
10/31

MARLENE BRAUNINGER

\$1050.00

Contributor address:

City: State: Zip Code

885 ELKINS LAKE HUNTSVILLE, TEX.

77340

Principal occupation / Job title (See instructions)

Employer (See instructions)

RETIRED

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 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/21

5 Full name of contributor

DOUG + BARBARA WALL

out-of-state PAC (DF: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

965 ELKINS LAKE HUNTSVILLE, TX. 77340

City: State: Zip Code

8 Principal occupation / Job title (See instructions)

RETIRED

9 Employer (See instructions)

Date

10/22

Full name of contributor

ANDREW BRAUNINGER

out-of-state PAC (DF: _____)

Amount of contribution (\$)

\$1025.00

Contributor address;

885 ELKINS LAKE HUNTSVILLE, TX
77340

City: State: Zip Code

Principal occupation / Job title (See instructions)

MARITIME EXEC.

Employer (See instructions)

Date

10/22

Full name of contributor

HERBERT MINYARD

out-of-state PAC (DF: _____)

Amount of contribution (\$)

\$60.00

Contributor address;

260 ELKINS LAKE HUNTSVILLE, TX
77340

City: State: Zip Code

Principal occupation / Job title (See instructions)

RETIRED

Employer (See instructions)

Date

10/26

Full name of contributor

MILTON KOEBSCHKE

out-of-state PAC (DF: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

3802 BOETTCHER DR HUNTSVILLE, TX
77340

City: State: Zip Code

Principal occupation / Job title (See instructions)

RETIRED

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

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Printing Expense

Salary/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By

The Instruction Guide explains how to complete this form.

1 Total number of Schedule F: **2** 2 FILER NAME: **MARLENE M. BRAUNINGER** 3 ACCOUNT # (Ethics Commission Form):

4 Date: **9-30-2015** 5 Payee name: **WAGAMON PRINTING**

6 Amount (\$): **\$1958.64** 7 Payee address: **1410 Sycamore** City: **Huntsville** State: **Texas** Zip Code: **77340**

8 PURPOSE OF EXPENDITURE: **ADVERTISING** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T): **SIGNS**

9 Complete ONLY if direct expenditure to benefit C/OH: **ANDREW W. BRAUNINGER** Candidate / Officeholder name: **MAYOR** Office sought: **COUNCILMAN AT LARGE POSITION 1** Office held:

Date: **10-7-15** Payee name: **WAGAMON PRINTING**

Amount (\$): **\$752.22** Payee address: **1410 Sycamore** City: **Huntsville** State: **Texas** Zip Code: **77340**

PURPOSE OF EXPENDITURE: **ADVERTISING** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T): **POST CARDS**

Complete ONLY if direct expenditure to benefit C/OH: **ANDREW W. BRAUNINGER** Candidate / Officeholder name: **MAYOR** Office sought: **COUNCILMAN AT LARGE POSITION 1** Office held:

Date: **10-15-2015** Payee name: **U.S. POST OFFICE**

Amount (\$): **\$915.00** Payee address: **3190 HWY 30 WEST** City: **Huntsville** State: **Texas** Zip Code: **77340**

PURPOSE OF EXPENDITURE: **POSTAGE** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T): **POST CARDS**

Complete ONLY if direct expenditure to benefit C/OH: **ANDREW W. BRAUNINGER** Candidate / Officeholder name: **MAYOR** Office sought: **COUNCILMAN AT LARGE POSITION 1** Office held:

Date: **10-21-2015** Payee name: **FIRST NATIONAL BANK**

Amount (\$): **\$33.00** Payee address: **1300-11th Street** City: **Huntsville** State: **Texas** Zip Code: **77340**

PURPOSE OF EXPENDITURE: **NEW CHECKS** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T): **NEW CHECKS**

Complete ONLY if direct expenditure to benefit C/OH: **ANDREW W. BRAUNINGER** Candidate / Officeholder name: **MAYOR** Office sought: **COUNCILMAN AT LARGE POSITION 1** Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|--------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Raising Expenses | Transportation Equipment & Related Expenses |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidates/Officeholders/Political Committee |
| Event Expense | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME MARLENE M BRAUNINGER	3 ACCOUNT # (Ethics Commission Files)
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4 Date 10-22-2015	5 Payee name HUNTSVILLE ITEM
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6 Amount (\$) 1097.00	7 Payee address: City, State, Zip Code 1409-10th STREET HUNTSVILLE, TEXAS 77340
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) NEWSPAPER ADD
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANDREW W. BRAUNINGER	Office sought MAYOR	Office held COUNCILMAN AT LARGE POSITION 1
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Date	Payee name
------	------------

Amount (\$)	Payee address: City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address: City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address: City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED