

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

9

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>C</u>	FIRST <u>LUIS</u>	MI <u>M.</u>	OFFICE USE ONLY
	NICKNAME <u>MIKE</u>	LAST <u>RODRIGUEZ</u>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <u>10218 BRAEMAR DR.</u>			Date Received
	CITY: <u>Austin, TX</u> STATE: <u>TX</u> ZIP CODE: <u>78747</u>			Date Hand-delivered or Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(512)</u>	PHONE NUMBER <u>363-9689</u>	EXTENSION	Receipt #
				Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>C</u>	FIRST <u>C.</u>	MI <u>DEAN</u>	Date Imaged
	NICKNAME	LAST <u>GOODNIGHT</u>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <u>4504 S. CONGRESS AVE.</u>			
	CITY: <u>Austin</u> STATE: <u>TX</u> ZIP CODE: <u>78745</u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(512)</u>	PHONE NUMBER <u>422</u>	EXTENSION <u>2619</u>	
9 REPORT TYPE	<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 (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year		THROUGH	Month Day Year
	<u>05/05/2014</u>			<u>06/30/2014</u>
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			<u>Austin City Council, District 5</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MIKE RODRIGUEZ

15 ACCOUNT # (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.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$ 47.

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5231.95

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2,242.95

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 9,665.05

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5,000.-

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.

Luis M Rodriguez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Luis M Rodriguez, this the 12th day of July, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

PAULA M. BOYD
NOTARY PUBLIC
State of Texas

Printed name of officer administering oath

Paula M Boyd
Notary Public

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

L. MIKE RODRIGUEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

05/10/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

C. DEAN GOODNIGHT

6 Contributor address; City; State; Zip Code

10220 PINEHURST DR.

Austin TX 78747

7 Amount of contribution (\$)

\$350.

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Commercial Property Developer / CEO

10 Employer (See Instructions)

SELF - GOODNIGHT PROPERTIES

Date

06/03/14

Full name of contributor

☐ out-of-state PAC (ID#)

FREDERIC & EUGENE HANNAH

Contributor address; City; State; Zip Code

10208 RIVER PLANTATION DR.

Austin TX 78747

Amount of contribution (\$)

\$500.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Military Officer / Lt. Col.

Employer (See Instructions)

USAF (RETIRED)

Date

06/21/2014

Full name of contributor

☐ out-of-state PAC (ID#)

LEONA EVANS

Contributor address; City; State; Zip Code

10218 BRAEMAR DR.

Austin TX 78747

Amount of contribution (\$)

\$100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

FEDERAL CIVIL SERVICE

Employer (See Instructions)

RETIRED U.S. GOVT.

Date

06/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM & JANE FISER

Contributor address; City; State; Zip Code

10702 LEGENDS LN.

Austin TX 78747

Amount of contribution (\$)

\$100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Military Officer / Lt. Col.

Employer (See Instructions)

USAF, Retired

Date

06/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM M. & JOAN COOKE

Contributor address; City; State; Zip Code

11132 PINEHURST DR.

Austin TX 78747

Amount of contribution (\$)

\$100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 5

2 FILER NAME

Luis MIKE RODRIGUEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/25/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

William PORTER

6 Contributor address; City; State; Zip Code

10501 PINEHURST DR.
AUSTIN TX 78747

7 Amount of contribution (\$)

\$50.

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

MILITARY / COLONEL

10 Employer (See Instructions)

USAF Retired

Date

06/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

H.K. and ANNE Robertson

Contributor address; City; State; Zip Code

10406 PINEHURST DR.
AUSTIN TX 78747

Amount of contribution (\$)

\$350.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

RETIRED

Date

06/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

JERRY STAUB

Contributor address; City; State; Zip Code

2408 ONIONCREEK PKWY.
AUSTIN TX 78747

Amount of contribution (\$)

\$300.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

06/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

CLYDE & ELIZA WALLS

Contributor address; City; State; Zip Code

4504 WILD DUNES CT.
AUSTIN TX 78747

Amount of contribution (\$)

\$100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

VP-LEGAL AFFAIRS

Employer (See Instructions)

AMERICAN ACHIEVEMENT CORP.

Date

06/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

JERRY TUCKER

Contributor address; City; State; Zip Code

11213 COUNTY DAWN DR.
AUSTIN TX 78747

Amount of contribution (\$)

\$50.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

REAL ESTATE AGENT

Employer (See Instructions)

ULTD LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 5

2 FILER NAME

Luis M. ("MIKE") RODRIGUEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/25/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

ROY & BONITA DALTON

6 Contributor address; City; State; Zip Code

2207 Baltusrol

Austin TX 78747

7 Amount of contribution (\$)

\$100.

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Military Officer, Colonel

10 Employer (See Instructions)

USAF Retired

Date

06/25/2014

Full name of contributor

☐ out-of-state PAC (ID#)

BEVERLY A. DRAWE

Contributor address; City; State; Zip Code

4800 INTERLACHEN Ln.

Austin TX 78747

Amount of contribution (\$)

\$350.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

06/25/2014

Full name of contributor

☐ out-of-state PAC (ID#)

BEVERLY J. GIBBS

Contributor address; City; State; Zip Code

4800 INTERLACHEN Ln.

Austin TX 78747

Amount of contribution (\$)

\$350.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

06/25/2014

Full name of contributor

☐ out-of-state PAC (ID#)

KATHY PILLMORE

Contributor address; City; State; Zip Code

10001 JUPITER HILLS DR.

Austin TX 78747

Amount of contribution (\$)

\$350.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PUBLIC RELATIONS & COMMUNICATIONS PAC

Employer (See Instructions)

SELF - K PILLMORE COMMUNICATIONS

Date

06/25/2014

Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD & JOANN MEYER

Contributor address; City; State; Zip Code

2504 Royal Lyttam Dr.

Austin TX 78747

Amount of contribution (\$)

\$100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Military Officer, Brigadier General

Employer (See Instructions)

USAF retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 of 5

2 FILER NAME

Luis "MIKE" RODRIGUEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/25/2014

5 Full name of contributor

☐ out-of-state PAC (ID#)

FREDERIC AND ELGENE HANNAH

6 Contributor address; City; State; Zip Code

10208 River Plantation
Austin, TX 78747

7 Amount of contribution (\$)

\$200.

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Military Officer, Lt Col

10 Employer (See Instructions)

USAF Retired

Date

06/25/2014

Full name of contributor

☐ out-of-state PAC (ID#)

CLARENCE HOUGH & JANICE HOUGH

Contributor address; City; State; Zip Code

4708 INTERLACHEN
Austin TX 78747

Amount of contribution (\$)

\$100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

06/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

DONALD & JEAN MILBERGER

Contributor address; City; State; Zip Code

10519 River Plantation Dr.
Austin TX 78747

Amount of contribution (\$)

\$100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

06/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN & PEGGY NEEL

Contributor address; City; State; Zip Code

10716 Scioto Ct.
Austin, TX 78747

Amount of contribution (\$)

\$100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

06/27/2014

Full name of contributor

☐ out-of-state PAC (ID#)

BILL & ANNA SHEFTALL

Contributor address; City; State; Zip Code

2300 INNISBROOK DR.
Austin TX 78747

Amount of contribution (\$)

\$250.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ACCOUNT MGR Wi-Fi Svcs

AT&T

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 5

2 FILER NAME

Luis "MIKE" RODRIGUEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/25/14

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

ROBERT & JUDY LARSEN

6 Contributor address; City; State; Zip Code

5013 INTERLACHEN LN.
AUSTIN TX 78747

7 Amount of contribution (\$)

\$334.95

8 In-kind contribution description (if applicable)

FOOD & BEVERAGE
for hosted
fundraiser

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

UNIVERSITY PROFESSOR

10 Employer (See Instructions)

TEXAS STATE UNIVERSITY

Date

06/25/14

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

RICHARD PERRONE

Contributor address; City; State; Zip Code

10503 Pinehurst Dr.
Austin TX 78747

Amount of contribution (\$)

\$100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

COMMERCIAL PROPERTY LOCATOR

Employer (See Instructions)

McCOMBS LUMBER (RETIRED)

Date

06/25/14

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

JENEVA PERRONE

Contributor address; City; State; Zip Code

10503 Pinehurst Dr.
Austin TX 78747

Amount of contribution (\$)

\$50.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HOMEMAKER

Employer (See Instructions)

RETIRED

Date

06/29/14

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

EDWARD BREWER

Contributor address; City; State; Zip Code

5404 COUNTY DOWN CT.
AUSTIN TX 78747

Amount of contribution (\$)

\$350.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS EXECUTIVE / VP - BUSINESS UNIT

Employer (See Instructions)

LEVITON - RETIRED

Date

06/29/14

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

KATHRYN STEPHENS

Contributor address; City; State; Zip Code

5404 COUNTY DOWN CT.
AUSTIN TX 78747

Amount of contribution (\$)

\$350.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

INTERIOR DESIGNER / PRESIDENT

Employer (See Instructions)

SELF - OBRENTZ DESIGN

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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME LUIS "MIKE" RODRIGUEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0	
5 Date of loan 06/30/2014	7 Name of lender LUIS M. RODRIGUEZ <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$5000.00	
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 10218 BRAEMAR DR. AUSTIN TX 78747	10 Interest rate -0-	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) MILITARY OFFICER COLONEL, USAF (ret.)		13 Employer (See Instructions) USAF retired	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A		19 Amount Guaranteed (\$)
		18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender N/A <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		Check if personal funds were deposited into political account <input type="checkbox"/>	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor N/A		Amount Guaranteed (\$)
		Guarantor address; City; State; Zip Code	
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**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/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Luis M. ("Mike") Rodriguez		3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/26/2014	5 Payee name FAST SIGNS		
6 Amount (\$) \$182.95	7 Payee address; City; State; Zip Code 2101 W. Ben White Ste 103 Austin TX 78704		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING Expense	(b) Description (If travel outside of Texas, complete Schedule T) 2 Magnetic Car Signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MIKE RODRIGUEZ		
	Office sought Austin City Council, District 5		
	Office held		
Date	Payee name Clinee Design		
Amount (\$)	Payee address; City; State; Zip Code Pflugerville, TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEB SITE DEVELOPMENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MIKE Rodriguez		
	Office sought Austin City Council, Dist. 5		
	Office held		
Date 6/04/2014	Payee name Randolph-Brooks F.C.U.		
Amount (\$) \$2.00	Payee address; City; State; Zip Code SOUTHPARK MEADOWS BR., SLAUGHTER LN. Austin, TX 78747		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) BANK ZIPPER DEPOSIT POUCH	
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 (If travel outside of Texas, complete Schedule T)	
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