CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/OR. FIRST Zachary NICKNAME LAST Ingraham	MI RUFFIX	OFFICE USE ONLY Date Received RECEIVE 6 PT
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN		STATE; ZIP CODE AUSTIN TX 78727 EXTENSION	Date Hand-delivered of Postmarked Receipt # Amount Date Processed Date Imaged
TREASURER NAME	NICKNAME Zachary Ingraham		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APTISUIT	re#: city; state; C PI AUSTIN T.	X, 78727
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 565-8164	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	770,0	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROU	GH Month Day	Year 2014
11 ELECTION	Month Day Year ELECTION DATE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD _g (if any)	13 OFFICE SOUGHT (IFKNOWN) City Counc	il District#7
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

<u></u>			1
14 C/OH NAME	chary le	Pay Ingraham 15 A	CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY F HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY R	<u>'</u>
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL F		
TOTALS	2. TOTAL	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 175
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 312
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES \$ WANTED \$ 1,275		
BALANCE OUTSTANDING	5. TOTAL PO	PLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ 400.00
LOAN TOTALS	6. TOTAL PE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$ 0
18 AFFIDAVIT	MARGRETT FRANKLIN	I swear, or affirm, under penalty of perjury is true and correct and includes all information me under Title 15, Election Code	t, that the accompanying report ation required to be reported by
MY	COMMISSION EXPIRES October 17, 2014	Signal of Candidate o	r Officeholder
Sworn to and subse	cribed before m	e, by the said Zachary R. Tagro	this the and seal of office.
Signature of officer admini		the Margrett Franklin M Printed name of officer administering oath Title	O tary

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Zack	1 Earl Ingraha 5 Full name of contributor out-of-state PAC (10#_	,W(3 ACCOUNT # (E	ithics Commission Filers)
4 Date 8-19-2014	_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Online Donation
	3600 Winfield Cv. Aust	11 TX 78704	Ť	 of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Pate 8.26-2014	Full name of contributor out-of-state PAC (ID#_ MACH Willens Contributor address; City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) Online Donahon
	1788 Palisades Dr. Pacific 9		250.00	
Deinataal aanse	CA, 9027			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	Iп-kind contribution description (if applicable)
8-27-2014	Julie Ware Contributor address: City: State: Zip Code 3613 Shoreheights Dr. Mall	ov CA,	50.°°	i Online I Donation
	9021	5م	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_ Scott Ingraham)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9.1.2014	Contributor address: City: State; Zip Code 3317 Westlake Dr. Hustin	Tx, 78746	250.00	Online Donation
			(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9,2,2014	Melissa Daniel contributor address: City; State: Zip Code 3204 Highland Ter W Austin Tx, 78731		100.00	Online Donation
	Avstin TX, 78731			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	. —	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Zalasi Day Isasah	. AUA	3 ACCOUNT # (E	thics Commission Filers)
	Zachany Ray Ingrah			
4 Date	5 Full name of contributorout-of-state PAC(ID#:_ Ron Willens		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-2-2014	6 Contributor address; City; State; Zip Code		250.00	l Online
. •	1788 Palisades Dr. Pacif			l Donation
	(A 90278	l .	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	÷
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Rick Ingraham	· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)
9.3.2014	Contributor address; City; State; Zip Code		100.00	Online :
	RADU Westlake CV			Donation
	Austin TX, 78746	·	(If travel outside	 of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
:	Shane Ingraham		contribution (\$)	description (if applicable)
9.5.2014	Contributor address; City; State; Zip Code		150.00	1 Online
	3600 winfield cv.	f &		Donation
	Austin Tx, 7874	16	(If travel outside	I of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Lopita Lopez Contributor address; City: State; Zip Code		contribution (\$)	description (if applicable)
9-16-2014			25.00	1 Online
	14000 Renaissance Ct.			Donatron
	Austin Tx, 78728		(If travel outside	l of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	·
Date	Full name of contributor out-of-state PAC (D#:_)	Amount of	In-kind contribution
	Christian Gallo Contributor address; City, State; Zip Code 9520 Spectrum Dr. 2		contribution (\$)	description (if applicable)
9.20.2014	Contributor address; City; State; Zip Code		50.00	1 On live
	asao spectrum Dr. ,	סדם	50.	1 Online 1 Donation
:	Austin Tx, AND	MM 78717		1
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
I				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

	· ·				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 3	
2 FILER NAME	ACNOVY Ray Ingral 5 Full name of contributor Dut-of-state PAC (D#:_	hane	3 ACCOUNT # (E	(thics Commission Filers)	
			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9.30.2014	Scott Ingraham 6 Contributor address; City; State; Zip Code 3317 Westlake Br		(00.00	Online	
	Austin Tx, 78746			1	
0. 54				of Texas, complete Schedule T)	
9 Principal occul	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor		Arnount of contribution (\$)	In-kind contribution description (if applicable)	
	Terri Ingraham		CONTRIBUTION (4)	description (n applicable)	
9.30.204		, ,	350.00	Donation	
	3317 Westlake Dr.			Dana from	
	Austin TX, 78	746	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	<u> </u>	or rando, dompiero derradora 17	
				·· · · · · · · · · · · · · · · · ·	
Date	Full name of contributor [] out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
-					
-	Contributor address, City, State, Zip Code			<u> </u>	
			(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	or rende, complete consider 1)	
				<u></u>	
Date	Full name of contributor out-of-state PAC (IDS:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address: City: State: Zio Code				
	Contributor address; City; State; Zip Code	ļ.		 	
				l 	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
			, , ,		
	Contributor address; City; State; Zip Code			1	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
		<u>. </u>			
	ATTACH APPLITIONAL CORES	NE TIMO COMEDIN E	AGNEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District		
Event Expense	Polling Expense Travel Out Of Dist	Contributions/Donations Made By trict Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/R	Rental Expense OTHER (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
う	Zacherry Ray Ingral	rein	
4 Date			
40.6.3014	Sign Effects		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
350.00	1708 Bench Mark Dr. Aus	tin Tx 78728	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Davidson Comme	Fliers, stickers, graphic act.	
	Printing Expense	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate Officeholder name	Office sought Office held	
expenditure to benefit C/O	Н		
Date 9 12 2014	Payee name		
91 0 . 2014	Super Cheap Signs Payee address: City: State; Zip Code	•	
Amount (\$)	Payee address; City; State; Zip Code		
213°°	9804 Gray Blvd. Austin	TX, 78758	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Dointon towns	_ Yard Sighs	
	Printing Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O	п	14-24 at 24-24 at 24	
Date 9.13.2014	Payee name		
9 B 2014	D. Terris		
Amount (\$)	Payee address; City; State; Zip Code		
ا ما			
\$50.º°	12301 N. Mopac Expy	Austin Tx, 78758	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	to de Common	Food for vownteers/staff.	
EXPENDITURE	tood expense	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
9-20-2014	Double Daves Pizza		
Amount (\$)	Payee address; City; State; Zip Code		
		2.4.0.57	
\$ 50.00	11900 Metric Bwd. Austir		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Food Expense	Food For Staff/Volunteers Check if Austin, TX, office holder living expense	
	Candidate / Officeholder name	Office sought Office held	
Complete ONLY if direct Candidate / Officenoider name Office sought Childe field expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

İ	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra		portation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	- ' ' '	outions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dist		ndidate/Officeholder/Political Committee
Fees `	Printing Expense Office Overhead/R		
	• .	,	R (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME	, 3	ACCOUNT # (Ethics Commission Filers)
4	Zachany Ray Ingra	kavu	
4 Date			·
1	5 Payee name		*
9.21.2014	l HEB		,
6 Amount (\$)			
Controlle (4)			
800	6001 W. Parmer La.	Aucton TV	38333
ACC	de la maria de la como	unsim tyl	1010
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(h) Description (the or	
OF			outside of Texas, complete Schedule T)
EXPENDITURE	Event	Neighbor nooc	(Campuign Launch
	1 CVEVII	Checkif Austin T	K, officeholder living expense
			t, omeanoider ilving expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	H Machanish Rusy Horare	atagoon a	MANGER BOOK ON TORS LOW
			Population of the contract of
Date	Payee name	-	· ·
9.22.2014	Nation Builder		· '
			<u>'</u>
Amount (\$)	Payee address; City; State; Zip Code		
# 48	LULY S. HILL ST CLEDED	lac macal	11 14 00013
# 70	448 S. Hill St. Ste 200	Ws Angel	es, (A 90013
PURPOSE	Category (See categories listed at the top of this schedule)	Description (fitravel)	outside of Tayas, complete Schadule Ti
OF		1106 08519h	outside of Texas, complete Schedule T) 10 & Y YEGISTY, WALK
EXPENDITURE	Consulting Expense/web		
	COMOUNT OF CAPENOTISHE	Check if Austin, TX	Cofficeholder living expense Shects
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		Thos held
Date	Payee name		
9.22-2014	1 Dodahia		
7 75 7019	Go Daday		J
Amount (\$)	Payee address; City; State; Zip Code		
At . co	· ·		
\$ 14.00	14455 N. Hayden Rd.	Scattedale	AZ 85240
11.	141); N. Hempaeri ica.	Monsolat	1/2/03860
	Category (See enterwise listed at the law of this selection)	Description #4	nutrido of Tours annual 4. C. C. C.
PURPOSE	Category (See categories listed at the top of this schedule)	Description (it travel)	outside of Texas, complete,Schedule T)
OF	Solicitation/Fundraising expense	, wen auma	rin/email.
EXPENDITURE	20 11 ct 12 (10,1) LANGUALISM & EXPENSE	Check if Austin, TX	(, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		omos sougnt	Onice neig
			<u></u>
Date	Payee name		,
	ルトロ		
9-27-2014	H C 13		
Amount (\$)	Payee address: City, State, Zip Code		
· · · · · · · · · · · · · · · · · · ·	, a manufaction only, oute, ap douc		ļ
200	6001 W. Parmer Ln.	Austin To	(, 78727
			, , , , , ,
PURPOSE	Category (See categories listed at the top of this schedule)		oulside of Texas, complete Schedule T)
OF		Campalan Eve	nt in Lampliant Village
EXPENDITURE	Event	<u> </u>	, officeholder living expense
			, oncender living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	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/O	Contract Labor Loan Repayment/Reimbursement		
Accounting/Banking	Legal Services Solicitation/Fundr	aising Expense Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of Dis			
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filer		
4	Tachani Vaus Ingraha	im		
4 Date	5 Payee name			
9.28.2014	Zachary Ray Ingraha 5 Payee name Chevron (lamplight & Pa	wmer in)		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
4 50	2015 Parmer Lu. Aust	in Tx, 78727		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF		walking neighborhoods/Transport,		
EXPENDITURE	Travel In District	3 / / / / / / / / / / / / / / / / / / /		
 	717.7.7.1.1 [71.2]	Check if Austin, TX, officeholder living expense VCVVY1+		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
	HEB	•		
10 0, - 1		· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Payee address; City: State; Zip Code			
100	6001 W. Parmer	Ln Astin Tx, 78727		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Event	Allendale voter reg/meet zack CheckifAustin, TX, officeholder living expense Even		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	,	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
	, , , , , , , , , , , , , , , , , , ,			
Date	Payee name			
Amount (\$)	Payes address: City Chat. 7:- C-1-			
Allivalit (4)	Payee address; City; State; Zip Code	•		
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE		= = = = (
OF EXPENDITURE	•			
EAFERDIORE		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundral		
Accounting/Banking Consulting Expense	Food/Beverage Expense Travel In District	Ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dist		
Fees	Printing Expense Office Overhead/R		
	The Instruction Guide explains how to		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
	Zachang Kay Ingraha	W(
4 Date	5 Payee name	01. 41	
8-18-2014	<u> </u>	Clerk	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from	301 W. and St. Austin	TX, 78701	
political contributions intended		•	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Faac	Filing Fee for City Council	
	Fees	Check if Austin, TX, officeholder living expense	
Date Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
	-		
Amount (\$)	Payee address; City; State; Zip Code		
V 2002 2002 (V)	rayee address, Sky, Skale, Zip Gode		
Reimbursement from political contributions			
intended		1	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE			
- <u> </u>		Check if Austin, TX, officeholder living expense	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
On the second			
Reimbursement from political contributions intended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF		, , , , , , , , , , , , , , , , , , , ,	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Date	Payee name		
Date	r ayee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from	·		
political contributions intended		-	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE			
		Check if Austin, TX, officeholder living expense	
-	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	