

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)
00000007

2 PAGE #
1 of 11

**3 CANDIDATE /
OFFICEHOLDER
NAME**

 MS / MRS / MR FIRST MI
Jefferson E.
NICKNAME LAST SUFFIX
Jeb Boyt
OFFICE USE ONLY

Date Received

 2014 OCT 27
AUSTIN CITY CLERK
RECEIVED
PM 4 39

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5423 Shoalwood
Austin, TX 78756

☐ Change of Address

**5 CAMPAIGN
TREASURER
NAME**

 MS / MRS / MR FIRST MI
Sherri G.
NICKNAME LAST SUFFIX
Powell

**6 CAMPAIGN
TREASURER
ADDRESS**
(Residence or business)

 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1517 Pasadena
Austin, TX 78757

**7 CAMPAIGN
TREASURER
PHONE**

 AREA CODE PHONE NUMBER EXTENSION
(512) 656-1461
8 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

**9 PERIOD
COVERED**

 Month Day Year Month Day Year
09/26/2014 THROUGH 10/25/2014
10 ELECTION
 ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☒ General ☐ Special
11/04/2014
11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council, District 7

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Boyt, Jefferson E.

14 ACCOUNT # (Ethics Commission filers)
0000000715 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures 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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

370.00

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

\$

3,995.00

EXPENDITURE
TOTALS

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

\$

31.00

4. TOTAL POLITICAL EXPENDITURES

\$

25,279.36

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

7,363.81

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

28,025.00

17 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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jefferson Boyt, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Susan Harry
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/4 Report: 3/11

2 FILER NAME Boyt, Jefferson E.

3 ACCOUNT # (Ethics Commission filers)

00000007

4 Date

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

Calfas, Roy

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

10/25/2014

6 Contributor address; City; State; Zip Code

PO Box 189
Rosanky, TX 78953

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Coffee, Jeff

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

10/08/2014

Contributor address; City; State; Zip Code

PO Box 845
Buda, TX 78610-0845

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Denton, Brett

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

10/08/2014

Contributor address; City; State; Zip Code

12 Chapin Ln
Austin, TX 78746-2542

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Real Estate Development

Employer (See Instructions)

Ardent Residential

Date

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

Farmer, Gary

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

10/22/2014

Contributor address; City; State; Zip Code

309 Lake Cliff Trl
Austin, TX 78746-4678

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Heritage Title Company of Austin, Inc.

Date

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

Hailey, Jay

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

10/16/2014

Contributor address; City; State; Zip Code

401 Congress Ave
Ste 2500
Austin, TX 78701-3799

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

DLA Piper LLP (US)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/4 Report: 4/11

2 FILER NAME Boyt, Jefferson E.

3 ACCOUNT # (Ethics Commission filers)

00000007

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hay, John

6 Contributor address; City; State; Zip Code
2103 Sharon Ln
Austin, TX 78703-3035

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kirk, Julie

Contributor address; City; State; Zip Code
1800 Stone Ridge Cir
Austin, TX 78746-7809

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Vice-President Human Resources

Employer (See Instructions)
Multimedia Games

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Linehan, Tom

Contributor address; City; State; Zip Code
6005 Bullard Dr
Austin, TX 78757-4407

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
McDaniel, Dennis

Contributor address; City; State; Zip Code
906 Crystal Creek Dr
Austin, TX 78746-4708

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Real Estate

Employer (See Instructions)
Austin Fairchild Management

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Michel, Lorri

Contributor address; City; State; Zip Code
917 W Lynn St
Austin, TX 78703-4747

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Michel law firm

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/4 Report: 5/11

2 FILER NAME Boyt, Jefferson E.

3 ACCOUNT # (Ethics Commission filers)

00000007

4 Date

10/18/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Nill, Ryan

6 Contributor address; City; State; Zip Code
7910 Gault St. #111
Austin, TX 78757

7 Amount of
contribution (\$)

\$75.00

8 In-kind contribution
description (if applicable)
food & drinks for event

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ray, Beth Ann

Contributor address; City; State; Zip Code
11708 Running Brush Cv
Austin, TX 78717-4894

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rudy, Amy

Contributor address; City; State; Zip Code
3301 Bowman Ave
Austin, TX 78703-1525

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
None

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rudy, Kirk

Contributor address; City; State; Zip Code
3301 Bowman Ave
Austin, TX 78703-1525

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Principal

Employer (See Instructions)
Endeavor Real Estate

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sandoval, Jennifer

Contributor address; City; State; Zip Code
582 E End Ave
F12
Pittsburgh, PA 15221-3232

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Psychologist

Employer (See Instructions)
Annie Preis, PhD

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/4 Report: 6/11

2 FILER NAME Boyt, Jefferson E.**3** ACCOUNT # (Ethics Commission filers)

00000007

4 Date

10/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Steiner, Frederick**6** Contributor address; City; State; Zip Code
3132 Eanes Cir.
Austin, TX 78746**7** Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

LOANS**SCHEDULE E**

| | | | |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/1 Report: 7/11 | |
| 2 FILER NAME Boyt, Jefferson E. | | 3 ACCOUNT # (Ethics Commission filers) 00000007 | |
| 4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨ | | \$ | |
| 5 Date of loan 10/08/2014 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Boyt, Jefferson | | 9 Loan Amount (\$) \$18,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code 5423 Shoalwood Austin, TX 78756 | | 10 Interest rate |
| | | | 11 Maturity date 11/04/2014 |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) | |
| 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 18 Guarantor address; City; State; Zip Code | | 19 Amount Guaranteed (\$) |
| 20 Principal Occupation | | 21 Employer | |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|---|--|--|--|
| 1 PAGE # Schedule: 1/3 Report: 8/11 | | 2 FILER NAME Boyt, Jefferson E. | | 3 ACCOUNT # (TEC filers) 00000007 | |
| 4 Date 10/03/2014 | | 5 Payee name First Data Merchant Services | | | |
| 6 Amount (\$) \$73.78 | | 7 Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/03/2014 | | Payee name First Data Merchant Services | | | |
| Amount (\$) \$28.16 | | Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/03/2014 | | Payee name First Data Merchant Services | | | |
| Amount (\$) \$16.10 | | Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/02/2014 | | Payee name NGP Van, Inc. | | | |
| Amount (\$) \$150.00 | | Payee address City; State; Zip Code 1105 15th Street NW, Ste. 500 Washington, DC 20005 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|---|---|---|---|--------------|
| 1 PAGE # Schedule: 2/3 Report: 9/11 | | 2 FILER NAME Boyt, Jefferson E. | | 3 ACCOUNT # (TEC filers) 00000007 | |
| 4 Date 09/26/2014 | 5 Payee name Susan Harry Consulting, LLC | | | | |
| 6 Amount (\$) \$500.00 | 7 Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Compliance consulting | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/10/2014 | Payee name Susan Harry Consulting, LLC | | | | |
| Amount (\$) \$500.00 | Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Compliance consulting | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/25/2014 | Payee name Your Flyers Delivered | | | | |
| Amount (\$) \$1,852.00 | Payee address City; State; Zip Code 603 Bull Creek Parkway Cedar Park, TX 78613 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> delivery services | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/16/2014 | Payee name YStrategy | | | | |
| Amount (\$) \$13,936.26 | Payee address City; State; Zip Code 3010 Manor Rd. Austin, TX 78723 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing, postage & mailing services | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)**The INSTRUCTION GUIDE explains how to complete this form.**

| | | | | | |
|---|---|--|---|---|--------------|
| 1 PAGE # Schedule: 3/3 Report: 10/11 | | 2 FILER NAME Boyt, Jefferson E. | | 3 ACCOUNT # (TEC filers) 00000007 | |
| 4 Date 10/24/2014 | | 5 Payee name YStrategy | | | |
| 6 Amount (\$) \$8,138.09 | | 7 Payee address City; State; Zip Code 3010 Manor Rd. Austin, TX 78723 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing | | |
| | | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: | Office held: |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 11/11

2 FILER NAME
Boyt, Jefferson E.

3 ACCOUNT # (TEC filers)
00000007

4 Date
10/14/2014

5 Payee name
Postmaster

6 Amount (\$)
\$32.34

☒ Reimbursement
from political
contributions intended

7 Payee address City; State; Zip Code
7700 Northcross Dr.
Austin, TX 78757

8 PURPOSE
OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Printing Expense

(b) Description (If travel outside of Texas, complete Schedule T) ☐
postage

☐ Check if Austin, TX, officeholder living expense

Date
10/25/2014

Payee name
Taco Shack

Amount (\$)
\$21.63

☒ Reimbursement
from political
contributions intended

Payee address City; State; Zip Code
4412 Medical Parkway
Austin, TX 78756

PURPOSE
OF
EXPENDITURE

Category (See Categories listed at the top of this schedule)
Food/Beverage Expense

Description (If travel outside of Texas, complete Schedule T) ☐
food for volunteers

☐ Check if Austin, TX, officeholder living expense