

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) 00090904		2 Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Kym		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/12/2022		
	NICKNAME LAST SUFFIX Olson				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1406 Eva Street Austin, TX 78704			Date Hand-delivered or Date Postmarked	
				Receipt # Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Matt				
	NICKNAME LAST SUFFIX Hubbard				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1707 Ullrich Austin, TX 78709				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 662-1808				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2022 09/29/2022				
10 ELECTION	ELECTION DATE Month Day Year 11/08/2022		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) Council Member, District 9 Place Austin District 9		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Olson, Kym	14 Filer ID	(Ethics Commission Filers)
		00090904	

15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Lee A Woods Political Action Committee
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		1220 Colorado 400 Austin, TX 78704
	COMMITTEE CAMPAIGN TREASURER NAME	Wright, Liz
	COMMITTEE CAMPAIGN TREASURER ADDRESS	1220 Colorado 400 Austin, TX 78701

16 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)	\$	5,200.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	2,585.52
	4.	TOTAL POLITICAL EXPENDITURES	\$	3,747.31
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	55,550.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	50,000.00

17 AFFADAVIT

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.

Kym Olson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Olson, Kym		19 Filer ID (Ethics Commission Filers) 00090904
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,200.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1,000.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 50,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 957.62
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,585.52
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 204.17
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/13
2 FILER NAME Olson, Kym		3 Filer ID (Ethics Commission Filers) 00090904
4 Date 09/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burge, William <hr/> 6 Contributor address; City; State; Zip Code 10801 Baxter Circle austin, TX 78736	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self
Date 09/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Amanda <hr/> Contributor address; City; State; Zip Code 3927 Colquitt Houston, TX 77027	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Hugo <hr/> Contributor address; City; State; Zip Code 10322 Sugar Hill Houston, TX 77042	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Marathon
Date 08/31/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearns, Dennis <hr/> Contributor address; City; State; Zip Code 3502 Misty Creek Drive Austin, TX 78735	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) self
Date 09/09/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, C <hr/> Contributor address; City; State; Zip Code 2018 E Main St Uvalde, TX 78801	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Property Management		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/13
2 FILER NAME Olson, Kym		3 Filer ID (Ethics Commission Filers) 00090904
4 Date 08/23/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Tracy <hr/> 6 Contributor address; City; State; Zip Code 2018 E Main St Uvalde, TX 78801	7 Amount of Contribution (\$) \$450.00
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) Self
Date 09/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kralj, Nick <hr/> Contributor address; City; State; Zip Code 1220 Colorado 100 austin, TX 78701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kralj, Nicole <hr/> Contributor address; City; State; Zip Code 1220 Colorado St 100 Austin, TX 78701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuykendall, Deanna <hr/> Contributor address; City; State; Zip Code 1122 Colorado 106 Austin, TX 78701	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW - PAC <hr/> Contributor address; City; State; Zip Code 1220 Colorado 400 Austin, TX 78701	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/13
2 FILER NAME Olson, Kym		3 Filer ID (Ethics Commission Filers) 00090904
4 Date 09/15/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Garcia <hr/> 6 Contributor address; City; State; Zip Code 1122 Colorado St 2101 Austin, TX 78701	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) government affairs		9 Employer (See Instructions) self
Date 09/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Timothy <hr/> Contributor address; City; State; Zip Code 2121 Sage Rd Suite 215 Houston, TX 77056	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Nat Gas Broker		Employer (See Instructions) TCT Futures
Date 09/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nemecek Jr, Fred <hr/> Contributor address; City; State; Zip Code 505 Green Valley Cove Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Jerry <hr/> Contributor address; City; State; Zip Code 10210 Pinehurst Dr Austin, TX 78747	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) consulting		Employer (See Instructions) Self
Date 09/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Jenn <hr/> Contributor address; City; State; Zip Code 13487 Mesa Verde Dr Austin, TX 78753	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) advertising		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/13
2 FILER NAME Olson, Kym		3 Filer ID (Ethics Commission Filers) 00090904
4 Date 09/15/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Claudia <hr/> 6 Contributor address; City; State; Zip Code 707 Cardinal Ln, Unit E4, Austin, TX 78704	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellers, Tom <hr/> Contributor address; City; State; Zip Code 3307 Perry Lane Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treadway, CJ <hr/> Contributor address; City; State; Zip Code Post Office Box 10572 Austin, TX 78766	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) lobbyist		Employer (See Instructions) self
Date 09/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Phil <hr/> Contributor address; City; State; Zip Code P.O. Box 220 austin, TX 78767	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) LCRA		Employer (See Instructions) GM

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 8/13

2 FILER NAME
Olson, Kym

3 Filer ID (Ethics Commission Filers)
00090904

4 TOTAL OF UNITEMIZED PLEDGES

\$ 100.00

5 Date

09/18/2022

6 Full name of pledgor

Frank, Julie

☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

4805 West Park Dr

Austin, TX 78731

8 Amount of
pledge (\$)

\$450.00

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
Chief of Staff

11 Employer (See Instructions)
DFPS

5 Date

09/01/2022

6 Full name of pledgor

Hosek, Chris

☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

1122 Colorado

102

Austin, TX 78701

8 Amount of
pledge (\$)

\$450.00

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
Government Affairs

11 Employer (See Instructions)
Texas Star Alliance

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 9/13
2 FILER NAME Olson, Kym		3 Filer ID (Ethics Commission Filers) 00090904
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/25/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Krista	9 Loan Amount (\$) \$50,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 1606 Westmeadow Trail Round Rock, TX 78665	10 Interest Rate 0
		11 Maturity Date 08/25/2022
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 (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 10/13	2 FILER NAME Olson, Kym	3 Filer ID (Ethics Commission Filers) 00090904
4 Date 09/15/2022	5 Payee name Custom Printing USA CO	
6 Amount (\$) \$254.95	7 Payee address; City; State; Zip Code 4200 Atlantic Ave STE 182 Raleigh, NC 27604	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense KYM4ATX swag
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2022	Payee name Fast and Friendly Promo	
Amount (\$) \$292.13	Payee address; City; State; Zip Code 11020 Tangleridge Circle Austin, TX 78736	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense koozies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2022	Payee name Home Depot	
Amount (\$) \$213.80	Payee address; City; State; Zip Code 3600 S I35 Frontage Road Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) open house office supplie	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office set up
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 2/2 Rpt: 11/13	2 FILER NAME Olson, Kym	3 Filer ID (Ethics Commission Filers) 00090904
4 Date 09/17/2022	5 Payee name Instacart	
6 Amount (\$) \$196.74	7 Payee address; City; State; Zip Code 1325 J Street, Suite 155 Sacramento, CA 95814	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense refreshments for volunteers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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 F4: Sch: 1/1 Rpt: 12/13	2 FILER NAME Olson, Kym	3 Filer ID (Ethics Commission Filers) 00090904
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 13/13	2 FILER NAME Olson, Kym	3 Filer ID (Ethics Commission Filers) 00090904
4 Date 09/06/2022	5 Payee name Uber Eats	
6 Amount (\$) \$204.17 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1455 Market Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for volunteers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held