

# 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)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr. Zachariah A.

NICKNAME LAST SUFFIX  
Zach Sambrano

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1271 Sadler Dr., Apt. 7301  
San Marcos, Tx 78666

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 618-1795

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mrs. Cynthia M.

NICKNAME LAST SUFFIX  
Cindy Arredondo

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
904 Stagecoach Trail, San Marcos Tx 78666

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 665-0785

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year

09 / 24 / 2021 THROUGH 10 / 23 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

11 / 02 / 2021

ELECTION TYPE

Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council, Place 5

14 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

City Clerk

OCT 25 2021

City of San Marcos

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

\$ 2,180.<sup>00</sup>

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,319.81

CONTRIBUTION  
BALANCE

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

\$

OUTSTANDING  
LOAN TOTALS

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

\$

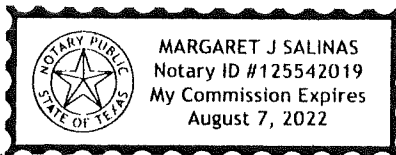
18 SIGNATURE

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.

*Zachary A. Sambrano*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Zach Sambrano this the 25<sup>th</sup> day of October,

20 21, to certify which, witness my hand and seal of office.

Margaret J. Salinas Margaret J. Salinas Acting Local Registrar  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Zach Sambrano</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,180. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,319.81
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Zach Sambrano</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/27/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ivan Friedman</b>	7 Amount of contribution (\$) <b>\$ 30.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>102 Juniper San Marcos Tx 78666</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>self</b>
Date <b>9/28/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lynny Moore</b>	Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>814 N. Loop St., San Marcos Tx 78666</b>		
Principal occupation / Job title (See Instructions) <b>Computer Engineer</b>		Employer (See Instructions) <b>The Imaginary Press</b>
Date <b>9/28/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ida Miller</b>	Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>811 W. Hopkins, San Marcos Tx 78666</b>		
Principal occupation / Job title (See Instructions) <b>Registered Nurse</b>		Employer (See Instructions) <b>Tx Health + Human Services Comm.</b>
Date <b>9/29/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Priscilla Recio</b>	Amount of contribution (\$) <b>\$ 50.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1271 Sadler Dr., Apt 7301, San Marcos Tx 78666</b>		
Principal occupation / Job title (See Instructions) <b>Sales person</b>		Employer (See Instructions) <b>Seguni Chevrolet</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

**Zach Sambromo**

3 Filer ID (Ethics Commission Filers)

4 Date

**9/29/2021**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Randi Ricklaway**

7 Amount of contribution (\$)

**\$ 200.00**

6 Contributor address; City; State; Zip Code

**1400 Oak Grove Rd., San Marcos Tx 78666**

8 Principal occupation / Job title (See Instructions)

**Not employed**

9 Employer (See Instructions)

**Not employed**

Date

**9/29/2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Scott Cove**

Amount of contribution (\$)

**\$ 100.00**

Contributor address; City; State; Zip Code

**717 Georgia St., San Marcos Tx 78666**

Principal occupation / Job title (See Instructions)

**Warehouse**

Employer (See Instructions)

**Hays County Food Bank**

Date

**9/30/2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Tasha Smith**

Amount of contribution (\$)

**\$ 100.00**

Contributor address; City; State; Zip Code

**1030 Sand Post Place, San Marcos Tx 78666**

Principal occupation / Job title (See Instructions)

**worker**

Employer (See Instructions)

**Amazon**

Date

**9/30/2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**MJ Keith**

Amount of contribution (\$)

**\$ 200.00**

Contributor address; City; State; Zip Code

**1400 Oak Grove Rd., San Marcos Tx 78666**

Principal occupation / Job title (See Instructions)

**Principal**

Employer (See Instructions)

**Bishop Fox**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Zach Sambrano</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/30/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela Sambrano</b>	7 Amount of contribution (\$) <b>\$400.00</b>
6 Contributor address; City; State; Zip Code <b>821 Stagecoach Trl, San Marcos, TX 78666</b>		
8 Principal occupation / Job title (See Instructions) <b>Admin. Support</b>		9 Employer (See Instructions) <b>Tx State University</b>
Date <b>9/30/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frank Arredondo</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>904 Stagecoach Trl, San Marcos TX 78666</b>		
Principal occupation / Job title (See Instructions) <b>Director</b>		Employer (See Instructions) <b>Kyle Housing Authority</b>
Date <b>9/30/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Albert Lucio</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>3201 E Kent St.#2, Lubbock TX 79403</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>Texas Exclusive Floors</b>
Date <b>9/30/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Liliana Lucio</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>203 Parker Dr., San Marcos TX 78666</b>		
Principal occupation / Job title (See Instructions) <b>Dental Assistant</b>		Employer (See Instructions) <b>Alligator Dental</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **5**

2 FILER NAME  
**Zach Sambrano**

3 Filer ID (Ethics Commission Filers)

4 Date  
**9/30/2021**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Matthew Sambrano**

7 Amount of contribution (\$)  
**\$100.<sup>00</sup>**

6 Contributor address; City; State; Zip Code  
**821 Stagecoach Trl, San Marcos TX 78666**

8 Principal occupation / Job title (See Instructions)  
**Unemployed**

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rudy Champion**

Amount of contribution (\$)

**10/2/2021**

**\$100.<sup>00</sup>**

Contributor address; City; State; Zip Code  
**1711 W. 2nd St., Petersburg TX 79250**

Principal occupation / Job title (See Instructions)  
**Sales**

Employer (See Instructions)  
**Wal-Mart**

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Priscilla Regio**

Amount of contribution (\$)

**10/13/2021**

**\$50.<sup>00</sup>**

Contributor address; City; State; Zip Code  
**1271 Sadler Dr., Apt 7301, San Marcos TX 78666**

Principal occupation / Job title (See Instructions)  
**Sales**

Employer (See Instructions)  
**Seguin Chevrolet**

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Samantha Hood**

Amount of contribution (\$)

**10/14/2021**

**\$150.<sup>00</sup>**

Contributor address; City; State; Zip Code  
**312 E. Crockett St., Luling TX 78648**

Principal occupation / Job title (See Instructions)  
**Sales**

Employer (See Instructions)  
**Seguin Chevrolet**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

5

2 FILER NAME

Zach Sambrano

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/2021

5 Full name of contributor

John Thomaides

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

1131 W. Martin Luther King San Marcos, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>2</i>	<b>2</b> FILER NAME <i>Zach Sambrano</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/3/2021</i>	<b>5</b> Payee name <i>Texas State University Print Shop</i>	
<b>6</b> Amount (\$) <i>\$1,050.17</i>	<b>7</b> Payee address; City; State; Zip Code <i>1727 Old Ranch Road 12 San Marcos, TX, 78666</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <i>Door Hangers</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <i>10/4/2021</i>	<b>Payee name</b> <i>Act Blue</i>	
<b>Amount (\$)</b> <i>\$15.45</i>	<b>Payee address; City; State; Zip Code</b> <i>366 Summer St. Somerville, MA, 02144</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Fees</i>	<b>Description</b> <i>Service Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <i>10/12/2021</i>	<b>Payee name</b> <i>Act Blue / Vantiv eCommerce Funds Dist.</i>	
<b>Amount (\$)</b> <i>\$18.24</i>	<b>Payee address; City; State; Zip Code</b> <i>366 Summer St. Somerville, MA, 02144</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Fees</i>	<b>Description</b> <i>Service Distribution Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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<b>1</b> Total pages Schedule F1: <i>2</i>	<b>2</b> FILER NAME <i>Zach Sambrano</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/20/2021</i>	<b>5</b> Payee name <i>Texas State University Print Shop</i>	
<b>6</b> Amount (\$) <i>\$ 235.95</i>	<b>7</b> Payee address; City; State; Zip Code <i>1727 Old Ranch Road 12 San Marcos, TX, 78666</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <i>Push Cards</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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