

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: **12**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR **(MR)**

FIRST

Rene

MI

M.

NICKNAME

LAST

Flores

SUFFIX

—

OFFICE USE ONLY

Date Received

JUL 14 '25 PM 2:15

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

[REDACTED]

Round Rock TX 78681

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

—

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR **(MR)**

FIRST

Charles

MI

—

NICKNAME

LAST

Charlie Culpepper

SUFFIX

—

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #,

CITY,

STATE,

ZIP CODE

[REDACTED]

Round Rock TX 78681

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

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

01 / 01 / 2025

THROUGH

Month

Day

Year

06 / 30 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 2025

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Round Rock City Council Place 2

13 OFFICE SOUGHT (if known)

—

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

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)

\$ 888 =

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

\$ 7,035 =

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 134.76

4. TOTAL POLITICAL EXPENDITURES

\$ 1327.34

CONTRIBUTION
BALANCE

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

\$ 8898.96

OUTSTANDING
LOAN TOTALS

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

\$ 0

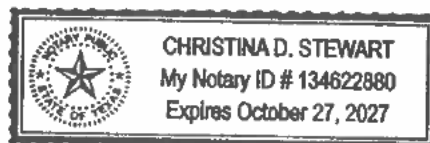
18 SIGNATURE

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.

Rene M. Flores
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rene M. Flores this the 14th day of July

20 25, to certify which, witness my hand and seal of office.

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>Rene Flores</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	\$ 7923 ⁰⁰
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	\$ 1462.10
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: 7
2 FILER NAME Rene Flores		3 Filer ID (Ethics Commission Filers)
4 Date 1/24/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Todd Butler	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dennis Pomphrey	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pam Manly	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roy Beard	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 7
2 FILER NAME Rene Flores		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jolie Sharifian	7 Amount of contribution (\$) 60⁰⁰
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amanda Swor	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melba Cohen	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andy Webb	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Rene Flores		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Sullivan	7 Amount of contribution (\$) 75⁰⁰
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Duzgun	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manuel Azuara	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Stoetzel	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Rene Flores		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Cantu 6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	7 Amount of contribution (\$) 150⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lori Scott Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 250⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jay Robinson Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 200⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BR Tax Group LLC Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 150⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Rene Flores		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brently Brinegar <hr/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	7 Amount of contribution (\$) 200⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George White <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 500⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Henderson <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 50⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marianna Rosp <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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: 7
2 FILER NAME Rene Flores		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Zurlinden 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ <div style="background-color: black; height: 20px; width: 100%;"></div>	7 Amount of contribution (\$) 200⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Writ Baese Contributor address: _____ City: _____ State: _____ Zip Code: _____ <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warren Quick Contributor address: _____ City: _____ State: _____ Zip Code: _____ <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 200⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Avery Jr. Contributor address: _____ City: _____ State: _____ Zip Code: _____ <div style="background-color: black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) 500⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 7
2 FILER NAME Rene Floras		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda McDaniel	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HBA Home PAC	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TRBPAC - Texas Realtors PAC	Amount of contribution (\$) 2,000⁰⁰
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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.

1 Total pages Schedule F1: 2		2 FILER NAME Rena Flores		3 Filer ID (Ethics Commission Filers)	
4 Date 1/15/25		5 Payee name City of Round Rock			
6 Amount (\$) 250.00		7 Payee address: 221 E. Main St Round Rock TX 78664			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Filing Fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 1/13/25		Payee name Vistago Print			
Amount (\$) 270.63		Payee address: [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Yard Signs		
	<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					
Date 1/3/25		Payee name Wix			
Amount (\$) 376.71		Payee address: [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense		Description Website Hosting		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1: 2	2 FILER NAME Rene Flores	3 Filer ID (Ethics Commission Filers)
4 Date 2/16/25	5 Payee name Dioasza	
6 Amount (\$) 430.00	7 Payee address; City; State; Zip Code <div style="background-color: black; height: 30px; width: 100%;"></div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Expense	
	(b) Description Ad	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 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	
	<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		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	
	<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		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	
	<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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