

# 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:

10

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR

DAVID

NICKNAME

LAST

SUFFIX

MCDONALD

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

2416 LA MIRADA ST LEANDER TX  
78641

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

970-4278

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR

ROBERT

W

NICKNAME

LAST

SUFFIX

WAYNE

ANDERSON

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1004 SHADOW VALLEY COVE CEDAR PARK TX 78613

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

921-6635

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

04 / 29 / 2022

THROUGH

Month

Day

Year

06 / 03 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

06 / 11 / 2022

ELECTION TYPE

☐ Primary

☒ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

LEANDER CITY COUNCIL PLACE 3

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)

\$ -

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

\$ 2948.81

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 2148.67

CONTRIBUTION  
BALANCE

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

\$ 2291.13

OUTSTANDING  
LOAN TOTALS

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

\$ 472.79

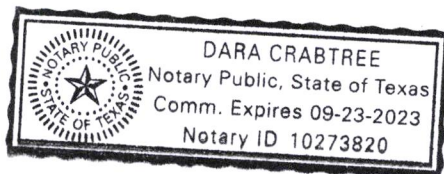
18 SIGNATURE

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.

*David McDonald*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by David McDonald this the 3 day of June,

2022, to certify which, witness my hand and seal of office.

Dara Crabtree Dara Crabtree Notary/City Secretary  
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**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1	<input checked="" type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 2948.01
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	\$ 2148.67
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:
2 FILER NAME <b>DAVID McDONALD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/5/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JEHTDA #1 LLC</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address, City, State, Zip Code <b>595 ROUND ROCK WDR SUITE 701 ROUND ROCK TX 78681</b>		
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions)
Date <b>5/13/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DENNIS FARRIS</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City, State, Zip Code <b>1704 SNYDER TRL LEANDER TX 78641</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>5/17/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MITCH GUMPL</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City, State, Zip Code <b>UNKNOWN</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions)
Date <b>5/16/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>AMY WARRICK</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City, State, Zip Code <b>807 HILTOP LEANDER TX 78641</b>		
Principal occupation / Job title (See Instructions) <b>REALTOR</b>		Employer (See Instructions) <b>DREAMS TO REALITY</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:

2 FILER NAME

DAVID McDONALD

3 Filer ID (Ethics Commission Filers)

4 Date

5/16/2022

5 Full name of contributor

PAUL CHAVEZ

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 96.62

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

POLICE OFFICER

9 Employer (See Instructions)

AUSTIN PD

Date

5/16/2022

Full name of contributor

KENNETH HOONER

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

803 OVERLOOK BEND LEANDER TX 78641

Principal occupation / Job title (See Instructions)

UNKNOWN

Employer (See Instructions)

Date

5/17/2022

Full name of contributor

SHAKEEL BADARPURA

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

401 CISCO CV. CEDAR PARK TX 78613

Principal occupation / Job title (See Instructions)

MANAGING DIRECTOR

Employer (See Instructions)

PRIMEHAVEN HOMES

Date

5/17/2022

Full name of contributor

MARCIA STRICKLER

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$96.62

Contributor address;

City;

State;

Zip Code

1402 HARGIS CREEK TRL AUSTIN TX 78717

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:
2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 5/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JO ANN OSBORNE	7 Amount of contribution (\$) \$25.00
6 Contributor address, City, State, Zip Code		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 5/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVA WATSON	Amount of contribution (\$) \$48.06
Contributor address, City, State, Zip Code 19213 ELKHORN DR PFLUGERVILLE TX 78660		
Principal occupation / Job title (See Instructions) ADMIN ASSISTANT		Employer (See Instructions)
Date 5/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) OM BROWN	Amount of contribution (\$) \$200.00
Contributor address, City, State, Zip Code 545 WILL SMITH CIRCLE HUNTSVILLE TX 78664		
Principal occupation / Job title (See Instructions) SALES REP		Employer (See Instructions) DELL TECHNOLOGIES
Date 5/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LASON SHAW	Amount of contribution (\$) \$632.51
Contributor address, City, State, Zip Code 225 MANDANA ST LEANDER TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:
2 FILER NAME <b>DAVID McDONALD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/20/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LEANDER AREA REPUBLICAN WOMEN</b> 6 Contributor address; City; State; Zip Code <b>PO BOX 551 LEANDER TX 78641</b>	7 Amount of contribution (\$) <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions)
Date <b>6/3/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TERRI POMERE</b> Contributor address; City; State; Zip Code <b>4321 HANNOVER ROUND ROCK TX 78681</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions) <b>UNKNOWN REALTOR</b>		Employer (See Instructions)
Date <b>5/31/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CASSIE DYSON</b> Contributor address; City; State; Zip Code <b>890 MOSS ROSE LANE DRIFTWOOD TX 78619</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code  	Amount of contribution (\$)  
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  
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: <b>3</b>	2 FILER NAME <b>DAVID McDONALD</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/9/2022</b>	5 Payee name <b>BLUE CORN HARVEST</b>	
6 Amount (\$) <b>\$500.00</b>	7 Payee address; City; State; Zip Code <b>11840 HERO WAY W BLDG A LEANDER TX 78641</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <b>CAMPAIGN DINNER</b>
	(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 <b>5/17/2022</b>	Payee name <b>VISTAGO PRINTS</b>	
Amount (\$) <b>\$0.54</b>	Payee address; City; State; Zip Code <b>6706 LUTMAN FORD RD LAGO VISTA TX 78645</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>POSTAGE</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		
Date <b>5/18/2022</b>	Payee name <b>HARLAND CLARKE</b>	
Amount (\$) <b>\$29.35</b>	Payee address; City; State; Zip Code <b>15955 LA CANTERA PKWY SAN ANTONIO TX 78256</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</b>	Description <b>CHECK ORDER</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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# 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. <b>3</b>		2 FILER NAME <b>DAVID McDONALD</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>5/25/2022</b>		5 Payee name <b>VISIAGO PRINTS</b>			
6 Amount (\$) <b>\$523.61</b>		7 Payee address; <b>6706 LOHMAN FORD RD</b>		City; <b>LAGO VISTA</b>	State; <b>TX</b>
				Zip Code <b>78045</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>DOOR HANGERS</b>		
	(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 <b>5/31/2022</b>		Payee name <b>HOME DEPOT</b>			
Amount (\$) <b>\$16.65</b>		Payee address; <b>2700 E. WHITESTONE BLVD</b>		City; <b>CEDAR PARK TX</b>	State; <b>TX</b>
				Zip Code <b>78613</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING/EXPENSE</b>		Description <b>SKIN SUPPLIES</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					
Date <b>5/31/2022</b>		Payee name <b>PROSPERITY BANK</b>			
Amount (\$) <b>\$5.95</b>		Payee address; <b>650 E. WHITESTONE BLVD</b>		City; <b>CEDAR PARK TX</b>	State; <b>TX</b>
				Zip Code <b>78613</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</b>		Description <b>BANK FEE</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					
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					
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  
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 <b>3</b>	2 FILER NAME <b>DAVID McDONALD</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/1/2022</b>	5 Payee name <b>360 PRESS</b>	
6 Amount (\$) <b>\$1,072.57</b>	7 Payee address; City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>MAILERS</b>
	(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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED