

**ALEX**

**DOMINGUEZ**

# 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) 00067897	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Alejandro	MI MI
	NICKNAME Alex	LAST Dominguez	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received ELECTRONICALLY FILED 01/16/2018			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 855 E. Harrison  Brownsville, TX 78520		ZIP CODE
	Date Hand Delivered or Date Postmarked RECEIVED CAMERON COUNTY DEPARTMENT OF ELECTIONS & MOTOR REGISTRATION JAN 16 2018 RECEIVED Date Processed Date Imaged BY: <i>[Signature]</i>		Receipt #
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Jacklyn L.	MI MI
	NICKNAME	LAST Verdin	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 855 E. Harrison  Brownsville, TX 78520		
7 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 373-5640	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month    Day    Year 07/01/2017	THROUGH	Month    Day    Year 12/31/2017
10 ELECTION	ELECTION DATE Month    Day    Year 03/06/2018		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any) County Commissioner Pct 2 Place 2 Cameron	12 OFFICE SOUGHT (if known) State Representative District 37	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

2 of 8

**13 C / OH NAME** Dominguez, Alejandro (Mr.) **14 Filer ID** (Ethics Commission Filers)  
00067897

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

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.

<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	16,861.52
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,982.88
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,500.00

**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.

Mr. Alejandro Dominguez  
\_\_\_\_\_  
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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 16,861.52

CONTRIBUTION  
BALANCE

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

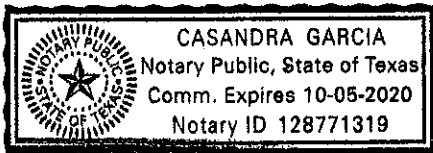
\$ 5,982.88

OUTSTANDING  
LOAN TOTALS

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

\$ 3,500.00

18 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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alejandro Dominguez, this the 16<sup>th</sup> day of January, 20 18, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Casandra Garcia  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Dominguez, Alejandro (Mr.)		<b>19 Filer ID</b> 00067897	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
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 FROM POLITICAL CONTRIBUTIONS	\$	2,865.00
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	\$	9,000.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	4,996.52
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	\$	

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/8		<b>2</b> FILER NAME Dominguez, Alejandro (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00067897	
<b>4</b> Date 09/26/2017		<b>5</b> Payee name Hanna Cheerleaders Association			
<b>6</b> Amount (\$) \$400.00		<b>7</b> Payee address; City; State; Zip Code 2615 E Price Rd  Brownsville, TX 78521			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement in school program	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/18/2017		Candidate/Officeholder name JA Sports Signs			
Amount (\$) \$1,200.00		Office sought Office held			
Date 12/18/2017		Payee name JA Sports Signs			
Amount (\$) \$1,200.00		Payee address; City; State; Zip Code 4627 Central Cir  Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Yard Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/20/2017		Candidate/Officeholder name Velasquez, Gilbert (Mr.)			
Amount (\$) \$1,265.00		Office sought Office held			
Date 12/20/2017		Payee name Velasquez, Gilbert (Mr.)			
Amount (\$) \$1,265.00		Payee address; City; State; Zip Code 325 E Park Dr  Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Creative design for advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

# 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.

<b>1</b> Total pages Schedule F4: Sch: 1/1 Rpt: 5/8	<b>2</b> FILER NAME Dominguez, Alejandro (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00067897
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 12/05/2017	<b>6</b> Payee name Lamar Companies
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<b>7</b> Amount (\$) \$9,000.00	<b>8</b> Payee address; City; State; Zip Code P.O. Box 96030 Baton Rouge, LA 70896
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboard Advertising
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office field
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# 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.

<b>1</b> Total pages Schedule G: Sch: 1/3 Rpt: 6/8	<b>2</b> FILER NAME Dominguez, Alejandro (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00067897
<b>4</b> Date 12/15/2017	<b>5</b> Payee name Brownsville Herald	
<b>6</b> Amount (\$) \$450.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1135 E Van Buren St  Brownsville, TX 78520	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Advertisement
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 12/21/2017	Payee name Brownsville Herald	
Amount (\$) \$2,240.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1135 E Van Buren St  Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Advertisement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 12/13/2017	Payee name Cameron County	
Amount (\$) \$200.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1100 E Madison  Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for employee Christmas Party
Complete ONLY 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: 2/3 Rpt: 7/8		2 FILER NAME Dominguez, Alejandro (Mr.)		3 Filer ID (Ethics Commission Filers) 00067897	
4 Date 12/08/2017		5 Payee name Cameron County Democratic Party			
6 Amount (\$) \$750.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 531 E St. Francis  Brownsville, TX 78520			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/12/2017		Payee name Charro Days Inc.			
Amount (\$) \$300.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 455 E Elizabeth St  Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/27/2017		Payee name Creative Market			
Amount (\$) \$37.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 572 Market St  San Francisco, CA 94104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stock images for Advertising	
Complete ONLY 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.

<b>1</b> Total pages Schedule G: Sch: 3/3 Rpt: 8/8		<b>2</b> FILER NAME Dominguez, Alejandro (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00067897	
<b>4</b> Date 12/04/2017		<b>5</b> Payee name Frontier Signs			
<b>6</b> Amount (\$) \$190.52  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 5216 N Expressway  Brownsville, TX 78526			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Banner Sign	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
<b>Date</b> 12/28/2017		<b>Payee name</b> Frontier Signs			
<b>Amount (\$)</b> \$800.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address; City; State; Zip Code</b> 5216 N Expressway  Brownsville, TX 78526			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<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  Yard signs	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
<b>Date</b> 11/29/2017		<b>Payee name</b> Shutterstock, Inc			
<b>Amount (\$)</b> \$29.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address; City; State; Zip Code</b> 350 Fifth Ave 21st Floor New York, NY 10118			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<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  Stock images for Advertising	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	