

LINDA
SALAZAR

**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) 2514602215	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI LINDA M. NICKNAME LAST SUFFIX SALAZAR	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 11:18am FEB 24 2020 RECEIVED By: <i>[Signature]</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4434 SAN ANTONIO Rd BROWNSVILLE TEXAS 78521	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 466-1014	Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Richard E. NICKNAME LAST SUFFIX ZAYAS	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 950 E. VAN BUREN STREET BROWNSVILLE, TEXAS 78520		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 546-5060		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 24 / 20 THROUGH 02 / 22 / 20		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 20	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice OF THE PEACE Pct. 2-1		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME LINDA M. SALAZAR 15 Filer ID (Ethics Commission Filers) 2514602215

16 NOTICE FROM POLITICAL COMMITTEE(S)

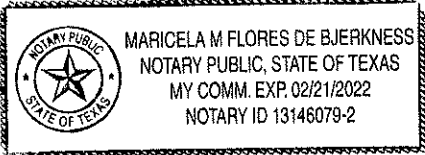
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ <u>40.⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,700.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12,355.25</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,413.65</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>

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.

Linda Salazar
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LINDA SALAZAR, this the 24th day of February, 20 20, to certify which, witness my hand and seal of office.

Maricela M. Flores de Bjerkness Maricela M. Flores de Bjerkness Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME LINDA M. SALAZAR	20 Filer ID (Ethics Commission Filers) 2514602215
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,700. ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,800. ⁰⁰
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	\$ 12,355. ²⁵
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 Date

02-19-20

5 Full name of contributor

RUBEN PENA SR.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.⁰⁰

6 Contributor address; City; State; Zip Code

125 OLD ALICE Rd.
HARLINGEN, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

02-19-20

Full name of contributor

MARCO A. & JOSEFINA GARCIA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$140.⁰⁰

Contributor address; City; State; Zip Code

2012 W. SAN MARCELO Blvd.
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

BUSINESSMAN

Employer (See Instructions)

Date

02-18-20

Full name of contributor

SERIGO SANTIAGO

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.⁰⁰

Contributor address; City; State; Zip Code

123 OLD PORT ISABEL Rd. STE A-4
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

BUSINESSMAN

Employer (See Instructions)

Date

02-19-20

Full name of contributor

LARRY BUNCH

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

P.O. BOX 5537
BROWNSVILLE, TEXAS 78523

Principal occupation / Job title (See Instructions)

BUSINESSMAN

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 Date

02-19-20

5 Full name of contributor

HAPPY THOMAS

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$60.⁰⁰

6 Contributor address; City; State; Zip Code

4380 BOCA CHICA Blvd. A-3
BROWNSVILLE TEXAS 77821

8 Principal occupation / Job title (See Instructions)

BUSINESSMAN

9 Employer (See Instructions)

Date

02-19-20

Full name of contributor

M. LUIS NOE NILO ORTIZ

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000.⁰⁰

Contributor address; City; State; Zip Code

5462 Rustic Manor Dr.
Brownsville, Texas 77826

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02-19-20

Full name of contributor

Loteria Fundraiser

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$700.⁰⁰

Contributor address; City; State; Zip Code

ON FEBRUARY 16, 2020

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

02/16/20

6 Full name of contributor out-of-state PAC (ID#: _____)

ELVIA MALDONADO

7 Contributor address; City; State; Zip Code

169 Aldrin Court
BROWNSVILLE, TEXAS 78521

8 Amount of Contribution \$

\$300⁰⁰

9 In-kind contribution description

Food for Loteria on
02/16/20

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Housewife

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

02/21/20

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

MARK CORTEZ

Contributor address; City; State; Zip Code

335 Pinar Del Rio
BROWNSVILLE, TEXAS 78526

Amount of Contribution \$

\$1,000⁰⁰

In-kind contribution description

Ad Expense

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business - SELF

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

02-13-20

6 Full name of contributor out-of-state PAC (ID#: _____)

CAROL SOLIS

8 Amount of Contribution \$

\$ 200.⁰⁰

9 In-kind contribution description

EVENT ON 02-13-20
Prints + Food

7 Contributor address: City; State; Zip Code

600 SPRINGMANT BLVD.
BROWNSVILLE, TEXAS 77821

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business - SELF

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

02-15-20

6 Full name of contributor out-of-state PAC (ID#: _____)

MARK COATEZ

8 Amount of Contribution \$

\$ 300.⁰⁰

9 In-kind contribution description

EVENT ON 02-15-20
Drinks + Food

7 Contributor address: City; State; Zip Code

335 PINAR DEL RIO
BROWNSVILLE, TEXAS 77826

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business SELF

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 2514602215
4 Date 01-28-20	5 Payee name ROLANDO GUTIERREZ	
6 Amount (\$) \$115.00	7 Payee address; City; State; Zip Code 318 LOS ALAMOS HARLINGEN, TEXAS 78552	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Political Designs	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 01/28/20	Payee name J. A. SPORTS
Amount (\$) \$800.⁰⁰	Payee address; City; State; Zip Code 4627 CENTRAL CIRCLE BROWNSVILLE, TEXAS 78521

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Signs	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 01-30-20	Payee name CREATIVE PRINT
Amount (\$) \$1500.⁰⁰	Payee address; City; State; Zip Code 1200 CENTRAL Blvd. Suite I BROWNSVILLE, TEXAS 78520

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLITICAL Signs	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 2514602215
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4 Date 02-23-20	5 Payee name CHARRO DAY FIESTA
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6 Amount (\$) \$500.⁰⁰	7 Payee address: City: State: Zip Code 455 E. ELIZABETH STREET BROWNSVILLE, TEXAS 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CHARRO DAYS FIESTA PARADE	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02-11-20	Payee name BREEDEN McCUMBER
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Amount (\$) \$8,091.⁰⁰	Payee address: City: State: Zip Code 1724 BOCA CHICA Blvd. BROWNSVILLE, TEXAS 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertising and Designs	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02-17-20	Payee name CREATIVE PRINT
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Amount (\$) \$1,206.25	Payee address: City: State: Zip Code 1200 CENTRAL Blvd. Suite I BROWNSVILLE, TEXAS 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLITICAL SIGNS	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **LINDA M. SALAZAR** 3 Filer ID (Ethics Commission Filers) **2514602215**

4 Date **02-03-20** 5 Payee name **Cricket Wireless**

6 Amount (\$) **\$125.⁰⁰** 7 Payee address: City: State: Zip Code
2200 BOCA CHIEFA Blvd.
BROWNSVILLE, TEXAS 78521

8 PURPOSE OF EXPENDITURE
 (a) Category (See categories listed at the top of this schedule): **FEEES FOR POLITICAL PHONES**
 (b) Description
 Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **01-30-20** Payee name **BBVA COMPASS BANK**

Amount (\$) **\$18.⁰⁰** Payee address: City: State: Zip Code
P.O. BOX 10566
BIRMINGHAM, AL 35296

PURPOSE OF EXPENDITURE
 Category (See categories listed at the top of this schedule): **BANK FEES**
 Description
 Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

Complete ONLY 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
 Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED