

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 8
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3 COMMITTEE NAME AUSTINITES FOR GEOGRAPHIC REPRESENTATION	OFFICE USE ONLY Date Received 2013 JAN 15 AM 8 57 Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
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4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6705 HWY 71 WEST #502-173 AUSTIN, TX 78735
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5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI STACY L
	NICKNAME LAST SUFFIX SCITS

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7807 DOWLCATER AUSTIN, TX 78745
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7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7807 DOWLCATER AUSTIN, TX 78745
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 554-2710
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9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 13 THROUGH 12 / 31 / 13
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11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 12	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET Pg 2

12 COMMITTEE NAME

AUSTINIANS FOR GEOGRAPHIC REPRESENTATION

ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

DESCRIPTION

PROP 4

11 / 6 / 12

CITY CHARTER AMENDMENT

14 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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

\$

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

\$

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

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

\$

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

\$

15 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.

Signature of Campaign Treasurer

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 oath

Printed name of officer administering oath

Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME *BUSINESS FOR GEOGRAPHIC REPRESENTATION* **ACCOUNT # (Ethics Commission Filers)**

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME _____							
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____							
	<input checked="" type="checkbox"/> MEASURE	<table border="1"> <tr> <td>BALLOT IDENTIFICATION / #</td> <td>ELECTION DATE</td> </tr> <tr> <td><i>PROP 3</i></td> <td>Month: <i>11</i> Day: <i>6</i> Year: <i>12</i></td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td colspan="2"><i>CITY CHARTER AMENDMENT</i></td> </tr> </table>	BALLOT IDENTIFICATION / #	ELECTION DATE	<i>PROP 3</i>	Month: <i>11</i> Day: <i>6</i> Year: <i>12</i>	DESCRIPTION		<i>CITY CHARTER AMENDMENT</i>
BALLOT IDENTIFICATION / #	ELECTION DATE								
<i>PROP 3</i>	Month: <i>11</i> Day: <i>6</i> Year: <i>12</i>								
DESCRIPTION									
<i>CITY CHARTER AMENDMENT</i>									

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>698.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4503.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>105.28</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4133.28</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>6210</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 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.

[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Stacy Swets*, this the *15th* day of *January*, 20*14*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Ann Margrett Franklin
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME AUSTINIERS FOR GEOGRAPHIC REPRESENTATION		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID ALBERT	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1700 BURTON DR., AUSTIN TX 78744 #158	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR OLBERT	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1906 ARLEIGH, AUSTIN, TX 78703	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAIRE DEYONNE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code PO BOX 68436, AUSTIN, TX 78768	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIDGET SHEA CAMPANON	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2604 GERAGHTY, AUSTIN, TX 78757	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN RODGERS	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1112 W. 9TH, AUSTIN, TX 78703	(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/16/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PECK YOUNG</i> 6 Contributor address; City; State; Zip Code <i>3119 SULKASS, AUSTIN, TX 78748</i>	7 Amount of contribution (\$) <i>250.⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CATHERINE COCCO</i> Contributor address; City; State; Zip Code <i>5609 SPAUFLADER DR AUSTIN, TX 78759</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT THOMAS</i> Contributor address; City; State; Zip Code <i>6800 GLEN RIVER DR, AUSTIN TX 78731</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CRA HOUSTON</i> Contributor address; City; State; Zip Code <i>2207 E. 22, AUSTIN, TX 78722</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARTHUR OLBERT</i> Contributor address; City; State; Zip Code <i>1906 RALEIGH, AUSTIN, TX 78703</i>	Amount of contribution (\$) <i>1,645.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>ASSISTANTS FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/12/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>10-1 VICTORY FUND</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>450.00 PAID CONSULTING EXPENSES</i>
6 Contributor address; City; State; Zip Code <i>PO BOX 5674 AUSTIN, TX 78763</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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 (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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 (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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 (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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 (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME AUSTINITE FOR GEOGRAPHIC REPRESENTATION	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/19/13	5 Payee name AUDY MALVEAUX
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6 Amount (\$) 258.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1601 ASTOR PL. AUSTIN, TX 78721
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/16/13	Payee name AUDY MALVEAUX
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Amount (\$) 300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 ASTOR PL AUSTIN, TX 78721
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (if travel outside of Texas, complete Schedule T)
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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 12/16/13	Payee name AUDY MALVEAUX
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Amount (\$) 750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 AUSTON PL. AUSTIN, TX 78721
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
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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 8/15/13	Payee name LINDA CURTIS
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Amount (\$) 220.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 150 SOUTH SHORE AUSTIN, TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (if travel outside of Texas, complete Schedule T) FOOD/BEVERAGE
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>AUSTINES FOR GEOGRAPHIC REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12/17/13</i>	5 Payee name <i>RUDY MALVEAUX</i>
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6 Amount (\$) <i>1,000.00</i> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code <i>1601 ASTOR PL AUSTIN, TX 78721</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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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 <i>12/27/13</i>	Payee name <i>RUDY MALVEAUX</i>
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Amount (\$) <i>1,500.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>1601 ASTOR PL, AUSTIN, TX 78721</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
--------------------------------------------------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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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