CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Commission Filers) 2 Total pages filed:		OFFICE USE ONLY		
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST SUSANA NICKNAME LAST ALMANA	MI SUFFIX	Date Received	
4	ORIGINAL REPORT TYPE	July 15 Ex 30th day before election 15	onoff Other (specify) ceeded \$500 limit th day after treasurer appointment (officeholder only) nal report	SCC RECEIVED AT DEC 7'18 PM12:13 Date Hand-delivered or Date Postmarked Receipt # Amount \$	
5	ORIGINAL PERIOD COVERED	Month Day Year 10 / 28 / 2018 ^T	Month Day Year HROUGH 12 / 01 / 2018	Date Processed Date Imaged	
6 EXPLANATION OF CORRECTION CORRECTING OMISSION OF INFORMATION AND MISCALCULATION					
7	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable:				
	Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.				
ANNUAL PROPERTY.	Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.				
	AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder				
	Sworm to and subscribed before me, by the said <u>Susana Almanza</u> , this the <u>7</u> day of <u>December</u> , 20_/6_, to certify which, witness my hand and seal of office.				
<u> </u>	Alejandro Medina Notary Signature of officer administering oath Printed Jame of officer administering oath Title of officer administering oath				
	Re	member To Attach Any Pa	rt Of The Campaign Finance Re	nort Form	

Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- **3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- **7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME SUSANA Almanza 15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THE BOX IS FOR NOTICE OF 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	***************************************	
	1		•	
•	GENERAL			
COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE ADDITIONS			
			•	
	·		·	
,		COMMITTEE CAMPAIGN TREASURER NAME		
		•		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	•	
	1			
			•	
17 CONTRIBUTION	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	000	
TOTALS	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
*		·		
•		POLITICAL CONTRIBUTIONS	\$ 22,658.72	
•	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		+ LL,630.72	
EXPENDITURE				
TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,		\$ ().()()	
	UNLESS ITEMIZED			
	4. TOTAL POLITICAL EXPENDITURES		1011211051	
			\$11,340.51	
CONTRIBUTION				
BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		* \$ 2859.64	
<i></i>	OF REF	On Ting Fehiod		
OUTSTANDING	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE			
LOAN TOTALS	LAST D	\$ (),0()		
18 AFFIDAVIT		,		
		i swear, or affirm, under penalty of peri	ury, that the accompanying report is	
		true and correct and includes all inform		
	ALEJANDRO MEDI			
Notary Public, State of Texas Comm. Expires 08-15-2022				
				Notary ID 131684514 Dusana When
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
<				
Sworn to and subscribed before me, by the said <u>SUSANA HMANZA</u> , this the <u>7 +h</u>				
day of <u>December</u> , 20 <u>18</u> , to certify which, witness my hand and seal of office.				
Olivela Mula Alejandro Medina Notaru				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
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 20 Filer ID (Ethics C	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	.\$ 22,658.72
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,340.51
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$.
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Office Ov Food/Severage Supense Polling Ex y Gill/Awards/Memorials Expense Printing E		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District 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 FILER NAME SUSANG Almanzo	(3 Filer ID (Ethics Commission Filers)		
4 Date 11/24/18	5 Payor name Lucy Renteria				
6 Amount (\$)	7 Payee address; / City; State; Zip Gode		Ì		
00-00	1503 Willow Austin	TX 78	202		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schoolule) (ontract Layor	ļ ——1	uside of Texas. Complete Schedule T. 1, TX, officeholder Uving expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date ;	Payee name				
11/24/18	Corina Sanchez				
Amount (\$)	Payee address; City; State; Zip Code				
100-00	100.00 2201 Montopolis #926 Austin TX 78741				
PURPOSE OF EXPENDITURE	Contract Labor		taide of Taxas. Complete Schedule T. , TX, officeholder flying expense		
Complete ONLY if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date ,	Payee name				
11/24/18	Adrian Macias		•		
Amount (\$)	Payee address; City; State; Zip Code		,		
56.00	1406 Vargas Rd. Austin, T	× 78741	,		
	Gategory (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contract Labor	1 —	tside af Texas. Complete Schedule T. , 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					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(2)			
Advertising Expense Accounting/Benising Consulting Expense Contributions/Donations Made 8 Canalidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Git/Awards/Memoriais Expense al Committee Legal Services The Instruction Guide explain	Loan Repayment/Reimbursament Office Overhead/Rental Expense Polling Expense Printing Expense Salartes/Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)
1 Total pages Schodule F1:	2 FILER NAME SUSANA Alma	NZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/24/18	5 Payee name Pedro Hernan	1 8	. /
6 Amount (\$) 7 Payee address; City; State; Zip Code			
00.00	Duena dr. Austiv	TX 78741	
8	(a) Category (See Categories listed at the top of this e	chedule) (b) Description	
PURPOSE		Check if travel of	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Contract Labor	L Check if Austle	n, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payes name		
11/24/18	Brandon Perez		•
Amount (\$)	Payee address; City; State; Zi	p Code	•
\$100.00	5503 Ferri Rd. Aust	in/TX 78744	
	Category (See Categories listed at the top of this se	ohedule) Description	
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Contract Labor	Check if Austin	, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
•			
Amount (\$)	Payee address; City; State; Zi	p Code	
·			
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule 1.
OF EXPENDITURE	Contract Labor	Check il Austin	, TX, officeholder living expense
	COMMON		
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			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 10/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SUSANA ALMANZA 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAG (ID#:_ 11/26/18 CITY OF AUSTIN FAIR CAMPAIGN FUND 15,490.68 6 Contributor address; City; State; Zip Code 201 W. CESAR CHAVEZ AUSTIN TX 78701 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor aut-ef-ctate PAC (ID#; Amount of contribution (\$) 11/19/18 Contributor address: City; State; Zip Code 100.00 3571 Far West Blvd. Austin TX 78731 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date Out-of-state PAC (ID#) Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) Contributor address; State; Zip Code City: 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursament Office Overhead/Rentzi Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Severage Expense Giff/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Poling Expense Travel in District Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Cord Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SUSANA ALMANZA 4 Date 5 Payee name 11/05/18 **LUCY RENTERIA** 6 Amount (\$) 7 Payee address; City; State; Zip Code 70.00 1503 WILLOW AUSTIN TX 78702 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF ... Check if Austin, TX, officeholder living expense CONTRACT LABOR EXPENDITURE Candidate / Officeholder name Office sought Office held . . . Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/07/18 LISA ROMERO Amount (\$) Paves address: City; State; Zip Gode #117 Austin, TX 78741 70.00 Category (See Categories listed at the top of this achedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF FOOD/BEVERAGE EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date **LUCY RENTERIA** 11/07/18 Amount (\$) Payee address; City; State; Zip Code 1503 WILLOW AUSTIN TX 78702 100.00 . Category (See Categories listed at the top of this echedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE CONTRACT LABOR J Check if Austin, TX, officeholder Eving expense EXPENDITURE Candidate / Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Benking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in Distri Contributions/Donations Made By Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Cradit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filler ID (Ethics Commission Filers) SUSANA ALMANZA 4 Date 5 Payee name 11/19/18 VISTA PRINT 6 Amount (\$) 7 Payee address; City; State; Zip Code 1,008,67 VISTAPRINT.COM (a) Category (See Categories listed at the tup of this schedule) (b) Description R Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Chack If Austin, TX, afficeholder living expense PRINTING EXPENSE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name THOMAS GRAPHICS 11/19/18 Amount (\$) Payee address; City; State: Zip Code 184m TX 78753 487.13 Category (See Categories listed at the top of this achedule) Description Check If travel outside of Texas. Complete Schedule T. PURPOSE **GRAPHIC DESIGN** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date WIX 11/19/18 Amount (\$) Payee address: City; State; Zip Code 14.50 WIX.COM Category (See Categories listed at the top of this echedule) Description PURPOSE . Check if travel outside of Texas. Complete Schedule T. OF WEB HOSTING Check if Austin, TX, officeholder living expense EXPENDITURE

Complete ONLY if direct

expenditure to benefit G/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Barking
Consulting Expense
Contributions/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Citt/Awards/Memoriats Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Prinsing Expense Salanse/Wagse/Centract Labor

Solicitation/Fundraising Expense
Transportation Equipment 8. 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:	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)			
4 Date 11/21/18	Date 11/21/18 THOMAS GRAPHICS				
8 Amount (\$)	7 Payee address; City; State; Zip Code				
503.36 050 N. IH35 Austin, TX 78753					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	GRAPHIC DESIGN	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
11/10/18	AUSTIN UTILITIES				
Amount (\$) 47.68	Payee address; City; State; Zip Code 1800 Lavaca St, Austin, TX 78701				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if iravel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	OFFICE OVERHEAD	Check if Austin, TX, officeholder living expense UTILITIES			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
11/26/18	ALONZO'S TACOS				
Amount (\$)	Payee address; City; State; Zip Code				
54.94	907 Montopolis Dr. Austin, TX 78741				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	Check if Austin, TX, afficeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Constions Made By
Candidate/Officeholder/Political Committee

Event Expense Foca Foco Boverage Expense Claywards/Momerials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Satarles/Wapes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other feature a category and listed shows

Credit Card Payment The Instruction Guide expisins how to complete this form.				
18 Jusang Almanza			3 Filer ID (Ethics Commission Filers)	
4 Date 11/24/18	10 Date 1/24/18 5 Payor name Angela Artiga			
6 Amount (\$)	7 Payee address: City: Sinte: Zip Code			
100.00	1809 E.4th Austin TX	78702		
8	(a) Category (See Categories Heted at the top of this schodule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor		iside of Texas. Comptete Schedule T. , TX, officeholder Bving expense	
Complete <u>CNLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/24/18	Larissa Garza			
Amount (8) Payee address; City; State; Zip Code 100.00 1809 E 4th Austin TX 7870Z				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	السما	side of Texas. Complete Scheduse T. TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/Qi	Candidate / Officeholder name	Office acught	Office held	
Date	Payee name			
11/24/18 Jessica NUMEZ				
Amount (\$) Payes address; City; State; Zip Code				
00.00	6924 Ferrystone Pa	ss De Va	lle, TX 78617	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	<u> </u>	ide of Texas. Complete Schedule T. TX, afficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to banefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			