

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 Ms.	FIRST Lauren	MI N	OFFICE USE ONLY		
	NICKNAME	LAST Barron	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1454 Country Club Rd. San Angelo TX 76904					
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (325)	PHONE NUMBER 245-6480	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Todd	MI	Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST Dornhecker	SUFFIX	Receipt #	Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4753 Royal Troon Dr San Angelo TX 76904					
8 CAMPAIGN TREASURER PHONE	AREA CODE (325)	PHONE NUMBER 374-3449	EXTENSION			
9 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month 7	Day 1	Year 2025	Month 12	Day 31	Year 2025
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 2024		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) County Clerk's Office		
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE		COMMITTEE NAME		
		<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS		
		<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME		
				COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

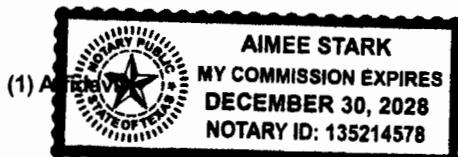
15 C/OH NAME	Lauren Barron	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS \$ 2025	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 300
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1725
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 208.67
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 1251.19
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 557.14
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Lauren Barron

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Subscribed and sworn before me this
12th day of January, 2026
Aimee Stark
Notary Public

Sworn to and subscribed before me by Lauren Barron this the 12th day of January, 20 26, 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

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**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
Lauren Barron		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2025.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 750.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1467.80	
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 Lauren Barron			3 Filer ID (Ethics Commission Filers)
4 Date 11/10/25	5 Full name of contributor Omar + Taylor Herrera	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) \$125
6 Contributor address; 9922 E. Carlsbad Loop Carlsbad TX 76901	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Lineman		9 Employer (See Instructions) Concho Valley Electric Cooperative	
Date 12/8/25	Full name of contributor Jana Weatherby	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) \$250
Contributor address; Confidential	City; State; Zip Code		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)	
Date 12/8/25	Full name of contributor Allie + John Owens	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) \$250
Contributor address; 2759 Duna Dr. San Angelo TX 76901	City; State; Zip Code		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)	
Date 12/8/25	Full name of contributor Caroline Weatherby	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) \$250
Contributor address; 3302 Lindenwood San Angelo TX 76901	City; State; Zip Code		
Principal occupation / Job title (See Instructions) Child Care		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

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME Lauren Barron</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 12/10/25</p>	<p>5 Full name of contributor Danielle Lewis <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>			<p>7 Amount of contribution (\$) \$125</p>
	<p>6 Contributor address; 1335 Falcon Dr</p>	<p>City; Lewisville</p>	<p>State; TX</p>	<p>Zip Code 75077</p>
<p>8 Principal occupation / Job title (See Instructions) Grants Manager</p>			<p>9 Employer (See Instructions) Grantworks</p>	
<p>Date 12/10/25</p>	<p>Full name of contributor Ben Weatherby <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>			<p>Amount of contribution (\$) \$125</p>
	<p>Contributor address; 1335 Falcon Dr.</p>	<p>City; Lewisville</p>	<p>State; TX</p>	<p>Zip Code 75077</p>
<p>Principal occupation / Job title (See Instructions) Director of business development</p>			<p>Employer (See Instructions) Professional Rps</p>	
<p>Date 12/23/25</p>	<p>Full name of contributor Gabriella Delgado <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>			<p>Amount of contribution (\$) \$200</p>
	<p>Contributor address; (6057 Winners Circle</p>	<p>City; San Angelo</p>	<p>State; TX</p>	<p>Zip Code 76904</p>
<p>Principal occupation / Job title (See Instructions) Account Executive</p>			<p>Employer (See Instructions) BILL</p>	
<p>Date 12/25/25</p>	<p>Full name of contributor Shelly Timm <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>			<p>Amount of contribution (\$) \$200</p>
	<p>Contributor address; 3805 42nd St</p>	<p>City; Wubbock</p>	<p>State; TX</p>	<p>Zip Code 79413</p>
<p>Principal occupation / Job title (See Instructions) Portfolio Accountant</p>			<p>Employer (See Instructions) Holladay</p>	

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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 <i>Lauren Barron</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/17/25</i>	5 Full name of contributor <i>Madison + Kirby Kellermeyer</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$200.00</i>
	6 Contributor address; <i>2688 S. 3rd Road</i>	City; State; Zip Code <i>San Angelo TX 76905</i>	
8 Principal occupation / Job title (See Instructions) <i>Self Employed / owner</i>		9 Employer (See Instructions) <i>Revival Boutique</i>	
Date <i>11/11/25</i>	Full name of contributor <i>Sandi Kenney</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; <i>909 Avondale</i>	City; State; Zip Code <i>San Angelo TX 76904</i>	
Principal occupation / Job title (See Instructions) <i>Court Administrator</i>		Employer (See Instructions) <i>Tom Green County</i>	
Date <i>12/5/25</i>	Full name of contributor <i>Richard Barron</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; <i>405 Sellers</i>	City; State; Zip Code <i>San Angelo TX 76903</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>11/10/25</i>	Full name of contributor <i>John + Cindy Lewis</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; <i>3821 Trident trail</i>	City; State; Zip Code <i>San Angelo TX 76904</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		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

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2:</p>
<p>2 FILER NAME <i>Lauren Barron</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$</p>				
<p>5 Date <i>11/10/25</i></p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Donnie Dorsey</i>)</p> <p>7 Contributor address; City; State; Zip Code <i>2707 Shamrock San Angelo TX 76903</i></p>			<p>8 Amount of Contribution \$ 9 In-kind contribution description <i>\$600 Harderves for announcement</i></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Business owner</i></p>				<p>11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Mesquite Bean Cafe</i></p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>				<p>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>				<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date <i>11/10/25</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alyssa Barron</i>)</p> <p>Contributor address; City; State; Zip Code <i>1454 Country Club Rd. San Angelo TX 76904</i></p>			<p>Amount of Contribution \$ <i>\$180.00</i></p> <p>In-kind contribution description <i>Nugget Trays for announcement</i></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Front Desk Receptionist</i></p>				<p>Employer (FOR NON-JUDICIAL)(See Instructions) <i>Barrons Body Shop</i></p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>				<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>				<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:									
2 FILER NAME <i>Lauren Barron</i>		3 Filer ID (Ethics Commission Filers)									
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$									
5 Date <i>11/10/25</i>	6 Full name of contributor <i>Gabriella Delgado</i>	7 Contributor address; City; State; Zip Code <i>0057 Winners Circle San Angelo TX 76904</i>									
	8 Amount of Contribution \$ <i>\$75.00</i>	9 In-kind contribution description <i>Tea for announcement</i>									
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.											
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>BILL</i>									
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)											
<table border="1"> <tr> <td>Date <i>11/10/25</i></td> <td>Full name of contributor <i>Ofelia Barron & Richard Barron</i></td> <td>Amount of Contribution \$ <i>\$150.00</i></td> </tr> <tr> <td>Contributor address; City; State; Zip Code <i>1454 Country Club Rd San Angelo TX 76904</i></td> <td></td> <td>In-kind contribution description <i>Cups, dips, chips for announcement</i></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> </tr> </table>			Date <i>11/10/25</i>	Full name of contributor <i>Ofelia Barron & Richard Barron</i>	Amount of Contribution \$ <i>\$150.00</i>	Contributor address; City; State; Zip Code <i>1454 Country Club Rd San Angelo TX 76904</i>		In-kind contribution description <i>Cups, dips, chips for announcement</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Date <i>11/10/25</i>	Full name of contributor <i>Ofelia Barron & Richard Barron</i>	Amount of Contribution \$ <i>\$150.00</i>									
Contributor address; City; State; Zip Code <i>1454 Country Club Rd San Angelo TX 76904</i>		In-kind contribution description <i>Cups, dips, chips for announcement</i>									
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.											
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>BUSINESS owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Barrons Body Shop</i>									
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)											
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>											

LOANS**SCHEDULE E**

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 E:
2 FILER NAME <i>Lauren Barron</i>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 11/8/25			\$ 750.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N			7 Name of lender <i>Lauren Barron</i>
8 Lender address; City; State; Zip Code 1454 Country Club Rd. San Angelo TX 76904			9 Loan Amount (\$) 750
10 Interest rate 0			11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) <i>Chief Deputy</i>			13 Employer (See Instructions) <i>Tom Green County Clerk's Office</i>
14 Description of Collateral <input checked="" type="checkbox"/> none			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable			17 Name of guarantor 18 Guarantor address; City; State; Zip Code
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)
Date of loan	Name of lender	Loan Amount (\$)	
Is lender a financial institution? Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate	
			Maturity date
Principal occupation / Job title (See Instructions)			Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none			<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable			Name of guarantor Guarantor address; City; State; Zip Code
Principal Occupation (See Instructions)			Amount Guaranteed (\$)
			Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Lauren Barron</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/16/2025</i>	5 Payee name <i>Build A Sign</i>		
6 Amount (\$) <i>\$1,259.19</i>	7 Payee address; <i>11525A Stonehollow Dr. Suite 120</i>	City; <i>Austin</i> State; <i>TX</i> Zip Code <i>78758</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Signage</i>	
	(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
 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	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	
	<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			