

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 FIRST MI
Mrs. Daphne R
NICKNAME LAST SUFFIX
Stanley

OFFICE USE ONLY

Date Received

4-6-23

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3918 Larkin Ln., Garland, TX 75043

@ 2:22 pm
[Signature]
4/6/23

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE PHONE NUMBER EXTENSION
(214) 284-4154

Date Hand-delivered or Date Postmarked

4/6/23

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR FIRST MI
Mrs. Kenia
NICKNAME LAST SUFFIX
Ott

Receipt # Amount \$

Date Processed

4/6/23

Date Imaged

4/6/23

**7 CAMPAIGN
TREASURER
ADDRESS**

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
901 Bromwich St., Garland TX 75040

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE PHONE NUMBER EXTENSION
(214) 282-1120

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

**10 PERIOD
COVERED**

Month Day Year Month Day Year
1 / 16 / 23 THROUGH 4 / 6 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 6 / 23 General Special

12 OFFICE

OFFICE HELD (if any)
Garland ISD Trustee Place 4

13 OFFICE SOUGHT (if known)
Garland ISD Trustee Place 4

**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.

COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Daphne Stanley		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 650.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2009.41
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,942.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,300.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is Daphne Stanley, and my date of birth is 01/11/1964.

My address is 3918 Larkin Ln., Garland, TX, 75043, US.

(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 6th day of April, 2023.

Daphne Stanley
Signature of Candidate/Officeholder (Declarant)

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: 3

2 FILER NAME
Daphne Stanley

3 Filer ID (Ethics Commission Filers)

4 Date

11/27/
2023

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

6 Contributor address; City; State; Zip Code

3918 LARKIN LN.

7 Amount of contribution (\$)

500⁰⁰

8 Principal occupation / Job title (See Instructions)

REALTOR

9 Employer (See Instructions)

EXP REALTY

Date

2/23/
23

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

Contributor address; City; State; Zip Code

3918 LARKIN LN., GARLAND TX 75043

Amount of contribution (\$)

\$941

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

EXP REALTY

Date

3/3/
23

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

Contributor address; City; State; Zip Code

3918 LARKIN LN., GARLAND TX 75043

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

EXP REALTY

Date

3/19/
23

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

Contributor address; City; State; Zip Code

909 WAKEFIELD DR., GARLAND, TX 75040

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

RETIRED

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Daphne Stanley		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/23	5 Full name of contributor out-of-state PAC (ID#: _____) BILLY WILLIAMS	7 Amount of contribution (\$) \$ 50⁰⁰
	6 Contributor address; City; State; Zip Code 617 SAN CARLOS DR., GARLAND TX 75043	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 3/23/23	Full name of contributor out-of-state PAC (ID#: _____) SUSAN FOUNTAIN	Amount of contribution (\$) \$ 50⁰⁰
	Contributor address; City; State; Zip Code 10630 CHESTERTON DR., DALLAS TX 75238	
Principal occupation / Job title (See Instructions) EXEC DIRECTOR		Employer (See Instructions) PERP
Date 3/23/23	Full name of contributor out-of-state PAC (ID#: _____) RED TEXAS FORUM	Amount of contribution (\$) \$ 50⁰⁰
	Contributor address; City; State; Zip Code 12989 JUPITER RD, STE 101, DALLAS TX 75238	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/23	Full name of contributor out-of-state PAC (ID#: _____) TILLIE PERKINS	Amount of contribution (\$) 50⁰⁰
	Contributor address; City; State; Zip Code 619 LAS BRISAS DR., MESQUITE TX 75149	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
<p>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>		

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 Daphne Stanley		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/23	5 Full name of contributor out-of-state PAC (ID#: _____) DAVID & MARY LAWSON	7 Amount of contribution (\$) \$50⁰⁰
6 Contributor address; City; State; Zip Code 314 MEADOWCREEK LN., GARLAND TX 75043		
8 Principal occupation / Job title (See Instructions) NETWORK ADMINISTRATOR		9 Employer (See Instructions) RETIRED
Date 3/23/23	Full name of contributor out-of-state PAC (ID#: _____) ROBERT J. SMITH	Amount of contribution (\$) \$250⁰⁰
Contributor address; City; State; Zip Code 310 FAIRCREST DR., GARLAND, TX 75040		
Principal occupation / Job title (See Instructions) NETWORK ADMINISTRATOR		Employer (See Instructions)
Date 3/23/23	Full name of contributor out-of-state PAC (ID#: _____) JAMES & CAROL CAHILL	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 2110 SUNRIDGE DR., GARLAND TX 75042		
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.

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: <u>1</u>
2 FILER NAME Daphne Stanley		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/31/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN STANLEY	9 Loan Amount (\$) \$1,300.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 3918 LARKIN LN, GARLAND TX 75043	10 Interest rate <u> </u>
		11 Maturity date <u> </u>
12 Principal occupation / Job title (See Instructions) REALTOR		13 Employer (See Instructions) EXP REALTY
14 Description of Collateral none		15 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	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> 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 none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Daphne Stanley	3 Filer ID (Ethics Commission Filers)
4 Date 2/1/23	5 Payee name AMERICAN NATIONAL BANK	
6 Amount (\$) \$4.95	7 Payee address; City; State; Zip Code 5430 S. SH78 SACHE TX 75048	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING	(b) Description SERVICE FEE
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4
		Office held Garland ISD Trustee PI 4
Date 2/13/23	Payee name REAPERS PRESS	
Amount (\$) \$272.56	Payee address; City; State; Zip Code 520 LOMA VISTA ROCKWALL TX 75082	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description SIGN DECALS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4
		Office held Garland ISD Trustee PI 4
Date 3/01/23	Payee name AMERICAN NATIONAL BANK	
Amount (\$) 4.95	Payee address; City; State; Zip Code 5430 S. SH78 SACHE, TX 75048	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description SERVICE FEE
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4
		Office held Garland ISD Trustee PI 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Daphne Stanley	3 Filer ID (Ethics Commission Filers)
4 Date 3/2/23	5 Payee name KEEPERS PRESS	
6 Amount (\$) \$65.77	7 Payee address; City; State; Zip Code 520 LOMA VISTA, ROCKWALL, TX 75032	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP.	(b) Description SIGN DECALS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4
		Office held Garland ISD Trustee PI 4
Date 3/23/23	Payee name CHICK-FIL-A	
Amount (\$) \$244.92	Payee address; City; State; Zip Code 5425 N. GEORGE BUSH HWY, GARLAND TX 75044	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description FOOD
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4
		Office held Garland ISD Trustee PI 4
Date 3/23/23	Payee name FIREWHEEL GOLF CENTER	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1535 E. BRAND RD., GARLAND TX 75044	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description ROOM RENTAL
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4
		Office held Garland ISD Trustee PI 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Daphne Stanley	3 Filer ID (Ethics Commission Filers)
-----------------------------------	---------------------------------------	--

4 Date 3/31/23	5 Payee name NEEL & PARTNERS
--------------------------	--

6 Amount (\$) \$3,239.00	7 Payee address; City; State; Zip Code 1232 CAVENDER DR., #107 Hurst TX 76053
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description SOCIAL MEDIA & TEXTING
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4	Office held Garland ISD Trustee PI 4
---	---	---	---

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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4	Office held Garland ISD Trustee PI 4
--	---	---	---

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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4	Office held Garland ISD Trustee PI 4
--	---	---	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Daphne Stanley	3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2023	5 Payee name Neel & Partners	
6 Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1232 Cavender Dr., #107, Hurst TX 76053	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Exp	(b) Description
	(c) 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 04/01/2023	Payee name Neel & Partners	
Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1232 Cavender Dr., #107 Hurst TX 76053	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Exp.	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 (\$) Reimbursement from political contributions intended	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