

# 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 <i>Mr.</i> FIRST <i>Robert</i> MI <i>L</i> NICKNAME LAST <i>Selders</i> SUFFIX <i>Jr.</i>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>4410 Meadowcove Dr. Rowlett TX 75088</i>	Date Received <i>[Signature]</i> <i>4/23/2021</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 215-0686</i>	Date Hand delivered or Date Postmarked <i>4/23/2021</i>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i> FIRST <i>Joel</i> MI <i>J.</i> NICKNAME LAST <i>Wilson</i> SUFFIX	Receipt # Amount \$ Date Processed Date Imaged <i>4/23/2021</i>	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <i>3540 Blanchard Rd. Rowlett TX 75089</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 605-2683</i>		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>4 / 2 / 2021    4 / 23 / 2021</i>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>5 / 1 / 2021</i> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>Garland Isd Trustee Place</i>	13 OFFICE SOUGHT (if known) <i>Garland Isd Trustee Place</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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    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 Robert L. Selders, Jr.		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3204.14
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3556.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,504.80
OUTSTANDING LOAN TOTALS	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.

\_\_\_\_\_  
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

(2) Unsworn Declaration

My name is Robert L. Selders, Jr. and my date of birth is 7/7/190

My address is 4410 Meadowcove Drive Rowlett TX 75088 USA  
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 23 day of April, 2021  
(month) (year)

Robert L. Selders, Jr.  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Robert L. Selders, Jr.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,335
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,659.48
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: 5
2 FILER NAME <i>Robert Selders, Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/13/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Manuel Flores</i>	7 Amount of contribution (\$) <i>\$ 40.00</i>
6 Contributor address; City; State; Zip Code <i>1906 Melrose Garland TX 75042</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/16/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gilberto Prado</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>4405 Glenridge Dr. Rowlett TX 75088</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Erin Hutto</i>	Amount of contribution (\$) <i>\$ 90.00</i>
Contributor address; City; State; Zip Code <i>7180 Creekview Dr. Frisco TX 75034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-15-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Elizabeth Banda Calvo</i>	Amount of contribution (\$) <i>\$ 90.00</i>
Contributor address; City; State; Zip Code <i>8210 Faithful Dr. Waxahatche TX 75167</i>		
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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME <i>Robert Selders, Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/12/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John O. Burnside</i>	7 Amount of contribution (\$)  <i>\$ 500.00</i>
6 Contributor address; City; State; Zip Code <i>7210 CoveWood Dr, Garland, TX, 75044</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>4/16/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David B. Tubor</i>	Amount of contribution (\$)  <i>\$ 90.00</i>
Contributor address; City; State; Zip Code <i>9564 Partridge Dr., Dallas, TX, 75238</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>4-9-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Future Texas Pac</i>	Amount of contribution (\$)  <i>\$ 250.00</i>
Contributor address; City; State; Zip Code <i>1317 Orange Blossom, Westlaco, TX 78596</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>4/16/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tami Pellicane</i>	Amount of contribution (\$)  <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>2944 SAA Simeon Way, Plano, TX 75033</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Robert Selders, Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/8/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jarold Powell</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>9910 Clear Diamond Dr, Rosharon, TX, <del>75083</del></i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/9/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Ianda</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>3111 N. Hurstam St. #2510 Dallas, TX, 75219</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/9/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frances Waters</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>5141 Northaven Rd., Dallas, TX 75229</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kelly Roberts</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>6721 Newhaven Dr., Dallas, TX, 75248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Robert Selders, Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/11/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Olayinka Ajibade</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>250 W. 5th St. #2004, Garland, TX 75040</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/13/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Billy Gipson</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code <i>982 W. 14-30 #618 Garland, TX, 75043</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/14/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marla Smith-Batiste</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>4938 Spring Terrace Ln Rosharon, TX, 77583</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/21</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lance Legree</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1015 Westbury Dr. Matthews, NC, 28104</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME <i>Robert Selders, Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Siburt</i>	7 Amount of contribution (\$) <i>\$250.00</i>
	6 Contributor address; City; State; Zip Code <i>2406 Robetta Ct, Garland, TX, 75040</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/16/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Landon Huie</i>	Amount of contribution (\$) <i>\$500.00</i>
	Contributor address; City; State; Zip Code <i>5700 Mark Ln. Rowlett, TX, 75089</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <del>#9.14</del> <i>4/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Octarve Mitchell</i>	Amount of contribution (\$) <i>\$119.14</i>
	Contributor address; City; State; Zip Code <i>10316 S. Harvard BLVD. Los Angeles, CA, 90047</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & 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 G: 2	2 FILER NAME Robert Selders, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 4/23/21	5 Payee name Print Place
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6 Amount (\$) 422.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1110 Avenue H East	City; Arlington	State; TX	Zip Code 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailers
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/21	Payee name Print Place
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Amount (\$) 348.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1110 Avenue H East	City; Arlington	State; TX	Zip Code 76011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/21	Payee name The Order Desk
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Amount (\$) 860.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 9840 Monroe Dr. #104	City; Dallas	State; TX	Zip Code 75220
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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 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: 2	2 FILER NAME Robert Sellers Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 4/9/21	5 Payee name Install Connect
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6 Amount (\$) 1750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 505 W State Street	City; Garland	State; TX	Zip Code 75040
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Installation
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/21/21	Payee name Install Connect
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Amount (\$) 175.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 505 W State Street	City; Garland	State; TX	Zip Code 75040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Installation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY 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"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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