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:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST GIVEGOR	MI .	OFFICE USE ONLY Date Received
	NIGKNAME LAST TUENTE	SUFFIX	, , , , , , , , , , , , , , , , , , ,
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION
Change of Address 5 CANDIDATE/	AREA CODE PHONE NUMBER	to IX 78576	JAN 1 5 2016
OFFICEHOLDER PHONE	(956) 408-0047	- EXTENSION	Date Hand-delivered FOH VEO marked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST WIKK	MI	Redeipt # Amberit \$
	Arias		; Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP-CODE
(Residence or Business)	1015 Galle Escond	lida Biranonsui	le TX 78526
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 203-5695	EXTENSION	
9 REPORT TYPE	January 15 30th day before elements and a strain of the st		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 8 /27 / 15	THROUGH Î	Day Year 15 2016
11 ELECTION	Month Day Year Primary	ELECTION TYPE Runoff Other Description	
	3/1/16 General	Special	* **
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	3
		Cameron Co	ounty Sheriff
	GO TO	PAGE 2	9

質さい 10 HELOHED : ETACHOMAS T対応可し対 EDI ** ロボードの(A) MAS

VIOLENCE DE LA COMPANION DE LA

BVETH

5 54 5 6 7

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	regorio	Puente III	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WAS NOT OFFICEHOLDERS ARE REQUIRED TO REPORT THE	VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
			2
*		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	*		
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4300
EXPENDITURE TOTALS	3. TOTAL P UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 151,80
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 4042.35
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING. PERIOD.	DAY \$ 32.68
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	HE \$
18 AFFIDAVIT			
OF STREET	DEDING! MOINTE	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAMP	/SEALAROVE	Joseph Carlo	
ALL MICHAEL STAMP	/ GEALABOVE	Carre Carre	1 — Hh
Sworn to and subscri	1 11.	the said Cully (In Cully of certify which, witness my hand and seal of office.	, this the 15 TK
Dostary M K	udriques	Destiny M. Kodriguez	Notury Public
Signature of officer ad	ministering oath	Printed name of officer administrating oath	Title of officer administering oath

: 돌고하고 아님의 "아무르다 다가 FA 이번에서 A C "프로운식의 참 하다면 AFG의 " 등하고요함에 요 하

SO STAUF

101 Pag 34 - 07 MART

DESTINY MORBULE HOORIGUES
HOTARY PUBLIC SIATE OF TEXAS
COLM. EXP. 07-29-2018
NOTARY PD 128540614



SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
	Caregorio Puente III	iningsion i nersj
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$4,300.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,204.15
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,204.15
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 642.53
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ O
·		

			r

MONETARY POLITICAL CONTI	RIBUTIONS SCHEDULE A1
The Instruction Guide explains how to complete t	his form. 1 Total pages Schedule A1:
2 FILER NAMEY CYCOCIO PUENTE TIL	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state	PAC (ID#:) 7 Amount of contribution (\$)
11 25 15 440 Davis LAGuna 1 8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
maricelaz, Puent	PAC (ID#:) Amount of contribution (\$) tate; Zip Code
12-9-15 3500 Oviedo Dr. BROW 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; St	ate; Zip Code
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; Si	tate; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ſ

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide expl	ains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Gregoria Pue	nte III	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contribution MARICE Q. 6 Contributor address	Z. Puente	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Ins	riedo Dr. Braunsville II 180 structions) 9 Employer (See Instruc	
Date Full name of contribution address		Amount of contribution (\$)
8/31/15 1724 MARGUE	HE Brownsville, TX 78520	500°°
Principal occupation / Job title (See Inst		tions)
Date Full name of contribution address	ra Aldape	Amount of contribution (\$)
8/31/15	Brownsville, TX 7850	06 10000
Principal occupation / Job title (See Inst		tions)
Date Full name of contributor address	Binder	Amount of contribution (\$)
Principal occupation / Job title (See Inst	PROUNSVILLE, TX 78520 ructions) Employer (See Instruc	Solutions)

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

The Instruction Guide explains h	ow to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND F	POLITICAL CONTRIE	BUTIONS	\$
5 Date 6 Full name of contributor	out-of-state PAC (ID#:)	8 Amount of . 9 In-kind contribution Contribution \$. description
	City; State; Zip Cod	e	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUD	ICIAL) (See Instructions)	11 Employe	(FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDIC	IAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAI	L)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if a	any) (FOR JUDICIAL)		
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of . In-kind contribution Contribution \$. description
Contributor address;	City; State; Zip Cod		Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUD	ICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICI	IAL)	Contribut	tor'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 a	any) (FOR JUDICIAL)		
			•
ATTACH ADI	DITIONAL COPIES OF TH	IIS SCHEDU	LE AS NEEDED

t .		
į		
· · · · · · · · · · · · · · · · · · ·		4
:		
√ . }		
v.		

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount Full name of pledgor In-kind contribution out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor ___ out-of-state PAC (ID#:_ In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of In-kind contribution out-of-state PAC (ID#:_ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions)

Forms provided by Texas Ethics Commission

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

-			

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethios Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAG (ID#:)	Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate
YN			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (Sex Instructions)	
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; S	State; Zip Code	e e
not applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#;)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were of	deposited into political
none		account (See Instructions)	4
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	ttate; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instruction	
opar occupant	or (200 manusuma)	Employer (See Instructions)	
If Ie	ATTACH ADDITIONAL COP	HES OF THIS SCHEDULE AS NEI	

,			
	ì		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related E:

Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	Food/Beverage Expense Pollir By Gift/Awards/Memorials Expense Printi	ng Expense ing Expense ries/Wages/Contract Labor	Transportation Equipment & Helated Expens Travel In District Other (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F4:	2 FILERNAME Gregorio Puente III		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A	CREDIT CARD	\$
5 Date	6 Payee name SUHNER I HINDS		
7 Amount (\$)	8 Payee address; City; State; Zip Co	ode	
68.05	1725 State Highway Porct I	sabel, TI	178578
9 TYPE OF EXPENDITURE	Political No	n-Political	
10	(a) Category (See Categories listed at the top of this schedul	(b) Descriptio	ท
PURPOSE OF		Check if	travel outside of Texas, Complete Schedule T.
EXPENDITURE	Ollow Torga Day 1	Check if	Austin, TX, officeholder living expense
11 Complete ONLY if direct	CAMEN TENCE POST		
expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
······································	Giregorio Kuente III	Shevit?	50 Hice
Date	Payee name Frontier 50	ans	
Amount (\$)	Payee address; City; State; Zip Co	de	
184.93	5216 N. Expressivaly Brawns	ville, TX	78520
TYPE OF EXPENDITURE	Political Nor	n-Political	
	Category (See Categories listed at the top of this schedule		
PURPOSE OF			avel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
()	regario Prentett	Sheriff:	s office
	J		
Named Annaus, or agreement and purple and an appropriate processing and an advantage and account of the design of the country	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED
rma arouided hy Tayaa Ciblas C			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Earma provided by Toyaa Ethica Commission

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

Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) regorio fuente III 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name City: State: Zip Code 8 Payee address: brownsville TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Office sought expenditure to benefit C/OH/ Date 10-13-1 Amount (\$) Payee address; Sepunsuille TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

......

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out O District
Other (enter a category not listed above)

Contributions/Donations Made t Candidate/Officeholder/Politic	
1 Total pages Schedule F4:	2 FIGER NAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 9 18 15	6 Payee name Frontier Signs 8 Payee address; City; State; ZipCode
7 Amount (\$)	8 Payee address; City; State; Zip Code
1,622.12	Brownsville, 11 78520
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Q	Candidate / Officeholder name Office sought Office held
C	aregorio thants III Sheriff's office
Date 10-7-15	Payee name LOWES
Amount (\$) 79	Payee address; City; State; Zip Code
80	Brownsuille, TX 78520
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Other Fence Post Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ø	Candidate / Officeholder name Office sought Office held
	menorio Puente III Shoriff's Office
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

;		
•		
•		
ч		
	•	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 extension pet listed above)

Candidate/Officeholder/Politi Credit Card Payment	, , , , , , , , , , , , , , , , , , , ,	g Expense Travel Out Of District ss/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule G:		3 Filor ID (Fibine Commission Filor)
4 Date 8 27 15	5 Payee name Dirty Als Prestaurant	
6 Amount (\$) (042.53 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4495 N. Expressway Brownsville, Texas 786	
PURPOSE OF EXPENDITURE 9 Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE. Candidate / Officeholder name	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
expenditure to benefit C/0		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)	(b) 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/C	Candidate / Officeholder name DH	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)	(b) 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/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	,
	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	
1 Total pages Schedule H:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name
6 Amount (\$)	7 Business address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if ravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date	Business name
Amount (\$)	Business 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/O	Candidate / Officeholder name Office sought Office held
Date	Business name
Amount (\$)	Business 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/Ol	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

,			
	\ 		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

	The Instruction Guide explains how to con	aplete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID Æthics Commission Filers
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples a acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
·	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED