MRS. JANET LEAL

JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

· an

FORM JC/OH **COVER SHEET PG 1**

The JC/OH Instruction	n Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm	nission Filers)	2 Total pages	filed:
			0005846	•		10
3 CANDIDATE /	MS/MRS/MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Janet L.			Date Received	
ĺ					ELECTRONIC	CALLY FILED
	NICKNAME	LAST	***************************************	SUFFIX	···· 07/01/2016	
	110100 1112	Leal		33.7.77		
4 CANDIDATE /	ADDRESS / PO BOX; APT.	/ SUITE#; CIT	-V,	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	103rd District Court	/3011E#, CIT	Τ,	ZIF CODE		
MAILING ADDRESS	974 East Harrison Street				Receipt #	Amount
Change of Address	Brownsville, TX 78520				Date Processed	
					Date Imaged	
C CAMPAICN	NC (NDC (ND	FIDET			<u> </u>	
5 CAMPAIGN TREASURER		FIRST			MI	
NAME	Mr.	Chester R.		r		

	NICKNAME	LAST Gonzalez			SUFFIX	
		Gunzalez				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOY DI EASE):		T / CUITE # CITY	· Masseyas and	AFE: ZIP CODE
TREASURER	117 E. Price Rd.	BOX PLEASE);	AP	T / SUITE #; CITY DEF	TO CAMERON CONTACT OF ELE	MITAL ZIP CODE
ADDRESS	III E. FIICE Ru.				VOTER REGISTR	ATION
(Residence or Business)	Danis - W. 70500				lili aaa	nic 9:20
	Brownsville, TX 78520				JUL 0821	am
				ı	PLCEIVE	016 9:20 5 (10
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION	BY:	AMIA	DIPOZOG
TREASURER PHONE	(956) 550-9550					
1110112						
8 REPORT TYPE				- · ·		
11176	January 15	30th day before	election	Runoff	appointment (of	ampaign treasurer ficeholder only)
	X July 15	8th day before e	election	Exceeded \$500 limit	Final Report (At	tach C/OH-FR)
		-			-	
9 PERIOD	Month Day Year	 		Month Day	Year	
COVERED	01/01/2016	TH	IROUGH	06/30/20	16	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	□Pr	rimary	Runoff	Other	
		G	eneral	Special		
				<u> </u>		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGH	T (if known)	
	District Judge District 103C	ameron		District Judge D	-	
	}					
		GO T	O PAGE 2			
			_ -			

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Leal, Janet L. (The H	onorable)	14 Filer ID (00058460	Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or office POLITICAL consent. Candidates and officeholders are required to report this information only if they receive no				
Additional Pages	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTIBUTION TOTALS		 AL CONTRIBUTIONS OF \$50 OR LESS (OTHER 1 ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$	0.00
	· ·	ICAL CONTRIBUTIONS	~\	\$	0.00
EXPENDITURE TOTALS	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$	0,00
TOTALS	4. TOTAL POLITICAL EXPENDITURES			\$	4,401.00
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	29,956.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFADAVIT					······································
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		The Hor	norable Janet L. Leal		
	Signature of Candidate or Officeholder				
AFFIX NOT	FARY STAMP / SEAL ABO	DVE			
Sworn to and subsc	ribed before me, by the sr	aid	, this the		day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administeri	ing oath

FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 18 FILER NAME 19 Filer ID (Ethics Commission Filers) Leal, Janet L. (The Honorable) 00058460 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ SCHEDULE E(J): LOANS (JUDICIAL) \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 4,401.00 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.0.257

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Event Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID 00058460 Leal, Janet L. (The Honorable) Sch: 1/7 Rpt: 4/10 4 Date Payee name 03/11/2016 Brownsville Society for the Prevention of Cruelty to Animals Payee address; State; Zip Code 6 Amount (\$) City; \$100.00 PO Box 4975 Brownsville, TX 78523 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By EXPENDITURE ... Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution for Pet Food Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/27/2016 Children's Museum of Brownsville Amount (\$) Payee address; City: State; Zip Code \$50.00 501 East Ringgold Street No. 5 Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/11/2016 Euresti, Berlinda (Mrs.) Amount (\$) Payee address; State; Zip Code \$100.00 32364 San Carlos Los Fresnos, TX 78566 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T, Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Fundraiser Donation for Casey Olivares Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

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

 Event Expense
 Loa

 Fees
 Offi

 Food/Beverage Expense
 Pol

 Gift/Awards/Memorials Expense
 Prin

 Leaal Services
 Sal

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (Appler a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	cal Committee 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 3 Filer ID (Ethics Commission Filers)		
L	Sch: 2/7 Rpt: 5/10	Leal, Janet L. (The Honorable) 00058460		
4	Date	5 Payee name		
	04/19/2016	Friendship of Women		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$100.00	302 Kings Highway		
		# 113		
_		Brownsville, TX 78521		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Contributions/Donations Made By		
		Candidate/Officeholder/Political Committee		
		Fundicises - 1 admon draw & Europeon		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH		
	Date	Payee name		
	02/12/2016	Girl Scouts of Greater South Texas		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$100.00	202 East Madison		
	!			
		Harlingen, TX 78550		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
}	EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee Check If travel outside of Texas. Complete Schedule T. Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense			
	1	Candidate/Officeriolider/Political Committee Girl Scout Cookies for Jurors		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H		
	Date	Payee name		
ſ	01/07/2016	Historic Brownsville Rotary		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$500.00	328 West Cowen Terrace		
		I		
		Brownsville, TX 78521		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Contributions/Donations Made By		
	EXI ENDITORIE	Candidate/Officeholder/Political Committee		
		Donation		
	= 1-1- ONLY if divort			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
	'			
	•			

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement

Solicitation/Fundralsing Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Polling Ex nse Printing E Salaries/\	(pens (xpens (Vages	se s/Contract Labor	Transportation E Travel in District Travel Out of Dis	
L	· · · · · · · · · · · · · · · · · · ·		The Instruction Guide	explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	I				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/7 Rpt: 6/10	Leal, Jane	t L. (The Honorable)				00058460	
4	Date	5 Payee name)					
İ	03/29/2016	Hooked for	· Life					
6	Amount (\$) \$1,000.00	7 Payee addre 1800 East Brownsville	· ·	State; Zip Co	ode			
8	PURPOSE OF EXPENDITURE	Contributio	see Categories listed at the top ns/Donations Made Officeholder/Political	Ву	(b)	Description Check if travel outsi Check if Austin, TX, Event Sponsor - Fishing"	officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sou	ght		Office he	ld
	Date	Payee name						
	03/23/2016	Moody Clin	ic					
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de	. , , , , , , , , , , , , , , , , , , ,		
	\$100.00	1901 East : Brownsville	22nd Street , TX 78521					
	PURPOSE	(a) Category /s	ee Categories listed at the top	of this sahadula)	(b)	Description		
	OF EXPENDITURE	Contribution	ns/Donations Made E Officeholder/Political	Зу		Check if travel outsin Check if Austin, TX, Easter Candy	-	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name	Office sou	ght		Office he	d
	Date	Payee name						
	05/02/2016	Moody Clin	ic					
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de			
	\$600.00	1901 East 2	2nd Street					
	BUBBOOK	Brownsville			47.			
	PURPOSE OF EXPENDITURE	Contribution	ne Categories listed at the top on IS/Donations Made E Officeholder/Political	sy	[Description Check if travel outsid Check if Austin, TX, t Event Sponsor - Benefit"	officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offi	ceholder name	Office soug	ht		Office hel	d

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	. Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 7/10	Leal, Janet L. (The Honorable)	00058460
4	Date	5 Payee name	
_	01/19/2016	National Hispanic Institute	
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 220	
Ļ		Maxwell, TX 78656	
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check If Austin,	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Student Financial Aid for leadership
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held
	Date	Payee name	
	03/09/2016	San Benito Rangerville Beef Synd.	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 450 South Williams Road	
_		San Benito, TX 78586	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. , TX, officeholder living expense for Annual Beef Syndicate Fundraiser
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought OH	Office held
	Date 01/20/2016	Payee name South Texas College of Law	
•	Amount (\$) \$100.00	Payee address; City; State; Zip Code 1303 San Jacinto Street	
_		Houston, TX 77002-7006	
***	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Yexas. Complete Schedule T. TX, officeholder living expense 413 Alumni Challenge"
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services 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 (Ethics Commission Filers) 3 Filer ID Sch: 5/7 Rpt: 8/10 Leal, Janet L. (The Honorable) 00058460 4 Date Рауее пате 02/29/2016 St. Joseph Academy State; Zip Code 6 Amount (\$) Payee address; \$300.00 101 St. Joseph Drive Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertisement in Style Show Program Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/16/2016 St. Joseph Academy State; Zip Code Amount (\$) Payee address: City: \$100.00 101 St. Joseph Drive Brownsville, TX 78520 PURPOSE (a) Category (see categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Marist Youth Movement 2016 "Power Over Parkinson's" Run Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/23/2016 St. Joseph Academy Amount (\$) Payee address; State; Zip Code \$140.00 101 St. Joseph Drive Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense SpringFest Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment 1. The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME (Ethics Commission Filers) Filer ID Sch: 6/7 Rpt: 9/10 Leal, Janet L. (The Honorable) 00058460 4 Date Payee name 02/02/2016 The Brownsville Rotary Club 6 Amount (\$) Payee address; City: State: Zip Code \$90.00 PO Box 5110 Brownsville, TX 78523 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation - The Julius Collins Cajun Night Seafood Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 01/28/2016 Tip of Texas Family Outreach City; Amount (\$) Payee address; State; Zip Code \$100.00 455 East Levee Street Brownsville, TX 78520 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Tip of Texas Fiesta Fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/17/2016 Tip of Texas Family Outreach Amount (\$) Payee address; State; Zip Code \$150.00 455 East Levee Street Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsor - "Viva Las Vegas" Casino Night Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/officeholder/Political Committee
Cadif: Cad Bayment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1: Sch: 7/7 Rpt: 10/10	2 FILER NAME Leal, Janet L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00058460
4	Date 04/22/2016	5 Payee name Zonta Club of Brownsville	
8	Amount (\$) \$111.00	7 Payee address; City; State; Zip Code 2901 Central Blvd. Suite 107 Brownsville, TX 78520 (a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel of	outside of Texas, Complete Schedule T. , TX, officeholder living expense Fees/Dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/17/2016	Payee name Zonta Club of Brownsville	
	Amount (\$) \$310.00	Payee address; City; State; Zip Code 2901 Central Blvd. Suite 107 Brownsville, TX 78520	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, Team Sponso	outside of Texas. Complete Schedule T. TX, officeholder living expense or - 15th Annual Zonta Club of olf Tournament
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held