ABELARDO GOMEZ

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 fi	iled:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS MR FIRST	Miles of the Miles	21.7.07	EUSE ONLY
	Abel Gomez.	SUFFIX .	Date Received CAMERON DEPARTMENT OF VOTER REGI	F ELECTIONS &
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		city; state; zip code Line Rd. 78526	1	4 2020 EIVE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 465 1005	EXTENSION	Date Hand-deliverer	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST COW CO NICKNAME LAST	MI	Receipt #	Amount \$
	"Ricky" Gomez	SUFFIX	Date Imaged :: :	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT/SI G593 Pavedes L	ineRd.	ZIP CODE	
(Residence or Business)	Brownsvilleta.	78526	v (*)	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (966) 832 77 3	EXTENSION		C
9 REPORT TYPE	January 15 30th day before el	election Runoff	15th day aft treasurer ap (Officeholder	
	July 15 Sth day before elec	ection Exceeded \$500 limit	. <u> </u>	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year O 1 / 24 / 2020	THROUGH 02/	Day Year / 22 / 20	
11 ELECTION	ELECTION DATE Month Day Year Primary O3 / O3 / 2020 General	ELECTION TYPE Runoff Other Description Special	. <u>.</u>	•
12 OFFICE	Constable Pct 2.	13 OFFICE SOUGHT (IF KNOWN) Constable	2 Pct.	2
	GO TO I	PAGE 2	. 11	17.55

Forms provided by Texas Ethlcs Commission

www.ethics.state.tx.us

Revised 9/8/2015

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Abelarc	lo Gomer 1º	5 Filer ID (Ethics Commission Filera)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITY (DATE / OFFICEHOLDER. THERE EXPENDITURES MAY HAVE BEEN MADE WIT NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS JRES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
			· ·
		COMMITTEE CAMPAIGN TREASURER NAME	•
Additional Pages			
-		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	* 320°2
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1/2000
,		POLITICAL EXPENDITURES OF \$100 OR LESS,	01067
TOTALS		SITEMIZED	\$862
	4. TOTAL	POLITICAL EXPENDITURES	\$10,67724
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 439094
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	## \$
18 AFFIDAVIT			•
	MARICELA M FLORES NOTARY PUBLIC, ST MY GOMM. EXP. NOTARY ID 18	DE BJERKNESS true and correct and includes all info ATE OF TEXAS 02/21/2022 146079-2	erjury, that the accompanying report is immation regulired to be reported by me clickate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE	~	
Pharman des sons d'accident	ulle and least-up up = 1	Andredo homez	this the 24th
Sworn to and subsc		to certify which, witness my hand and seal of office.	, une ute
day of FEDI CON	4.2020	to certify which, withess my hand and seal of office.	.1.1
malbreak	ness.	Maricela M. Flores de Bjerkne	or. Notary.
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Abel Comez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)
2/5/2020	O Duan Martiner 6 Contributor address; City; State; Zlp Code 554 E. Tackson Broth 78520	#30000
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions) Agent / Dwnl	o Ca. 1 Bonds
Date .	Full name of contributor	Amount of contribution (\$)
7/20/2020	Contributor address; City; State; Zip Code	#50000
	34399 FM 2520 San Sen NOTA 785	86
Principal gooup	lation / Job title (See Instructions) Employer (See Instructions) RCIndus	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Fuil name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
		,
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	al reporting requirements.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	STILL FOO
19 FILER NAME Abelardo Coner 20 Filer ID (Ethics C	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 80000
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 220%
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	1 \$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,8145
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 13500
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	1 \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
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	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Abel G:	omer	3 Filer ID (Ethics Commission Filers)
4 Date 2//3/2020	5. Payee name Juan Me	. Noya	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
#10000	2665 Westero de	d Bro TX	78520
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expe	ense Internet	- Advertising
	(c) Check if travel outside of Texas, Complete	Schedule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
2/13/2020	Digital Prin	t & Advetis	ment
#1,198 99	Payee address; 2900 Central B1	ul [12 Bro	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Printing Expens	schedule) Description Se JSh,	M + Caps
	Check if travel outside of Texas. Complete	Schedule T. Check if Austin	ı, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name i	Office sought	Office held
1/27/2020	Payee name Asign Sut	Fet	
Amount (\$)	Payee address;	City;	State; Zip Code
#13700	251 Morrison R	U. Bro TX	78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description Sold for	? evert
	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	S OF THIS SCHEDULE AS NEE	DED

		EXPENDIT	URE CATEGO	RIES F	OR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services	nse F ils Expense F	Office Overt Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	se .	Solicitation/Fundri Transportation Eq Travel in District Travel Out Of Dist Other (enter a cate	ulpment & Relate trict	4 1
Credit Card Payment		The Instruction	Guide explains l	how to co	mplete this form	n.			•
1 Total pages Schedule F1:	2 FILER N	AME ASEI	(62n	rea	>	3	3 Filer ID (Eth	ics Commissio	n Filers)
2/3/2020	5. Payee na	ime The	Home	2 6	Depo7		* * * * * * * * * * * * * * * * * * * *		
6 Amount (\$)	7 Payee ac	ldress;			City;		State;	Zlp Cod	е
#15/18	605	- W. 1	4011.5	01	Rd. Y	3rt	X	785.	20
8	(a) Categor	y (See Categories listed	d at the top of this sch	redule)	(b) Description	n			
PURPOSE OF EXPENDITURE	Adve	offising ,	Expens	re	7	t- f	Post		
	(c)	Check if travel outside of	Texas, Complete Sche	edule T.	Check I	If Austin,	TX, officeholder liv	ring expense	e in the contract of
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder i	name		Office soug	ht		Office held	
Date	Рауее па	ıme		······································	·				
2/11/2020		Stap	rfe5						
4716 86	Payee at	idress; 6 Pabl	lo Kis	e/	city; Bluel, A	Bri	State;	7850	26
	Category	(See Categories listed	at the top of this sche	edule)	Description	ח			•
PURPOSE OF EXPENDITURE	Pin	ting Ex	anse		Polit	1 . 40 Ca	el Ado	s. Le	He
		Check if travel outside of	Texas. Completa Sche	edule T.	Check	if Austin,	TX, officeholder liv	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder r	name		Office soug	ht	Andrea A	Office held	· •
Data	Payee n	ame .							***************************************
Date 02/17/2020	, u, 00	Stall	les						
Amount (\$)	Payee a	idress;		.,,	City;	*********	State;	Zip Cod	e
\$990°	243	6 Rob	lo 10.5	el :	Mud,	3	o I	785	26
	Category	(See Categories listed	at the top of this sche	edule)	Description	1			
PURPOSE OF EXPENDITURE	Adu	restising	Expen	se	Mai	/_	Stan	ups	
		Check if travel outside of	Texas, Complete Sched	dule T.	Check i	if Austin.	TX, officeholder fiv	ing expense	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder	name		Office soug	ght	- Parlament and the second and the s	Office hek	1
	ТА	TACH ADDITION	AL COPIES O	F THIS S	CHEDULE AS	NEED	DED ·		
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	EXPENDITURE CATEGORI	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Event Expense Loan Fees Office Food/Beverage Expense Pollin Giff/Awards/Memorials Expense Printi al Committee Legal Services Salar	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense g Expense ng Expense os/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Crown Out of Light of Light	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Abel Gom	3 Filer ID (Ethics Commission Filers)
1 Pate 1/2020	5. Payee name AS 90 Suf	Fet Post Office
6 Amount (\$)	7 Payee address;	City; State; Zip Code
3,10200	1535 E. Los Esano	s Blud Bro TX 78520
8 '	(a) Category (See Categories listed at the top of this schedul	(b) Description
PURPOSE OF EXPENDITURE	Advetising Expense	plail Stamps
	(c) Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	1
2/16/2020	Rudy's Bar	5-2
Amount (\$)	Payee address;	City; State; Zip Code
424 32	2780 N. Express.	UZY Bro ta 78526
	Category (See Categories listed at the top of this schedule	Description
PURPOSE OF EXPENDITURE	Food / Bemajes	BDQ Lunch
	Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
2/12/2000	the Don	House
Amount (\$)	Payee address;	City; State; Zip Code
159 34	568 Springmart	Blvd #700 Bro TX 78524
	Category (See Categories listed at the top of this schedule	Description
PURPOSE OF EXPENDITURE	Food / Beverage	8 Food & Ornks for waller
	Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fe Fo By Gi Committee Le	ent Expense	Loan Repay Office Overh Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement nead/Rental Expense ense ense oges/Contract Labor	Transportation Travel In Distri Travel Out Of	
1 Total pages Schedule F1:	2 FILER NAM	Abel Ge	me	2_	3 Filer ID (Ethics Commission Filers)
2/18/2020	5. Payee name	Sam's	Cla	46		The Control of the Co
6 Amount (\$) # \$ 35 60	7 Payee addre	W. Alton G	1001 B	Ivd Bro	TX 70	zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (S	ee Categories listed at the top of this	s schedule)	(b) Description Food 1 De	evvasl a	Expense
	(c) Che	ck if travel outside of Texas. Complete S	Schedule T.	Check if Aus	stin, TX, officeholde	r living expense
9 Complete ONLY if direct expenditure to benefit C/O		/ Officeholder name		Office sought		Office held
2/11/2020	Payee name	2 ahole	Sali	Meds	Inc	
/Amount (\$)	Payee address $2/00$	central	Blu	city; ed 1300	State 7	2) Zip Code
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	Che	ck if travel outside of Texas. Complete S	Schedule T.	Check if Aus	atin, TX, officeholder	living expense
Complete ONLY If direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held
Date 2/18/0020	Payee name	16/2	51	11- 0	k t	
Amount (\$)	Payee addre	ss;	Jak	City;	State	z; Zip Code
39200	2100	Central S	hel !	Sro TX	785	20
PURPOSE OF EXPENDITURE	Evert	e Categories listed at the top of this s Local Complete S ck if travel outside of Texas, Complete S		Description Jobal 9	Serva tin, TX, officeholder	Checker) Ply Ilving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held
	ATTAC	H ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5. Payee name City; State: Zip Code 7 Payee address; (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	and the second s
The instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A2:
2 FILER NAME Abelardo Come	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS \$ 220°
5 Date 6 Full name of contributor out-of-state PAC (ID#: Hector Perez 7 Contributor address; City; State; 7573 Asym Am Sa 71, 78	8 Amount of Contribution \$ In-kind contribution description Zip Code 220 Full Casoline Check If travel outside of Texas, Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Place of ice / Hour Constable 12 Contributor's principal occupation (FOR JUDICIAL)	
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)	
Date Full name of contributor □ out-of-state PAC (ID#:	Amount of . In-kind contribution Contribution \$. description
Contributor address; City; State;	Zìp Code
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions)
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)	
	· ·
ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Office/holder/Political Committee Credit Card Payment 1 Total pages Schedule G: 2 FILER NAME Date
Accounting/Banking Consulting (Expense) Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment 1 Total pages Schedule G: 2 FILER NAME About 1 Total pages Schedule G: 4 Date Date
4 Date 1/26/2020 5 Payee name 1/26/2020 6 Amount (\$) 4500 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended Intended (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Transportation Equip A Expansis Fuel Cassolome
6 Amount (\$) 4500 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 1988 Alton 6/001 Olvd Byo TX 78526 8 PURPOSE OF EXPENDITURE Transputation Rgup A Expansis Fuel Casulone
Reimbursement from political contributions intended Alton Goor Olve By Tans political at the top of this schedule) (b) Description
political contributions interrided 8 PURPOSE OF EXPENDITURE PURPOSE PURPOSE PURPOSE OF EXPENDITURE PURPOSE P
PURPOSE OF EXPENDITURE Transportation Egyp. + Expenses fuel Casolone
EXPENDITURE /14/15 10/11/19/19/19/19 TUP ()
9 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH
Date Payee name STINES
Amount (\$) 00 Payee address, Zip Code
Reimbursement from political contributions 1998 E. Alton Glour Blvd Brs TX 78526
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Description OBSOLINE Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Candidate / Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name Strips
Amount (\$) Payee address; City; State; Zip Code
Reimbursement from political contributions 1998 EAHon 6/our Bhul Bro TX 7536
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Description OG SUM
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED