

CARLOS MARTINEZ

**SEMI-ANNUAL
REPORT
JULY 15, 2023**

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Carlos NICKNAME LAST SUFFIX Martinez	OFFICE USE ONLY DEPARTMENT OF ELECTIONS & CERTIFICATION Date Received JUL 17 2023 RECEIVED By: ah 4:15pm	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 144 Catherine Lane Brownsville, Texas 78520	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 559-0682	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Roxanne NICKNAME LAST SUFFIX Perez	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 154 Catherine Lane, Brownsville, TX. 78520		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 371-0456		
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 checked="" type="checkbox"/> July 15 <input 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 01 / 01 / 2023 THROUGH 06 / 30 / 2023		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Constable Pct 2	
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.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			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 <i>Carlos Martinez</i>		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)	\$ <i>4,750.⁰⁰</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4,750.⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>7,072.⁸⁰</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>7,072.⁸⁰</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>2,322.⁸⁰</i>

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.

Carlos Martinez

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 *Carlos Martinez*, and my date of birth is *7-18-1971*
 My address is *144 Catherine Lane*, *Brownsville, TX*, *78520*, *Cameron*
(street) (city) (state) (zip code) (country)
 Executed in *Cameron* County, State of *Texas*, on the *17th* day of *July*, 20*23*
(month) (year)

Carlos Martinez

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Carlos Martinez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,750.⁰⁰</i>
2.	<input checked="" 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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7,072.⁸⁰</i>
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	\$ <i>2,322.⁸⁰</i>
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: 1
2 FILER NAME Carlos Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 1-20-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Stapleton III	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 613 E. Saint Charles St. Brownsville TX. 78520		
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self-employed
Date 6-3-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Public (Church Fundraiser) Meke	Amount of contribution (\$) \$4,500.00
Contributor address; City; State; Zip Code Brownsville, TX. 78520		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
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)
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)

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

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 A2: <u>1</u>	
2 FILER NAME <u>Carlos Martinez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>Boxes of Chicken</u>	
5 Date <u>6-2-2023</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>A.C.V. Lopez Supermarket</u>	8 Amount of Contribution \$ <u>unknown</u>	9 In-kind contribution description <u>Boxes of Chicken</u>
7 Contributor address; City; State; Zip Code <u>2302 DeLoe Ave. Brownsville, TX. 78526</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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 THIS SCHEDULE AS NEEDED
If contributor 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Carlos Martinez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-1-2023</i>	5 Payee name <i>Sam's Club</i>	
6 Amount (\$) <i>\$1,164.53</i>	7 Payee address; City; State; Zip Code <i>3570 W. Alton Gloor Blvd. Brownsville, TX. 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Items for fundraiser</i>	(b) Description <i>Chicken plate sales.</i>
	(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

Date <i>6-2-2023</i>	Payee name <i>Carniceria Del Valle</i>	
Amount (\$) <i>\$302.40</i>	Payee address; City; State; Zip Code <i>1233 E. Alton Gloor Blvd. Brownsville, TX. 78526</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Item for fundraiser</i>	Description <i>Chicken plates sale.</i>
	<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

Date <i>6-3-2023</i>	Payee name <i>H.E.B.</i>	
Amount (\$) <i>\$96.43</i>	Payee address; City; State; Zip Code <i>2155 Peredes Line Rd. Brownsville, TX. 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bread for Fundraiser</i>	Description <i>Chicken plates sale.</i>
	<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

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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>Lowes Carlos Martinez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>01-30-2023</i>	5 Payee name <i>Lowes Home Improvement Brownsville</i>	
6 Amount (\$) <i>\$144.40</i>	7 Payee address; City; State; Zip Code <i>525 Ruben M. Torres Blvd. Brownsville, TX. 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Political Advs.</i>	(b) Description <i>Materials for signs.</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>01-28-2023</i>	Payee name <i>Tractor Supply Co.</i>		
Amount (\$) <i>\$558.67</i>	Payee address; City; State; Zip Code <i>901 Fm 509 San Benito, TX. 78586</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Political Ads.</i>	Description <i>Material for signs</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-11-2023</i>	Payee name <i>Harbor Freight Tools</i>		
Amount (\$) <i>\$166.48</i>	Payee address; City; State; Zip Code <i>1601 E. Price Rd. Brownsville, TX. 78521</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs.</i>	Description <i>Cable Ties</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>Carlos Martinez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1-20-2023</i>	5 Payee name <i>Home Depot</i>
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6 Amount (\$) <i>\$509.23</i>	7 Payee address; City; State; Zip Code <i>605 W. Morrison Rd. Brownsville, TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Signs</i>	(b) Description <i>Material for signs</i>
	(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 <i>2-03-2023</i>	Payee name <i>Fiesta Graphics & Embroidery</i>
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Amount (\$) <i>\$3,430.66</i>	Payee address; City; State; Zip Code <i>205 Peredes Line Rd. Brownsville, TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs</i>	Description <i>Printing</i>
	<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 <i>2-10-2023</i>	Payee name <i>GameTime Graphics</i>
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Amount (\$) <i>\$700.00</i>	Payee address; City; State; Zip Code <i>827 West Price Rd Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ads</i>	Description <i>T-Shirts</i>
	<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: <u>1</u>	2 FILER NAME <u>Carlos Martinez</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>6-30-2023</u>	5 Payee name <u>Carlos Martinez</u>	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <u>174 Catherine Lane</u> City; <u>Brownsville, TX</u> State; Zip Code <u>78520</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expenses</u>	(b) Description <u>SIGNS, and Hardware</u>
	(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
Date	Payee name	
Amount (\$) <input type="checkbox"/> 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
	<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
Date	Payee name	
Amount (\$) <input type="checkbox"/> 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
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED