

# 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:<br>8 |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mr  | FIRST<br>Michael   | MI<br>D                   |
|  | NICKNAME<br>Mike   | LAST<br>jones  | SUFFIX<br>Jr              |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;<br>Po Box 2475, Desoto, Tx 75123   | APT / SUITE #;   | CITY; STATE; ZIP CODE     |
|  | 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br>( 972 )   | PHONE NUMBER<br>696-9288  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr  | FIRST<br>Andrew  | MI<br>MI                  |
|  | NICKNAME   | LAST<br>Wilborn II   | SUFFIX                    |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>7550 S Hampton road, Dallas, Tx 75232   |  |                           |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br>( 972 )   | PHONE NUMBER<br>228-2420   | EXTENSION                 |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input 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<br>1 / 01 / 2022    THROUGH    01 / 20 / 2022  |  |                           |
| 11 ELECTION  | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br>03 / 01 / 2022 <input type="checkbox"/> General <input type="checkbox"/> Special  |  |                           |
| 12 OFFICE  | OFFICE HELD (if any)<br>Justice of the Peace, Precinct 4, Place 1  | 13 OFFICE SOUGHT (if known)<br>Justice of the Peace, Precinct 4, Place 1 |                           |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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**

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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

2022 FEB -2 AM 11:19

|                                      |   |   |
|--------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Michael Jones |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>        | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|                                      | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 924.15                                     |
| <b>EXPENDITURE TOTALS</b>            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                      | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 3,735                                      |
| <b>CONTRIBUTION BALANCE</b>          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 150.54                                     |
| <b>OUTSTANDING LOAN TOTALS</b>       | 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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Sworn to and subscribed before me by Michael Jones this the 2 day of Feb, 2022, to certify which, witness my hand and seal of office.  
Signature of officer administering oath: Deatrice E. Kirk Printed name of officer administering oath: DEATRICE E. KIRK Title of officer administering oath: Administration Mgr.

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

2022 FEB -2 AM 11:19

|   |   |  |
|---|---|--|
| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 924.15                              |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 2,028                               |
| 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             | \$ 1,707                               |
| 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

If the requested information is not applicable, **DO NOT** include this page in the report.

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>2           |
| <b>2</b> FILER NAME<br>Michael Jones                                       |  | <b>3</b> Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date<br><br>1/7/2022  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Yolanda Sweet<br>-----<br><b>6</b> Contributor address; City; State; Zip Code<br>605 Flagstaff, Desoto, Tx 75115 | <b>7</b> Amount of contribution (\$)<br><br>\$20 |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>unemployed |  | <b>9</b> Employer (See Instructions)             |
| Date<br><br>1/7/2022   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Joe Putnam<br>-----<br>Contributor address; City; State; Zip Code<br>1505 Philip, Irving, Tx 75060                        | Amount of contribution (\$)<br><br>\$500         |
| Principal occupation / Job title (See Instructions)<br>Attorney            |  | Employer (See Instructions)                      |
| Date<br><br>1/11/2022  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Latoya Bolds Johnson<br>-----<br>Contributor address; City; State; Zip Code<br>15500 Voss Road, Sugar Land, Tx 77498      | Amount of contribution (\$)<br><br>\$50          |
| Principal occupation / Job title (See Instructions)<br>Physician Assist    |  | Employer (See Instructions)                      |
| Date<br><br>1/13/2022  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Randall Isenberg<br>-----<br>Contributor address; City; State; Zip Code<br>4303 N Central Expy, Dallas, Tx 752056         | Amount of contribution (\$)<br><br>\$100         |
| 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

If the requested information is not applicable, **DO NOT** include this page in the report.

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>2           |
| <b>2</b> FILER NAME<br>Michael Jones  |  | <b>3</b> Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date<br><br>1/15/2022  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Zachary Thompson<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>1041 Hampshire, Cedar Hill, Tx 75104 | <b>7</b> Amount of contribution (\$)<br><br>\$50 |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>retired   |  | <b>9</b> Employer (See Instructions)             |
| Date<br><br>1/17/2022   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stan Smith<br>.....<br>Contributor address; City; State; Zip Code<br>402 W Wheatland, Duncanville, Tx 75116                       | Amount of contribution (\$)<br><br>\$104.15      |
| Principal occupation / Job title (See Instructions)<br>Attorney   |  | Employer (See Instructions)                      |
| Date<br><br>1/19/2022   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bobby Waddle<br>.....<br>Contributor address; City; State; Zip Code<br>1015 S Cockrell Hill, Desoto, tx 75115                     | Amount of contribution (\$)<br><br>\$100         |
| Principal occupation / Job title (See Instructions)<br>Physician Assist   |  | Employer (See Instructions)                      |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                      |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

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**SCHEDULE F1**  
 2022 FEB -2 AM 11:19

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>1                              | <b>2</b> FILER NAME<br>Michael Jones   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>1/1/2022   | <b>5</b> Payee name<br>Sheniqua Jones  |  |
| <b>6</b> Amount (\$)<br>1,020                                       | <b>7</b> Payee address; City; State; Zip Code<br>n/A   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor  | <b>(b)</b> Description<br>Canvass            |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held               |
| Date<br>1/7/2022  | Payee name<br>Sheniqua Jones   |  |
| Amount (\$)<br>\$1,080  | Payee address; City; State; Zip Code<br>N/A  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Contract Labor   | Description<br>Canvass                       |
|   | <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               |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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 <u>ONLY</u> 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 PERSONAL FUNDS

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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>2   | <b>2</b> FILER NAME<br>Michael Jones   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>1/10/2022  | <b>5</b> Payee name<br>Ram Web Enterprises   |  |
| <b>6</b> Amount (\$) 125<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>7537 S Gayglen Dr, Dallas, Tx 75217   |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description                       |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br>1/10/2022   | Payee name<br>Black Business Directory   |  |
| Amount (\$) 500<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>PO Box 830631, Richardson, Tx 75083  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | 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<br>1/12/2022   | Payee name<br>CW Whitaker  |  |
| Amount (\$) 50<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br>N/A  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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.

|                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| <b>1</b> Total pages Schedule G:<br>2 | <b>2</b> FILER NAME<br>Michael Jones | <b>3</b> Filer ID (Ethics Commission Filers) |
|---------------------------------------|--------------------------------------|--|

|                            |                                       |
|----------------------------|---------------------------------------|
| <b>4</b> Date<br>1/14/2022 | <b>5</b> Payee name<br>Sheniqua Jones |
|----------------------------|---------------------------------------|

|   |                                |       |        |          |
|---|--------------------------------|-------|--------|----------|
| <b>6</b> Amount (\$) 1,032<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address;<br>N/A | City; | State; | Zip Code |
|---|--------------------------------|-------|--------|----------|

|                                 |  |                        |
|---------------------------------|--|------------------------|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor  | <b>(b)</b> Description |
|                                 | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                        |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> 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 |
|--|----------------|-------|--------|----------|

|                                 |   |             |
|---------------------------------|---|-------------|
| <b>8</b> PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | 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 |
|--|----------------|-------|--------|----------|

|                                 |   |             |
|---------------------------------|---|-------------|
| <b>8</b> PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | 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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