

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 <i>SARA</i> NICKNAME LAST <i>MARTINEZ</i> SUFFIX			OFFICE USE ONLY		
				Date Received BY Date Hand-delivered Date Postmarked JOINT COURT CLERK DALLAS COUNTY DEPUTY 2026 JAN 22 PM 12:33 FILED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O Box 57021</i>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(323) 420-8707</i>			Date Hand-delivered Date Postmarked Receipt # Amount Date Processed Date Imaged		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <i>Rodolfo</i> NICKNAME LAST <i>Martinez</i> SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <i>1623 Main St Dallas, Tx 75221</i>			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(469) 921-0045</i>					
9 REPORT TYPE	<input checked="" 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 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 <i>07</i>	Day <i>61</i>	Year <i>/25</i>	Month <i>12</i>	Day <i>31</i>	Year <i>/25</i>
11 ELECTION	Month <i>03</i>	Day <i>03</i>	Year <i>/26</i>	ELECTION DATE 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)			13 OFFICE SOUGHT (if known)		
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.					
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,221.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,765.05

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 8,104.14

OUTSTANDING
LOAN TOTALS

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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by

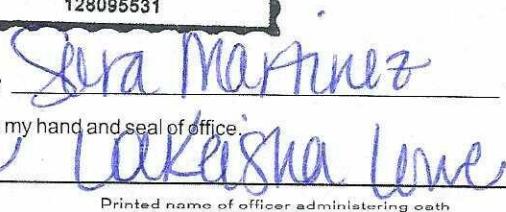
Lakeisha Lowe
My Commission Expires
3/7/2026
Notary ID
128095531

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


22nd January
Chief Clerk

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

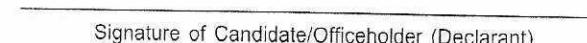
(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Sara 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	\$ 10,227.00
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	\$ 1765.05
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	\$ 1,000.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: <i>7</i>
2 FILER NAME <i>Sara Martinez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>10/9/25</i>	5 Full name of contributor <i>John Wiley Price</i>	out-of-state PAC (ID#: )	7 Amount of contribution (\$) <i>\$150.00</i>
6 Contributor address; <i>510 E. 5th St Dallas, TX 75203</i>	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>County Commissioner</i>		9 Employer (See Instructions) <i>Dallas County</i>	
Date <i>10/11/25</i>	Full name of contributor <i>Jessica Castillo</i>	out-of-state PAC (ID#: )	Amount of contribution (\$) <i>\$50</i>
Contributor address; <i>7450 Coronado Dallas, TX</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Unemployed</i>		Employer (See Instructions)	
Date <i>10/11/25</i>	Full name of contributor <i>Topacio Maddox</i>	out-of-state PAC (ID#: )	Amount of contribution (\$) <i>\$50</i>
Contributor address; <i>3607 Lost Oak Dr Spring, TX 77388</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Sales Associate</i>		Employer (See Instructions) <i>Holly Hart</i>	
Date <i>10/15/25</i>	Full name of contributor <i>Edna Gandy</i>	out-of-state PAC (ID#: )	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; <i>5442 Ranger Dr. Rockwall, TX 75032</i>	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.			

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: <i>7</i>
2 FILER NAME <i>Sara Martinez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>10/21/25</i>	5 Full name of contributor <i>Riya Mehta</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$1250</i>
6 Contributor address;	City; State; Zip Code <i>1578 Moonbeam Lane Chula Vista, CA 91915</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)	
Date <i>10/26/25</i>	Full name of contributor <i>Alejandro Martinez</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address;	City; State; Zip Code <i>317 Denny Dr. Pharr, TX 78577</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>11/7/25</i>	Full name of contributor <i>Marianna Vela</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$250.00</i>
Contributor address;	City; State; Zip Code <i>634 Brookstone Dr. Irving, TX 75039</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Law Office of Daniel Hernandez</i>	
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

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>7</i>
2 FILER NAME <i>Sara Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/10/25</i>	5 Full name of contributor <i>Sarah Depew</i>	6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) <i>\$ 50.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/11/15</i>	Full name of contributor <i>John Wiley Price</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code 510 E. 5th St Dallas, TX 75203 Amount of contribution (\$) <i>\$ 1,000.00</i>
Principal occupation / Job title (See Instructions) <i>County Commissioner</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>12/15/25</i>	Full name of contributor <i>Melissa Anaya</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code 2402 Pitcher Ranch San Antonio, TX 78253 Amount of contribution (\$) <i>\$ 150.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/16/25</i>	Full name of contributor <i>Monica Lira Bravo</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code 4144 N. Central Expy #370 Dallas, TX 75204 Amount of contribution (\$) <i>\$ 1,000.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Lira Bravo Law</i>
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Sara Martinez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/17/25</i>	5 Full name of contributor <i>Kevin Rachel</i>	out-of-state PAC (ID#_____)	7 Amount of contribution (\$) <i>\$150.00</i>
	6 Contributor address; <i>1642 Kessler Canyon Dr. Dallas, Tx 75208</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Sales</i>		9 Employer (See Instructions) <i>Cumulus Media</i>	
Date <i>12/20/25</i>	Full name of contributor <i>Joshua Gold</i>	out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>\$172.00</i>
	Contributor address; <i>Flair Dr. Dallas, Tx 75229</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Nixon Peabody LLP</i>	
Date <i>12/31/25</i>	Full name of contributor <i>Luis Navarro</i>	out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>\$1500.00</i>
	Contributor address; <i>3301 S. Closner Blvd Edinburg Tx 78539</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Optometrist</i>		Employer (See Instructions) <i>Edinburg Vision Center</i>	
Date <i>12/31/25</i>	Full name of contributor <i>Nydia Rios</i>	out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>\$120.00</i>
	Contributor address; <i>2112 Colt Ct Seagoville, Tx 75159</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Therapist</i>		Employer (See Instructions) <i>Suviran</i>	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 7
2 FILER NAME <i>Sara Martinez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31/25</i>	5 Full name of contributor <i>Tiffany Garcia</i>	out-of-state PAC (ID#: )	7 Amount of contribution (\$) <i>\$ 10.00</i>
6 Contributor address; 		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Engineer</i>		9 Employer (See Instructions) <i>Alcon</i>	
Date <i>12/31/25</i>	Full name of contributor <i>Melissa Arvelos</i>	out-of-state PAC (ID#: )	Amount of contribution (\$) <i>\$ 25.00</i>
Contributor address; 		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>HR</i>		Employer (See Instructions) <i>First Command</i>	
Date <i>12/31/25</i>	Full name of contributor <i>Alfonso Mercado</i>	out-of-state PAC (ID#: )	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; <i>2021 S. 40th St McAllen, TX 78503</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Professor</i>		Employer (See Instructions) <i>UT RGV</i>	
Date <i>12/31/25</i>	Full name of contributor <i>Suzanne Slonim</i>	out-of-state PAC (ID#: )	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; <i>12700 Hillcrest Rd # 258 Dallas, Tx 75230</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Doctor</i>		Employer (See Instructions) <i>Fibroid Institute Dallas</i>	

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
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 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)	
2	Sara Martinez		
4 Date	5 Payee name		
9/22/25	Vista Print		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$151.94	275 Wyman St	Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Printing Expense	Business Cards	
	(c) Check if travel outside of Texas. Complete Schedule T.	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		
10/13/25	Elite News		
Amount (\$)	Payee address:	City:	State: Zip Code
\$438.00	2349 Cedar Crest Blvd	Dallas, TX	75203
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Ad	
	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
Date	Payee name		
10/17/25	BGM Media		
Amount (\$)	Payee address:	City:	State: Zip Code
\$350.00	196 Margaret Ave	Dallas, TX	75207
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Other	Web page design	
	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 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
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 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)
2	Sara Martinez	
4 Date	5 Payee name	
12/15/25	USPS	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
\$156.00	8624 Ferguson Road	Dallas, TX 75228
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Other	Postage Stamps
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
12/16/25	Mail House	
Amount (\$)	Payee address:	City: State: Zip Code
\$769.11	1737 E. Levee St	Dallas, TX 75207
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	Push cards
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee 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 <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

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
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 category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Sara Martinez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/14/25</i>	5 Payee name <i>Dallas County Democratic Party</i>	
6 Amount (\$) <i>\$1,000.00</i>	7 Payee address; <i>1414 N. Washington Av Dallas, Tx 75204</i>	City; State; Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Filing Fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED