#### **CANDIDATE / OFFICEHOLDER** FORM C/OH OFFICIAL RECORD **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 **CITY SECRETARY** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 11 MS / MRS / MR FIRST MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** MRS. MACY NAME Date Received NICKNAME LAST SUFFIX HILL ADDRESS / PO BOX: APT / SUITE #: STATE: ZIP CODE 4 CANDIDATE/ CITY **OFFICEHOLDER** MAILING CSO REC'D **ADDRESS** JAN 15'25 PM12:47 Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR FIRST TREASURER LEONARD MR. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged FIRESTONE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER 4936 COLLINWOOD AVE. **ADDRESS** FORT WORTH, TX 761076 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) **Exceeded Modified** July 15 8th day before election Reporting Limit 10 PERIOD Day Month Month Day Year COVERED 12 31 / 24 24 7 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Month Day Year Description 23 General Special 13 OFFICE SOUGHT (if known) 12 OFFICE FORT WORTH CITY COUNCIL- DISTRICT 7 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME HILL, MACY L.	16 F	fler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 255.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,544.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 96,824.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
	Macual J. 7 Signature of Candida	te or Officeholder
	Please complete either option below:	
(1) Affidavit	Renee Trahey Hicks My Commission Expires 12/20/2027 Notary ID 7756216	
NOTARY STAMP/SEA	macy Deer	SHE and Oranian
Sworn to and subscribed 20 25 , to certify	which, witness my hand and seal of office.	day or
Signature of officer administer		Title of officer administering oath
Signature of officer administra	or —	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		
District Landers of Colonial Conference (Conference Colonial Conference Colonial Col	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
	Signature of Candidate/C	Officeholder (Declarant)

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	R NAME , MACY L.	20 Filer ID (Ethice Cont	mission Filers)			
	HEDULE SUBTOTALS ME OF SCHEDULE	'	SUBTOTAL			
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM P	\$ 5,544.01				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM	s				
6.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PI	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIE	s				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS	s			
12.	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: 2			
2 FILER NAME HILL, MAC	Y L.	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC Jason Baldwin	(ID#:)	7 Amount of contribution (\$)			
07/09/2024	6 Contributor address; City; 1741 Rio Secco Dr Fort Wo	State; Zip Code	50.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lons)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
08/09/2024	Jason Baldwin		50.00			
	1741 Rio Secco Dr Fort Wo	orth TX 76131	30.00			
Principal occup	ation / Job title (See instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(IDM:)	Amount of contribution (\$)			
09/09/2024	Jason Baldwin  Contributor address; City;	50.00				
	1741 Rio Secco Dr Fort Wo	orth TX 76131				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	dons)			
Date	Full name of contributor out-of-state PAC	(IDN:)	Amount of contribution (\$)			
09/26/2024	Greg Wilson Contributor address; City;	State; Zip Code	5.00			
	6387 Camp Bowie Blvd. Fort W	orth, TX 76116	0.00			
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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2
FILER NAME	CY L.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Jason Baldwin	7 Amount of contribution (\$)	
10/09/2024	6 Contributor eddress; City: 1741 Rio Secco Dr Fort Wo	State; Zip Code	<b>50.0</b> 0
Principal occu		9 Employer (See Instruct	dons)
Date	Full name of contributor out-of-state PAC  Jason Baldwin	(ID#:)	Amount of contribution (\$)
12/09/2024	***************************************	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	ions)	
Date	Full name of contributor out-of-state PAC	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advortising Expense
Accounting/Banking
Consulting Expense
Consulting Expense
Consulting Expense
Consulting Expense
Consulting Expense
Consulting Expense
Credit Card Payment
Credit Card Payment

Event Expense
Fees
Food/Severage Expense
GHVAverda/Nevortale Expense
Legal Services

Loan Registrative Professor Contract Revision Experies Politing Experies States Wegen Contract Labor

Salicitation/Fundratining Experies
Transportation Equipment & Relatind Experies
Travel In District
Travel Out Of District
Other (enter a catagory not listed above)

The Instruction Guide expisins how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME HILL, MACY L. 4 Date 5 Payee name 09/20/2024 The Fort Worth Club Zip Code 8 Amount (\$) 7 Payee address: City; State: 181.86 306 W. 7th Street Fort Worth TX 76102 (a) Category (See Cetegories listed at the top of this schedule) (b) Description 8 **PURPOSE** CONSTITUENT MEETING/MEAL FOOD/BEVERAGE EXPENSE OF EXPENDITURE (c) Check If travel outside of Taxes. Complete Schedule T. Check If Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY If direct expenditure to benefit C/OH Date Payee name Lilium Floral Designs, LLC 09/20/2024 Amount (\$) City; State; Zip Code Payee address; 181.81 4800 Colleyville Blvd Colleyville TX 76034 Description Category (See Categories listed at the top of this schedule) **PURPOSE** EVENT EXPENSE EVENT FLORALS EXPENDITURE Check If travel outside of Taxes. 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 Payee name Date 09/20/2024 **Tunnels to Towers Foundation** Amount (\$) Payee address; City: State: Zip Code 2361 Hylan Blvd. Staten Island NY 10306 40.00 Description Category (See Categories listed at the top of this schedule) PURPOSE CONTRIBUTION/DONATION MADE BY CHARITY ENTRY CANDIDATE EXPENDITURE Check If travel cutvide 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

### 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
Control (Consulting Expense)
Control (Consulting Expense)
Control (Consulting Expense)
Consulting Expense
Consulting Expense
Consulting Expense

Credit Cord Payment

Event Expense Fees Food/Beverage Expense GM/Avards/Marrorlab Expense Legal Services

Loan Represent Retributed
Office Overhead/Rented Expense
Polling Expense
Printing Expense
Salartas/Wegas/Contract Labor

SolicitudionyFundralating Expanse
Yransportation Equipment & Ruhalad Expanse
Yravel in District
Travel Out Of District
Other (enter a cath-gory not listed above)

Credit Cerd Payment	The instruction Guide explains how to	complete this form.			
Total pages Schedule F1:	2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics	Commission Filers)	
l Data	5 Payee name				
09/23/2024	Hudson House Fort Worth				
B Amount (\$)	7 Payee address;	City;	State;	Zip Code	
97.19	4600 Dexter Ave. Fort Worth TX 76	107			
В	(a) Category (See Categories listed at the top of this achedule)	(b) Description			
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	CONSTITUENT MEETING/MEAL			
	(C) Check if travel autaids of Taxas. Complete Schedule T.	Check if Auslin, TX, officeholder living expense			
9 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
10/15/2024	Starbucks				
Amount (\$)	Payee address;	City;	State;	Zip Code	
21.76	215 Commerce Street Ste. 103 Fort	Worth TX 7610	2		
	Category (See Categories listed at the top of this echedule)	Description			
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE CONSTITUENT MEETING/MEAL				
	Check if travel outside of Taxes. Complete Schedule T. Check if Austin, TX, officeholder fiving expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office/holder name	Office sought		Office held	
Date	Payee name				
10/15/2024	Starbucks				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2.87	215 Commerce Street Ste. 103 Fort	Worth TX 7610	2		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	CONSTITUE	NT MEETING	MEAL	
	Check If travel autaids of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		
			NO DESCRIPTION OF THE PROPERTY		

### SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(e)

Advertialpartagense

Constitutions/Domition Made By
CandillamorPromotes/Posted Committee

Event Experses Fees Food/Beverige Expense GHVAverde/Marrorlate Expense

Legal Services

Com Repay Particle Office Overhead Reveal Expense Printing Expense Printing Expense Season Wegan (Convect Labor

Solicitation/Fundraliding Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a category not tasted above)

Credit Cord Phymans	The instruction Guide explains how to c	omplete this form.					
Total pages Schedule F1:	2 FILER NAME HILL, MACY L.		3 Filer ID (Ethica	Commission Filers)			
Date 10/16/2024	5 Payee name Starbucks						
Amount (\$)	7 Payee address;	City;	State;	Zip Coda			
10.50	215 Commerce Street Ste. 103 Fort	Worth TX 7610	2				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE  (b) Dascription  CAMPAIGN STAFF MEETING						
	(C) Check If travel outside of Texas, Complete Bahadute T.	Check If Aus	lin, TX, officeholder living	expense			
Complete ONLY if direct expanditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held			
Date	Payes nama						
10/21/2024	Staples						
Amount (\$)	Payee address;	City;	State;	Zip Code			
282.50	1660 University Drive Fort Worth TX 76107						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	OFFICE OVERHEAD EXPENSE OFFICE SUPPLIES						
	Check If travel outside of Texas. Complete Schecklin T. Check If Austlin, 17X, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
10/23/2024	River Crest Country Club						
Amount (\$)	Payee address;	City;	State;	Zip Code			
650.80	1501 Western Ave. Fort Worth TX	76107	2	017 E004 C 004 C 017			
		Daacription					
	Category (See Categories listed at the top of this schedule)						
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	all control of the control	NT MEETING	/MEAL			
OF		CONSTITUE	NT MEETING				

## 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 Combany Expense Combany	Feat Office Overheim Frand/Beverage Experies Polling Experie bre Made By Gilf/Averda/Memorials Experies Printing Experie		perse regim/Cortract Labor	Travel In Otstrict Travel Out Of Distri	prieri & Related Experies	
1 Total pages Schedula F1:	HILL, M				3 Filer ID (Ethic	e Commission Filers)
4 Date 11/15/2024	5 Payeen			,		
6 Amount (\$) 750.00	7 Payee a 605 E	ddress: dgefield Road Fort W	orth TX	City; <b>76107</b>	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of this	echedule)	(b) Description		
PURPOSE OF EXPENDITURE	CONS	ULTING EXPENSE		CONSULTAN	Т	
	(c)	Check If trevel outside of Texas. Complete :	Schwidde T.	Check If Austi	n, TX, officeholder (Ivin	д виреляе
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
11/22/2024	Lucile's	Bistro				
Amount (\$) 116.85	4700 C	ddrees; amp Bowie Blvd Fort	Worth 7	City; "X 76107	State;	Zip Code
	Categor	y (See Categories listed at the top of this	echedule)	Description		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	FOOD	/BEVERAGE EXPEN	SE	FWPD LUNC	Н	
		Check If travel outside of Taxas. Complete 5	Schedule T.	Check If Austi	n, TX, officeholder Uvis	ig expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payeen	ame				
11/25/2024	Twitter,	Inc.				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
90.72	1355 Market Street, Ste. 900 San Francisco CA 94103					
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	ADVER	TISING EXPENSE	_	MEMBERSHI	•	
		Check if trevel outside of Texas. Complete 5	Schedule 1:	Check If Aust	In, TX. officeholder IM	ng expense
Complete ONLY If direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

#### 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
Considing Expense
Considing Expense
Considing Expense
Considing Consider Made By
Conditions/Consider Committee

Event Experso
Feet
Foxd/Beversys Experso
GINAwards/Morrorlels Experso
Level Sendons

Loan Report Police Confidence Confidence Report Experies Private Experies Private Experies Report Re

Solicitation/Fundralating Expenses
Transportation Equipment & Related Expenses
Travel in Ostotict
Other (enter a category not tested above)

Committee Legal Services Wester Contract Labor Cardinas Cilina volta Credit Card Paymer® The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME HILL, MACY L. 4 Date 5 Payeename 12/06/2024 On The Border City: State: Zip Code 6 Amount (\$) 7 Payee address; 458.98 6536 NW Loop 820 Fort Worth TX 76135 (b) Description (a) Category (See Categories listed at the top of this echedule) 8 **PURPOSE** FWPD MOUNTED PATROL LUNCH FOOD/BEVERAGE EXPENSE EXPENDITURE (c) Check If travel cutaids of Taxas. 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 Date Payee name The Fort Worth Club 12/06/2024 Amount (\$) State; Zip Code Payee address; City; 126.57 306 W. 7th Street Fort Worth TX 76102 Category (See Categories tisted at the top of this schedule) Description PURPOSE FOOD/BEVERAGE EXPENSE CONSTITUENT MEETING/MEAL OF EXPENDITURE Check If travel cutside of Taxes. Complete Schedule T. Check If Austin, TX, officeholder living expense Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/23/2024 Norfleet Strategies Payee address; Amount (\$) City: State: Zip Code 504 W. 12th Street Austin TX 78701 2,500.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** CONSULTING EXPENSE CAMPAIGN MANAGEMENT OF EXPENDITURE Check If travel outside of Texas, Corrolate Schedule T. Check If Austin, TX, officeholder living expense Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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 Expense Correcting Expense Corrections Corrections Made B Condidetes/Orrections and enforced Cord Payment	y Committee	Event Experses Food Food Food-Perverses Expense GRIVAverdaMemortals Expense Legal Services The Instruction Guide expisi	Office Over Polling Exp Printing Ex Selentes/W	pares again/Contract Labor	Solicitation/Fundralist Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	ment & Related Expense t
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethica	Commission Filers)
4 Date 12/31/2024	5 Payeen Anedot	ame				
8 Amount (\$) 31.60	7 Payee a	oydras Street Suite 17	70 New	City: Orleans LA 70	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of the	s schedula)	(b) Description		
PURPOSE OF EXPENDITURE	FEES			CREDIT CAR	D PROCESS	ING FEE
	(c)	Check If travel outside of Texas. Complete	Schedule T.	Check W Aust	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	1.10	date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Cetegorise listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check If Aust	in, TX, afficeholder living	) expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Cetegories listed at the top of this	echedule)	Description		
		Check if travel outside of Texas. Complete 5	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held