

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

9

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Ms Gyna Buens  
NICKNAME LAST SUFFIX  
Buens

OFFICE USE ONLY

Date Received



Date Hand-delivered or Postmarked

Receipt # CITY OF FORT WORTH CITY SECRETARY Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
5913 McKartle  
F.W. TX 76119

change of address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 446-7454

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mr Ron W  
NICKNAME LAST SUFFIX  
Buens

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2437 Stephen Lee  
Fort Worth TX 76115

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 986-1772

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
1 / 1 / 14 THROUGH 6 / 30 / 14

11 ELECTION

ELECTION DATE Year ELECTION TYPE  
Month Day Year  
/ / Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
City Council member  
Dist 5

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

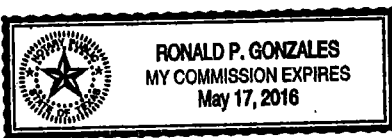
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES 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

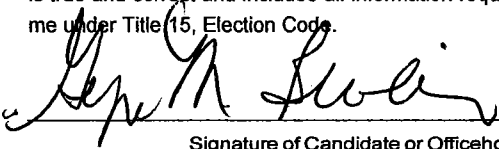
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>101484</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>292516</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**

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.



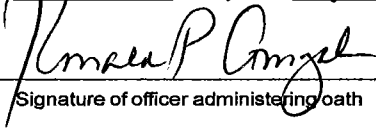
**RONALD P. GONZALES**  
MY COMMISSION EXPIRES  
May 17, 2016



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gyna M. Bivens, this the 15th day of July, 2014, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Ronald P. Gonzales

Printed name of officer administering oath

Notary

Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>7</b>	2 FILER NAME <b>B. J. GUNNA</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>7-15-14</b>	5 Payee name
--------------------------	--------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-1-14</b>	Payee name <b>facebook</b>
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Amount (\$) <b>699</b>	Payee address; City; State; Zip Code <b>FACE BOOK HEAD QUARTERS 156 UNIVERSITY AVENUE PALO ALTO, CA 94301</b>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Promote a money</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-6-14</b>	Payee name <b>The Fort Worth Club</b>
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Amount (\$) <b>49.79</b>	Payee address; City; State; Zip Code <b>306 W. 7th STREET FORT WORTH, TX 76102</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting w/ Adm</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-10-14</b>	Payee name <b>The Fort Worth Club</b>
------------------------	--

Amount (\$) <b>445.2</b>	Payee address; City; State; Zip Code <b>306 W. 7th STREET FORT WORTH, TX 76102</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Development</b>
------------------------	--	---

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**

**SCHEDULE F**

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

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME BIVEN, GYN A	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-17-14	Payee name Facebook
-----------------	------------------------

Amount (\$) 6.99	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Publicity	Description (If travel outside of Texas, complete Schedule T) Promote awareness
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-21-14	Payee name Vista Print
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Amount (\$) 29.98	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Website maintenance
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-23-14	Payee name Waffle House
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Amount (\$) 20.02	Payee address; City; State; Zip Code 150 E. 820 FW TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) meal board appt
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------	--

4 Date	5 Payee name
--------	--------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-30-14	Payee name Fair Book
-----------------	-------------------------

Amount (\$) 10.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Religion	Description (If travel outside of Texas, complete Schedule T) promote awareness
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-25-14	Payee name The Fort Worth Club
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Amount (\$) 54.81	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) meeting w/ Adusoc
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <del>4-1-13</del>	Payee name <del>Grand Hyatt</del>
---------------------------	--------------------------------------

Amount (\$) <del>114.53</del>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>B. J. Wens, Gyna</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1-21-14</i>	Payee name <i>VistaPrint</i>
------------------------	---------------------------------

Amount (\$) <i>29.98</i>	Payee address; City; State; Zip Code <i>95 HAYDEN AVENUE LEWINGTON, MA 02421</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Technology</i>	Description (If travel outside of Texas, complete Schedule T) <i>Website maintenance</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-4-14</i>	Payee name <i>PARS</i>
-----------------------	---------------------------

Amount (\$) <i>349.00</i>	Payee address; City; State; Zip Code <i>253 WEST 35TH STREET SEVENTH FLOOR NEW YORK, NY 10001</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <i>Article reprint</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>2-2-14</i>	Payee name <i>VistaPrint</i>
-----------------------	---------------------------------

Amount (\$) <i>29.98</i>	Payee address; City; State; Zip Code <i>95 HAYDEN AVENUE LEWINGTON, MA 02421</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Technology</i>	Description (If travel outside of Texas, complete Schedule T) <i>Website maintenance</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------	--

4 Date	5 Payee name
--------	--------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
---------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-26-14	Payee name The Fort Worth Club
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Amount (\$) 6235	Payee address; City; State; Zip Code 306 W. 7th STREET FORT WORTH, TX 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Code 920000	Description (If travel outside of Texas, complete Schedule T) Neighborhood blight street
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-21-14	Payee name Usta Print
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Amount (\$) 2948	Payee address; City; State; Zip Code 95 HAYDEN AVENUE LEWINGTON, MA 02431
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Website Analysis
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-7-14	Payee name American Airlines
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Amount (\$) 60.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation	Description (If travel outside of Texas, complete Schedule T) Luggage
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

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<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4-14-14	<b>5</b> Payee name
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<b>6</b> Amount (\$) 1624	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-14-14	Payee name Smokijc B B D
-----------------	-----------------------------

Amount (\$) 1624	Payee address; City; State; Zip Code 5300 E LANCASTER AVENUE FORT WORTH, TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-21	Payee name Justaprint
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Amount (\$) 2998	Payee address; City; State; Zip Code 95 HAYDEN AVENUE LEVINGTON, MA 02421
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) website
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-14-14	Payee name Office Depot
-----------------	----------------------------

Amount (\$) 4112	Payee address; City; State; Zip Code 1460 EASTCHASE PKWY. FORT WORTH, TX 76120
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-21-14	Payee name VistaPrint
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Amount (\$) 2998	Payee address; City; State; Zip Code 95 HAYDEN AVENUE LEXINGTON, MA 02421
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) website maintenance
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-26-14	Payee name Michaels
-----------------	------------------------

Amount (\$) 8315	Payee address; City; State; Zip Code 3413 W. 7th STREET FORT WORTH, TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Supplies	Description (If travel outside of Texas, complete Schedule T) frames
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-21-14	Payee name VistaPrint
-----------------	--------------------------

Amount (\$) 2998	Payee address; City; State; Zip Code 95 HAYDEN AVENUE LEXINGTON, MA 02421
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) technology	Description (If travel outside of Texas, complete Schedule T) website
------------------------	--	--

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