

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:

11

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Sarah

B.

NICKNAME

LAST

SUFFIX

McMurrough

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4602 Willow Park Ct

Arlington TX

76017

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

975-0893

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr

Christopher

D

NICKNAME

LAST

SUFFIX

McMurrough

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

4602 Willow Park Ct.

Arlington

TX

76017

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

909-1165

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 Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

07

01

2023

THROUGH

12

31

2023

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

☐ Primary

☐ Runoff

☐ Other
Description

05

04

2024

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

AISS School Board - Place 1

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Sarah B McMurrough

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)

\$ 0.00

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

\$ 3,727.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 168.93

**CONTRIBUTION
BALANCE**

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

\$ 4,054.18

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 5,945.82

18 SIGNATURE

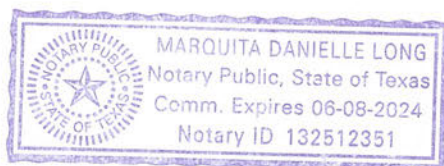
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

S B McMurrough

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Sarah McMurrough this the 16 day of January, 2024, to certify which, witness my hand and seal of office.

Marquita D. Long Marquita D. Long

Signature of officer administering oath

Printed name of officer administering oath

Notary Public of Texas

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sarah B McMurrough, and my date of birth is 2/12/1985.

My address is 4602 Willow Park Ct., Arlington, Texas, 76017, USA.
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 15th day of January, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Sarah B McMurrough	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,727.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,945.82
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 154.18
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 14.75
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 5
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Brady 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76001	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Young Contributor address; City; State; Zip Code [REDACTED] Grosse Pointe MI 48230	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Jo Santistevan Contributor address; City; State; Zip Code [REDACTED] Phoenix AZ 85048	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Bigam Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$25.00
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

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: 5
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robby Stroepe 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Maskill Contributor address; City; State; Zip Code [REDACTED] Carrollton TX 75010	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johanna Baker Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Wilbanks Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013	Amount of contribution (\$) \$500.00
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

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: 5
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Lee	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Hibbs	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patti Belknap	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esteban Blanco	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016		
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: 5	
2 FILER NAME Sarah B. McMurrough				3 Filer ID (Ethics Commission Filers)	
4 Date 12/28/2023		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Chapa		7 Amount of contribution (\$) \$500.00	
		6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 12/28/2023		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Hill		Amount of contribution (\$) \$250.00	
		Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/28/2023		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooklyn and Keith Richardson		Amount of contribution (\$) \$250.00	
		Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/19/2023		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris McMurrough		Amount of contribution (\$) \$1.00	
		Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017			
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: 5
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 8/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris McMurrough 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	7 Amount of contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

LOANS**SCHEDULE E**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 E: 1	
2 FILER NAME Sarah B. McMurrough				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 0.00	
5 Date of loan 12/31/23		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher D. McMurrough		9 Loan Amount (\$) 5,945.82	
6 Is lender a financial institution? Y N No		8 Lender address; City; State; Zip Code [REDACTED] Arlington TX 76017		10 Interest rate 0.00	
				11 Maturity date 05/04/24	
12 Principal occupation / Job title (See Instructions)			13 Employer (See Instructions)		
14 Description of Collateral <input checked="" type="checkbox"/> none			15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		17 Name of guarantor Christopher D. McMurrough		19 Amount Guaranteed (\$) 5,945.82	
		18 Guarantor address; City; State; Zip Code [REDACTED] Arlington TX 76017			
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		
Date of loan		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)	
Is lender a financial institution? Y N		Lender address; City; State; Zip Code		Interest rate	
				Maturity date	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none			<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City; State; Zip Code			
Principal Occupation (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)										
4 Date 12/31/2023	5 Payee name Anedot											
6 Amount (\$) 154.18	7 Payee address; City; State; Zip Code 1340 Poydras St. New Orleans LA 70112											
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online donation platform										
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense											
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH												
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Date</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> <tr> <td colspan="4"> </td> </tr> </table>			Date	Candidate / Officeholder name	Office sought	Office held						
Date	Candidate / Officeholder name	Office sought	Office held									
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Amount (\$)</td> <td style="width:40%;">Payee address;</td> <td style="width:20%;">City;</td> <td style="width:20%;">State;</td> <td style="width:20%;">Zip Code</td> </tr> <tr> <td colspan="5"> </td> </tr> </table>			Amount (\$)	Payee address;	City;	State;	Zip Code					
Amount (\$)	Payee address;	City;	State;	Zip Code								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description										
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense											
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> <tr> <td colspan="4"> </td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held									
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Date</td> <td style="width:40%;">Payee name</td> <td style="width:20%;"> </td> <td style="width:20%;"> </td> </tr> <tr> <td colspan="4"> </td> </tr> </table>			Date	Payee name								
Date	Payee name											
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Amount (\$)</td> <td style="width:40%;">Payee address;</td> <td style="width:20%;">City;</td> <td style="width:20%;">State;</td> <td style="width:20%;">Zip Code</td> </tr> <tr> <td colspan="5"> </td> </tr> </table>			Amount (\$)	Payee address;	City;	State;	Zip Code					
Amount (\$)	Payee address;	City;	State;	Zip Code								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description										
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense											
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> <tr> <td colspan="4"> </td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
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: 1	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2023	5 Payee name 2MHost	
6 Amount (\$) 14.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 19 Assis Kohil St. Alexandria Bay NY 13607	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	
	(b) Description Website domain name	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <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