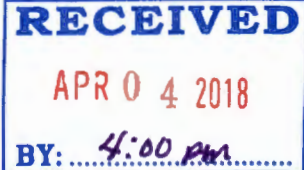


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 <input checked="" type="radio"/> MRS MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Dawn Champagne	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 21410 Sand Bunker Hill Circle Katy TX 77450		
			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 549-2059		
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="radio"/> MRS / MR FIRST MI	Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX Sharon L Mitchell	Receipt # Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 19826 Partridge Run Dr. Houston TX 77094		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 620-1696		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 2 / 15 / 2018 THROUGH 3 / 30 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 2018	ELECTION TYPE <input 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) KISD Board of Trustees Position 7	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Dawn Champagne 15 Filer ID (Ethics Commission Filers)

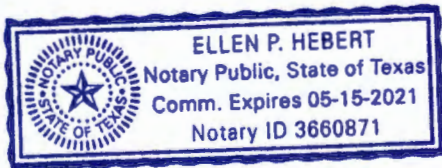
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>Friends of Dawn Champagne</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>21410 Sand Bunker Circle Katy TX 77450</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Sharon Mitchell</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>21410 Sand Bunker Circle Katy TX 77450</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>119-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1879-</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>itemized</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2046.73</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>800.27</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1000</u>

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.

Dawn Champagne
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dawn Champagne, this the 4th day of April, 20 18, to certify which, witness my hand and seal of office.

Ellen P. Hebert Ellen P. Hebert Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Dawn Champagne		
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1588 -
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 172 -
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1000 -
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2046.73
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Dawn Champagne

3 Filer ID (Ethics Commission Filers)

4 Date

3/7/2018

5 Full name of contributor out-of-state PAC (ID#: _____)

Margaret Spieldenner

6 Contributor address; City; State; Zip Code

20801 Highland Knolls Apt 128 Katy TX 77450

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/7/2018

Full name of contributor out-of-state PAC (ID#: _____)

Julie & Alen Marsack

Contributor address; City; State; Zip Code

28522 Arbor Stream Dr. Katy, TX 77450

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/2018

Full name of contributor out-of-state PAC (ID#: _____)

Kate Lennard

Contributor address; City; State; Zip Code

19810 Almond Park Ln. Katy, TX 77450

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/2018

Full name of contributor out-of-state PAC (ID#: _____)

Synthia Chan

Contributor address; City; State; Zip Code

19335 Greenwind Chase Dr. Houston, TX 77094

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Dawn Champagne

3 Filer ID (Ethics Commission Filers)

4 Date

3/7/2018

5 Full name of contributor out-of-state PAC (ID#: _____)

Susan Scales

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

20603 Spring Rose Dr. Katy TX 77450

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/18

Full name of contributor out-of-state PAC (ID#: _____)

Kathleen Ram

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

19323 Foxtree Ln. Katy TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/18

Full name of contributor out-of-state PAC (ID#: _____)

Yuni Paufiques

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

1407 Westshore Dr. Houston TX 77094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/18

Full name of contributor out-of-state PAC (ID#: _____)

Beverly Pennington

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

198 Highland Terrace League City TX 77573

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: **4**

2 FILER NAME

Dawn Champagne

3 Filer ID (Ethics Commission Filers)

4 Date

3/27/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Suzanne Foster

6 Contributor address; City; State; Zip Code

20630 Morning Creek Dr. Katy TX 77450

7 Amount of contribution (\$)

\$100 -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/18

Full name of contributor

out-of-state PAC (ID#: _____)

Kristi Carroll

Contributor address; City; State; Zip Code

2410 Hidden Shore Dr. Katy TX 77450

Amount of contribution (\$)

\$100 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/18

Full name of contributor

out-of-state PAC (ID#: _____)

Rebecca Kusko

Contributor address; City; State; Zip Code

1207 Emerald Green Houston TX 77094

Amount of contribution (\$)

\$50 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/18

Full name of contributor

out-of-state PAC (ID#: _____)

Kim Beidle

Contributor address; City; State; Zip Code

26207 Copper Sky Ct Katy, TX 77494

Amount of contribution (\$)

\$30 -

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: **4**

2 FILER NAME

Dawn Champagne

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Nikki Alvarez

7 Amount of contribution (\$)

\$100 -

6 Contributor address; City; State; Zip Code

23402 Fairway Valley Ln Katy, TX 77450

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/18

Full name of contributor out-of-state PAC (ID#: _____)

John Campbell

Amount of contribution (\$)

\$208 -

Contributor address; City; State; Zip Code

1627 Crescent Point Dr Katy TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/18

Full name of contributor out-of-state PAC (ID#: _____)

Sue Smith

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

4706 Cedar Fields Katy, TX 77450

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>	<p>1 Total pages Schedule A2: <u>1</u></p>
<p>2 FILER NAME: <u>Dawn Champagne</u></p>	<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>	<p>\$ <u>172 -</u></p>

<p>5 Date</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p><u>3/7/2018</u> <u>Susie Boyce</u></p>	<p>8 Amount of Contribution \$</p> <p><u>\$100</u></p>	<p>9 In-kind contribution description</p> <p><u>Meet & Greet - Food</u></p>
<p>7 Contributor address: _____ City: _____ State: _____ Zip Code _____</p> <p><u>19322 Foxtree Ln. Houston, TX 77094</u></p>		<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>	

<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>	<p>11 Employer (FOR NON-JUDICIAL) (See Instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>	<p>13 Contributor's job title (FOR JUDICIAL) (See Instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>	<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>	

<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p><u>3/28/18</u> <u>Kathleen Ram</u></p>	<p>Amount of Contribution \$</p> <p><u>\$72.00</u></p>	<p>In-kind contribution description</p> <p><u>Meet & Greet - Food</u></p>
<p>Contributor address: _____ City: _____ State: _____ Zip Code _____</p> <p><u>19323 Foxtree Ln Katy TX 77494</u></p>		<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>	
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See Instructions)</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Dawn Champagne</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>\$1000-</u>
5 Date of loan <u>2/28/18</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dawn Champagne</u>	9 Loan Amount (\$) <u>\$1000 -</u>
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code <u>21410 Sand Bunker Circle Katy, TX 77450</u>	10 Interest rate
		11 Maturity date <u>2/28/19</u>
12 Principal occupation / Job title (See Instructions) <u>GT Test Proctor</u>		13 Employer (See Instructions) <u>Katy ISD</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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

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: 2	2 FILER NAME Dawn Champagne	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------	--

4 Date 3-5-18	5 Payee name NBD Graphics
-------------------------	-------------------------------------

6 Amount (\$) \$97.43	7 Payee address; City; State; Zip Code 5502 1st St. Katy, TX 77493
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3-19-18	Payee name Sunline Products
-----------------	--------------------------------

Amount (\$) \$276.84	Payee address; City; State; Zip Code 1454 E Summitry Circle Katy, TX 77449
-------------------------	---

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

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

Date 3-5-18	Payee name Office Max
----------------	--------------------------

Amount (\$) \$173.20	Payee address; City; State; Zip Code 23610 Westheimer Parkway Katy TX 77494
-------------------------	--

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">Dawn Champagne</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">3-9-18</p>	5 Payee name <p style="text-align:center">NBD Graphics</p>	
6 Amount (\$) <p style="text-align:center">\$281.45</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">5502 1st St. Katy, TX 77493</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising</p>	(b) Description <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 <p style="text-align:center">3-26-18</p>	Payee name <p style="text-align:center">NBD Graphics</p>	
Amount (\$) <p style="text-align:center">\$1217.81</p>	Payee address; City; State; Zip Code <p style="text-align:center">5502 1st St. Katy TX 77493</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising</p>	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 (\$)	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