		CEHOLDER				
CAMPAIG	N FINANC	E REPORT	· · ·	· · · · · · · · · · · · · · · · · · ·	COVER SHEET PO	G 1
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	BRST. Anjuli		мі D	OFFICE USE ONLY	
	NICKNAME AJ	LAST Renold		SUFFIX	Date Received	. <sup>.</sup> .
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 3007. Humm	· · · · · ·	CITY: STATE: Bryan. TX.	ZIP CODE 77807		1964
Change of Address		: ;	<u> </u>		RECEIVED	1 0168
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER	EXTEN		CITY OF BRYAN	Theod 11
CAMPAIGN TREASURER	MS/MRS/MR MRS	FIRST Melora		MI A	Receip Color Amount S	v7
NAME	NICKNAME	LAST Reese		SÜFFIX	Date Imaged	<u>.</u> .
7 CAMPAIGN TREASURER ADDRESS		INO PO BOX PLEASE) APT ( est Drive, Suite. 1		• •	STATE: ZIP CODE TX 77802	
(Residence or Business)	· · · ·			· ···	····	.* 
(Residence or Business) 3 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 575-8784	EXTEN	Sion		
CAMPAIGN TREASURER PHONE	l' :			SION	15th day after campaign treasurer appointment (Officeholder Only)	·* · · · · · · · · · · · · · · · · · ·
CAMPAIGN TREASURER PHONE REPORT TYPE	(979)	575-8784	election R		treasurer appointment	R)
3 CAMPAIGN TREASURER PHONE 3 REPORT TYPE	(979) January 15	30th day before	election R	unoff	(Officeholder Only)	R) :
3 CAMPAIGN TREASURER PHONE 3 REPORT TYPE 10 PERIOD	(979 January 15 July 15 Month 09 ELECTION DA Month Day	575-8784 30th day before Bth day before e Day Year 30 22 ITE Year Year	election R Hection B R THROUGH	unoff ceeded Modified sporting Limit Month	Liteasurer appointment (Officeholder Only) Final Report (Attach C/OH - Fi Day Year	R)
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	E / OFFICEHOLI FINANCE REP	· · · · · · · · · · · · · · · · · · ·			ORM C/OH HEET PG 2
15 C/OH NAME Anjuli "AJ" Renold				16 Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, O	POLITICAL CONTRIBUT R GUARANTEES OF LC DE ELECTRONICALLY)	DANS, OR	<b>.</b>	0.00
	2. TOTAL POLITICAL C (OTHER THAN PLEDG	CONTRIBUTIONS SES, LOANS, OR GUAR	ANTEES OF LOANS)	\$	1950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	POLITICAL EXPENDITU	RE.	\$	0.00
	4. TOTAL POLITICAL E	EXPENDITURES		\$	2355.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO OF REPORTING PERI	NTRIBUTIONS MAINTA	INED AS OF THE LA	ST DAY \$	1950.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTA	NDING LOANS AS O	F THE \$	0.00
	Please	complete eithe		andidate or Officeho	lder
CHRI Notary Comm	STINA A CABRERA Public, State of Texas . Expires 07-24-2023 ary ID 12868657-2 efore me by AJ 1	Renold	this the	SIST day of_	October
20 7 to certify will	hich, witness my hard and seal of	foffice. Chustin	na A-Cak	werd MC	Hary Publi
Signature of officer administerin	g oath Printed na	ame of officer administerin OR	ng oath	Title of offi	cer administering oath
(2) Unsworn Declaration			nd my date of birth is		
My address is	(street)	;	(city) (	(state) (zip code)	(country)
Executed in	(street)County, State of	, on the	day of(mont	, 20	
			(inclusion)		· · · · · · · · · · · · · · · · · · ·

Signature of Candidate/Officeholder (Declarant)

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## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

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1.1.2	FILER NAME 20: Filer ID (Ethics Co	mmission File	rs)
Ar	ijuli "AJ" Renold		· · · · · · · · · · · · · · · · · · ·
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTO	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 1	950.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
З,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4,	SCHEDULE E: LOANS	\$:	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2	355.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	\$	0.00

	ARY POLITICAL CONTRIB		SCHEDULE A1
ir the reque	sted information is not applicable, <b>DO NOT</b>	include this page in th	e report.
The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: 3
2 FILER NAME Anjuli "AJ" I			3 Filer ID (Ethics Commission Filers)
4 Date 0/2/2022	Full name of contributor     Out-of-state P Todd Riemenschneider	AC·(ID#)	7 Amount of contribution (\$) \$250.00
	Contributor address; City: 1511 Texas Ave. South College Sta	State: Zip Code tion TX. 77840	
Principal occu	pation / Job title (See Instructions)	9 Emptoyer (See Instru	ctions)
Date 0/4/2022	Full name of contributor out-of-state P/ Ben Speer	AC (ID#:)	Amount of contribution (\$) \$50.00
	Contributor address: City; 303 West Brookside Dr. Bryan.	State: Zip Code TX. 77801	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	LCtions)
Date 0/4/2022	Full name of contributor out-of-state PA Brent & Krissie Hairston	λC (ID#)	Amount of contribution (\$) \$500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions) <sup>11</sup>
Date 0/6/2022	Full name of contributor out-of-state PA Charles: Hermann	с (ID#)	Amount of contribution (\$)
	Contributor address; City: 1019 Muirfield Village College Stati	State; Zip Code on. TX. 77845	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	stions)
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	ARY POLITICAL C				ULE A1
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2 FILER NAME	Instruction Guide explains how	to complete th		3 Filer ID (Ethics Comm	••••••••••••••••••••••••••••••••••••••
Anjuli "AJ" I					
4 Date 10/11/2022	5 Full name of contributor Claude Bernard Lynch	out-of-state P/	\C (ID#	7 Amount of contribution	<sup>on (\$)</sup> \$250.00
	Contributor address 3008 Hickory Ridge Cire	city; cle Bryan.	State: Zip Code TX. 77807		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instr	uctions)	
Date 10/23/2022	Full name of contributor Amos McDonald	out-of-state PA	C (ID#	Amount of contributi	on (\$) \$100.00
	Contributor address; 122 West Hobbit Glen E	city; Or The Wood	State: Zip Code llands TX 77384		
Principal occur	pation / Job title (See Instructions)	<u>.</u>	Employer (See Instr	uctions)	
Date: 10/23/2022	Full name of contributor Matthew Faulkner	out-of-state P/	C (ID#	) Amount of contributi	on (\$) \$100.00
	Contributor address; 209 South Main St	city: Bryan.	state; Zip Code TX. 77803		
Principal occur	bation / Job title (See Instructions)	· · · · · ·	Employer (See Instr	uctions)	· · · · · · · · · · · · · · · · · · ·
			1		
Date 10/23/2022	Full name of contributor Laura Becker Contributor address; 5307 Draycott Court	out-of-state P4 City; Bryan.	C(llD# State: ZipCode TX. 77802	) Amount of contributi	on (\$) \$100.00
Principal occur	pation / Job title (See Instructions)		Employer (See Instr	uctions)	

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MONET	ARY POLITICAL (	CONTRIB	JTIONS	SCHI	EDULE A1
· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·
If the reque	sted information is not applica	ible, DO NOT ir	nclude this page in th	ne report.	
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The	Instruction Guide explains how	to complete thi	s form.	1 Tolai pages Sche	dule A1: 3
FILER NAME				3 Filer ID (Ethics C	commission Filers)
Anjuli "AJ" I					
Date					
Date	5 Full name of contributor Pierre Renold	out-of-state. PA	C (ID#	7 Amount of contri	bution (\$)
0/24/2022				· 1. 1	\$500.00
	6 Contributor address;	City:	State: Zip Code		· · · · · · · · · · · · · · · · · · ·
	5931 Victor St.	Dallas.	TX. 75214		
Principal occu	pation / Job title (See Instructions)	· · · ·	9 Employer (See Instr	intianc)	
				dealoris	
· · · · · · · · · · · · · · · · · · ·	<u> </u>			<u> </u>	
Date	Full name of contributor	out-of-state PA	C (ID#	Amount of contr	ibution (\$)
0/25/2022	Angelita Garcia Alonzo	:			\$50.00
JIZJIZVZZ	Contributor address;	City;	State; Zip Code	•••	• • • • •
;	2311 Carter Creek Pkw				······································
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		<u>.</u>			
Principal occup	pation / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	Employer (See Instr	uctions)	· · ·
Principal occup	pation / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	Employer (See Instr	uctions)	
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Principal occup	pation / Job title (See Instructions) Full name of contributor	out-of-state PA		Uctions)	ibution (\$)
· · · · · · · · · · · · · · · · · · ·		out-of-state PA		·····	ibution (\$)
· · · · · · · · · · · · · · · · · · ·		out-of-state PA City;		·····	ibution (\$)
· · · · · · · · · · · · · · · · · · ·	Full name of contributor	÷	C (ID#	·····	ibution (\$)
Date	Full name of contributor Contributor address;	City;	C (ID# State; Zip Code	Amount of contr	ibution (\$)
Date	Full name of contributor	City;	C (ID#	Amount of contr	ibution (\$)
Date	Full name of contributor Contributor address;	City;	C (ID# State; Zip Code	Amount of contr	ibution (\$)
Date	Full name of contributor Contributor address; pation / Job title (See Instructions)	City:	C (ID# State; Zip Code Employer (See Instr	Amount of contr uctions)	
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Date	Full name of contributor Contributor address; pation / Job title (See Instructions) Full name of contributor	City; out-of-state PA	C (ID# State: Zip Code Employer (See Instr C (ID#	Amount of contr uctions)	
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Date Principal occui Date	Full name of contributor Contributor address; pation / Job title (See Instructions) Full name of contributor Contributor address;	City; out-of-state PA	C (ID#	Amount of contr uctions)	

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

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POLITI	CAL EXPENDITURES MADE	
FROM	POLITICAL CONTRIBUTIONS	•

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

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<b>6</b> 70				100	~16	9	<u>- n</u>		run	DUA	010

	EXPENDITURE CA	TEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Postice		Office Over Polling Exp Printing Exp		Solicitation/Fundraisk Transportation Equip Travel In District Travel Out Of District Other (enter a catego	nent & Related Expense
Credit Card Payment	The Instruction Guide exp	plains how to co	omplete this form.		
1 Total pages Schedule F1: 4	2 FILER NAME Anjuli "AJ" Renold			3 Filer ID (Ethics	Commission Filers)
4 Date 10/2/2022	5 Payee name Anedot Inc.	<del></del>		······································	
6 Amount (\$)	7 Payee address,	· · · · · · · · · · · · · · · · · · ·	City;	State:	Zip Code
\$10.30	1340 Poydras St., Suite # 1	770.	New Orleans.	LA.	70112
8	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
PURPOSE	Fees	· · · · · ·	Credit Card Me	rchant Fees	· ·
EXPENDITURE			· · · ·		
	(C) Check it travel outside of Texas. Compa	eta Schedule T	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	<u></u> 	Office sought		Office held
Date	Рауее пагте	· · · · · · · · · · · · · · · · · · ·			
10/4/2022	Anedot Inc.				
Amount (\$)	Payee address;		City:	State;	Zip Code
\$2.30	1340 Poydras St., Suite # 1	770.	New Orleans	LA	70112
• • • •		· · · ·			··· ·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t Fees		Description Credit Card Me	erchant Fees	
· ·	Check if travel outside of Texas. Comple	lete Schedule T	Check if Austin	TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	· · · · · ·			: _	
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	······	 :	
10/6/2022	Anedot Inc.				
Amount (\$) \$2.30	Payee address: 1340 Poydras St., Suite # 1	770	city: New Orleans	State; LA	Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t Fees	· · · · · · · · · · · · · · · · · · ·	Description Credit Card Met	rchant Fees	
	Check if travel outside of Texas. Comple	eta Schedulo T	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O <del>F</del>	Candidate / Officeholder name	· .	Office sought		Office held
	ATTACH ADDITIONAL COPI	IES OF THIS S	SCHEDULE AS NEE	DED	}

POLITICAL I	EXPENDITURES MADE		
FROM POLI	TICAL CONTRIBUTIONS		SCHEDULE F1
If the requested info	ormation is not applicable, DO NOT include	this page in the rep	oort.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokter/Politica CreditCard Payment	Fees Office O Food/Boverage Expense Polling E y Gilt/Awards/Memorials Expense Printing I Committee Legal Services Sataries	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1	The Instruction Guide explains how to		
1 Total pages Schedule F1: 4	Anjuli "AJ" Renold		3 Filer ID (Ethics Commission Filers)
4 Date 10/6/2022	6 Payee name Farrell Gjesdal Strategy Group		
8 Amount (\$) 992.50	7 Payee address; 4040 Hwy 6, Suite 200	City: College Station.	State: Zip Code TX. 77845
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Man	agement
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
	Payee name Anedot Inc.		
Amount (\$) \$4.30	Payee address: 1340 Poydras St., Suite # 1770.	city: New Orleans	State; Zip Code LA 70112
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card Me	rchant Fees
EXPENDITURE			<u> </u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Check if traveloutside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	TX, otficeholder living expense Office held
]	Payee name	<u></u>	· · · · · · · · · · · · · · · · · · ·
Date	Anedot Inc.	. :	
10/23/2022	<u> </u>	City;	State; Zip Code LA 70112
10/23/2022 Amount (\$) \$4.30	Payee address: 1340 Poydras St., Suite # 1770	New Orleans	
Amount (\$) \$4.30 PURPOSE		New Orleans	
Amount (\$) \$4.30	1340 Poydras St., Suite # 1770 Category (See Categories tisted at the top of this schedule)	Description Credit Card Mer	

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FROM POLI	EXPENDITURES MADE TICAL CONTRIBUTIONS formation is not applicable, DO NOT include	SCHEDULE this page in the report.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Exponse Loan Rep Fees Office O Food/Boverage Expense Polling E Sy Gift/Awards/Memorials Expense Printing B	expressive contract Labor Other (enter a category not listed
1 Total pages Schedule F1: 4	2 FILER NAME Anjuli "AJ" Renold	3 Filer ID (Ethics Commissi
4 Date 10/23/2022	6 Payee name Anedot Inc.	
6 Amount (\$) \$4.30	7 Payee address; 1340 Poydras St., Suite # 1770	City: State: Zip Co New Orleans LA 7011
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Consulting Expense	Campaign Management
EXPENDITURE		
	(C) Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office hel
Date 10/24/2022	Payee name Anedot Inc.	
Amount (\$). \$20.30	Payee address: 1340 Poydras St., Suite # 1770.	City: State: Zip Co New Orleans LA 7011
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card Merchant Fees
, '' , , , , , , , , , , , , , , , , , ,	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/25/2022	Anedot Inc.	
Amount (\$) \$2.30	Payee address; 1340 Poydras St., Suite # 1770	City: State; Zip Co New Orleans LA 701
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Credit Card Merchant Fees
•	Check if traveloutside of Texas Complete Schedule T.	Check if Austin, TX, officeholder Inving expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office he

. : . :

•	POLITIC	CAL EXPENDITURES MADE	
	FROM I	POLITICAL CONTRIBUTIONS	

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokder/Politics Credit Card Payment	Fees Office Ov Food/Boverage Expense Polling E By Gift/Awards/Memorials Expense Printing E		pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (entor a category not listed above)		
1 Total pages Schedule F1: 4	2 FILER NAME Anjuli "AJ" Renold	·····;		3 Filer 1D (El	hics Commission Filers)	
4 Date 10/28/2022	5 Payee name Farrell Gjesdal Strategy Group			······		
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
\$1312.50	4040 Hwy 6, Suite 200	-	College Statio	n TX	77845	
8	(a) Category (See Categories listed at the top of this sc	hedule)	(b) Description	•		
PURPOSE	Consulting Expense		Campaign Management			
OF EXPENDITURE						
· · ·	(C) Check if travel outside of Texas. Complete Sch	edula T.	Check if Austin, TX, officeholder li		iving expense	
S Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	 	Office held	
Date	Payee name	•.			· · · · ·	
					· · · · · · · · · · · · · · · · · · ·	
		· ·· ·	· · · · · · · · · · · · · · · · · · ·			
Amount (\$)	Payee address;	۰.	City:	State	Zip Code	
		•	· · · · · · · · · · · · · · · · · · ·	·····		
	Category (See Categories listed at the top of this sch	edule)	Description			
PURPOSE						
OF		11 <b>*</b> 1		· · ·		
	Check if travel outside of Texas Complete Sch	edule T.	Check if Austin	, TX, officeholder li	ving expense	
Complete ONLY if direct	Candidate / Officeholder name	••••••	Office sought		Office held	
expenditure to benefit C/O	4	· · ·			• :	
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Date	Payee name		•			
		•		· ·		
Amount (\$)	Payee address:		City;	State;	Zip Code	
			• • •	•	· · · · · · · · · · · · · · · · · · ·	
		· · · ·				
	Category (See Categories listed at the top of this sch	radule)	Description	• • • • • • •	· · · · ·	
PURPOSE						
OF EXPENDITURE		••		•••••		
	Check if travel outside of Texas. 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/O	H i i i i i i i i i i i i i i i i i i i	· <sup>:</sup> , ·.				