

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers) 81-5413576</p>	<p>2 Total pages filed: 10</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI Mr Robert C ----- NICKNAME LAST SUFFIX Dye III</p>	<p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.5em; color: red; font-weight: bold;">APR 06 2017</p> <p style="color: blue; font-weight: bold;">CITY SECRETARY'S OFFICE</p> <p style="color: blue; font-style: italic;">AP</p> <p>Date Hand-delivered or Date Postmarked</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12440 Wood Manor Circle Farmers Branch TX 75234</p>	<p>Receipt # Amount \$</p> <p>Date Processed 5/6/17</p> <p>Date Imaged</p>	
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (469) 877-4165</p>	<p>MS / MRS / MR FIRST MI Mr. Giovanni S ----- NICKNAME LAST SUFFIX Zavala</p>	
<p>6 CAMPAIGN TREASURER NAME</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13530 Heartside Pl. Farmers Branch TX 75234</p> <p>(Residence or Business)</p>	<p>Area Code Phone Number Extension (312) 933-2830</p>	
<p>7 CAMPAIGN TREASURER ADDRESS</p>	<p>9 REPORT TYPE</p> <p><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)</p>	<p>10 PERIOD COVERED</p> <p>Month Day Year Month Day Year 1 / 1 / 17 THROUGH 3 / 30 / 17</p>	
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>11 ELECTION</p> <p>ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 6 / 2017 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>	<p>12 OFFICE</p> <p>OFFICE HELD (if any)</p>	
<p>13 OFFICE SOUGHT (if known)</p> <p>Mayor</p>	<p>GO TO PAGE 2</p>		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Robert Dye **15 Filer ID (Ethics Commission Filers)** 81-5413576

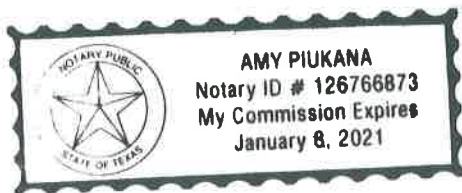
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	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	\$ 65.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,635.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 234.51
	4. TOTAL POLITICAL EXPENDITURES	\$ 7203.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,431.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Dye, this the 6th day of April, 2017, to certify which, witness my hand and seal of office.

Amy Piukana Amy Piukana City Secretary
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 Robert Dye		20 Filer ID (Ethics Commission Filers) 81-5413576
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$12,570
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,969.27
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Robert Dye		3 Filer ID (Ethics Commission Filers) 81-5413576
4 Date 2.23.17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd & Ruth Yost 6 Contributor address; City; State; Zip Code 2872 Maydelle Lane Farmers Branch, TX 75234	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William & Dorotha Phelps Contributor address; City; State; Zip Code 3135 Rolling Knoll Ct. Farmers Branch, TX 75234	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurt & Clare Connally Contributor address; City; State; Zip Code 3612 Courtdale Dr. Farmers Branch, TX 75234	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe & Carol Dingman Contributor address; City; State; Zip Code 13223 Glad Acres Drive Farmers Branch, TX 75234	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Dye		3 Filer ID (Ethics Commission Filers) 81-5413576
4 Date 2/23/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Shor 6 Contributor address; City; State; Zip Code 2517 Danny Lane Farmers Branch, TX 75234	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles McLean Contributor address; City; State; Zip Code 3603 Cedar Lane Farmers Branch, TX 75234	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd & Jane Fuller Contributor address; City; State; Zip Code 2529 Danny Lane Farmers Branch, TX 75234	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Marshall Contributor address; City; State; Zip Code 3454 Pine Tree Circle Farmers Branch, TX 75234	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Dye		3 Filer ID (Ethics Commission Filers) 81-5413576
4 Date 2/23/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Mam 6 Contributor address; City; State; Zip Code 13301 Galleria Place Farmers Branch, TX 75234	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Koch Contributor address; City; State; Zip Code 5839 Morningside Avenue Dallas, TX 75206	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renee Dye Contributor address; City; State; Zip Code 109 Concha de Golf Rancho Sante Fe, CA 92091	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giovanni Zavala Contributor address; City; State; Zip Code 15530 Heartside Ln. Farmers Branch, TX 75234	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Dye		3 Filer ID (Ethics Commission Filers) 81-5413576
4 Date 3/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bo Alexander 6 Contributor address; City; State; Zip Code 12227 Veronica Ln. Farmers Branch, TX 75234	7 Amount of contribution (\$) \$220.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant Alexander Contributor address; City; State; Zip Code 3028 Lavita Farmers Branch, TX 75234	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benny de la Vega Contributor address; City; State; Zip Code 3322 Pine Tree Circle Farmers Branch, TX 75234	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/2/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Dye Contributor address; City; State; Zip Code 12440 Wood Manor Circle Farmers Branch, TX 75234	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Real Estate Developer / Managing Member		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor 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 FILER NAME Robert Dye	3 Filer ID (Ethics Commission Filers) 81-5413576			
4 Date 2/13/17	5 Payee name MoWax Visual				
6 Amount (\$) \$2023.50	7 Payee address; City; State; Zip Code 14415 Meandering Way, Dallas, TX 75254				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) 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:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 3/6/17	Payee name Dallas Print				
Amount (\$) \$433.00	Payee address; City; State; Zip Code 2201 Main Street # 810 Dallas, TX 75201				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense & Printing Expense	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:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 2/20/17	Payee name Moo.com				
Amount (\$) \$333.27	Payee address; City; State; Zip Code 14 Blackstone Valley Place, Lincoln, RI 02865				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1:	2 FILER NAME <p style="text-align:center">Robert Dye</p>	3 Filer ID (Ethics Commission Filers) <p style="text-align:center">81-5413576</p>
4 Date <p style="text-align:center">2/22/17</p>	5 Payee name <p style="text-align:center">Image Imprinting</p>	
6 Amount (\$) <p style="text-align:center">638.50</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">2675 Freewood Dr. Dallas, TX 75220</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</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">2/23/17</p>	Payee name <p style="text-align:center">Victoria Restaurant</p>	
Amount (\$) <p style="text-align:center">\$600.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">13435 Bee St, Farmers Branch, TX 75234</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Event Expense</p>	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">2/16/17</p>	Payee name <p style="text-align:center">Farmers Branch Women's Club</p>	
Amount (\$) <p style="text-align:center">\$250.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">12214 Treeview Lane Farmers Branch, TX 75234</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</p>	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: _____	

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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 FILER NAME Robert Dye	3 Filer ID (Ethics Commission Filers) 81-5413576			
4 Date 3/7/17	5 Payee name MoWax Visual				
6 Amount (\$) \$2695.00	7 Payee address; City; State; Zip Code 14415 Meandering Way, Dallas, TX 75254				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense			
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9 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			
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Date	Payee name				
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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			
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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			
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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