

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: <div style="text-align: center; font-size: 2em;">11</div>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	MR	MATTHEW	L			
NICKNAME	LAST	SUFFIX	Date Received			
LANE	CARTER		JAN 18 2022			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked		
Change of Address	117 NORTH MILTON SAN ANGELO, TX 76901					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #		
	(325)	656-0625		Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed		
	MRS	MEAGAN	J	Date Imaged		
NICKNAME	LAST	SUFFIX				
HUNNICUTT						
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
(Residence or Business)	4401 PINON RIDGE DRIVE SAN ANGELO, TX 76904					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(325)	374-1359				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	11	17	21	THROUGH	1	15 / 22
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	3	1	22	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				TOM GREEN COUNTY JUDGE		
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.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME MATTHEW LANE CARTER		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)	\$ 11,050.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 7,388.29
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,388.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,998.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,250.00

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.



Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by MATTHEW LANE CARTER this the 18th day of January, 2022, to certify which, witness my hand and seal of office.

Donna M. Donaldson DONNA M. DONALDSON NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME MATTHEW LANE CARTER		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 11,050.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$.
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 1,250.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 7,388.29
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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: 1 of 5
2 FILER NAME MATTHEW LANE CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 12/01/2021	5 Full name of contributor out-of-state PAC (ID#: _____) TRAVIS GRIFFITH	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 3622 OAK CREEK DR, SAN ANGELO, TX 76904		
8 Principal occupation / Job title (See Instructions) POLICE OFFICER		9 Employer (See Instructions) SAN ANGELO POLICE DEPARTMENT
Date 12/01/2021	Full name of contributor out-of-state PAC (ID#: _____) CRISTAL KURTZ	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1743 CALLE PLATICO, OCEANSIDE, CA 92056		
Principal occupation / Job title (See Instructions) HUMAN RESOURCES		Employer (See Instructions) CORELATION INC
Date 12/01/2021	Full name of contributor out-of-state PAC (ID#: _____) CRAIG THOMASON	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2164 GUN CLUB ROAD, SAN ANGELO, TX 76904		
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions) SAN ANGELO POLICE DEPARTMENT
Date 12/03/2021	Full name of contributor out-of-state PAC (ID#: _____) WILLIAM CARTER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 16213 CR 1450, WOLFFORTH, TX 79382		
Principal occupation / Job title (See Instructions) CHIEF OF PROBATION		Employer (See Instructions) LUBBOCK COUNTY JUVENILE PROBATION

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: 2 of 5
2 FILER NAME MATTHEW LANE CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 12/09/2021	5 Full name of contributor out-of-state PAC (ID#: _____) RILEY MCFARLAND 6 Contributor address; City; State; Zip Code 6785 ROBERT DRIVE, SAN ANGELO, TX 76905	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions) SHANNON MEDICAL CENTER
Date 12/09/2021	Full name of contributor out-of-state PAC (ID#: _____) MELISA STOREY Contributor address; City; State; Zip Code 1526 DARLENE, SAN ANGELO, TX 76904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) TWO STOREY CHIROPRACTIC
Date 12/17/2021	Full name of contributor out-of-state PAC (ID#: _____) KANDI POOL Contributor address; City; State; Zip Code 3613 THREEAWN LANE, SAN ANGELO, TX 76904	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) REAL ESTATE AGENT		Employer (See Instructions) SELF EMPLOYED
Date 12/17/2021	Full name of contributor out-of-state PAC (ID#: _____) DAVID & SARAH BOSWELL Contributor address; City; State; Zip Code 1541 WHITNEY, SAN ANGELO, TX 76904	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SHANNON MEDICAL CENTER
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 5
2 FILER NAME MATTHEW LANE CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2021	5 Full name of contributor out-of-state PAC (ID#: _____) TIM & CARLA WORLEY 6 Contributor address; City; State; Zip Code 211 NORTH MILTON, SAN ANGELO, TX 76901	7 Amount of contribution (\$) 4,000.00
8 Principal occupation / Job title (See Instructions) PILOT & BUSINESS OWNER		9 Employer (See Instructions) SELF EMPLOYED
Date 12/17/2021	Full name of contributor out-of-state PAC (ID#: _____) DAVID NOWLIN Contributor address; City; State; Zip Code 8531 SPILLWAY, SAN ANGELO, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CONSTRUCTION		Employer (See Instructions) CLIMATE RIGHT
Date 12/17/2021	Full name of contributor out-of-state PAC (ID#: _____) LARRY MILLER Contributor address; City; State; Zip Code 3630 BRIARGROVE, SAN ANGELO, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/28/2021	Full name of contributor out-of-state PAC (ID#: _____) DANA HOFFMAN Contributor address; City; State; Zip Code 8178 DUSTIN ROAD, SAN ANGELO, TX 76905	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions) SHANNON MEDICAL CENTER

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 5
2 FILER NAME MATTHEW LANE CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2021	5 Full name of contributor out-of-state PAC (ID#: _____) WRAPIT INSULATION-DOUG GIESE 6 Contributor address; City; State; Zip Code 2503 WEST TWOHIG, SAN ANGELO, TX 76901	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions) SELF EMPLOYED		9 Employer (See Instructions)
Date 01/03/2022	Full name of contributor out-of-state PAC (ID#: _____) RHONDA CARROLL Contributor address; City; State; Zip Code 12089 DOVE CREEK LANE WEST, SAN ANGELO, TX 76904	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) REAL ESTATE AGENT		Employer (See Instructions)
Date 01/05/2022	Full name of contributor out-of-state PAC (ID#: _____) YVONNE BIEDERMANN Contributor address; City; State; Zip Code 1481 BUTLER DRIVE, SAN ANGELO, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SHANNON MEDICAL CENTER
Date 01/06/2022	Full name of contributor out-of-state PAC (ID#: _____) TOM THOMPSON Contributor address; City; State; Zip Code 3801 RANSOM ROAD, SAN ANGELO, TX 76903	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) BIMEDA ANIMAL HEALTH

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 5
2 FILER NAME MATTHEW LANE CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2022	5 Full name of contributor out-of-state PAC (ID#: _____) KYLE BOX 6 Contributor address; City; State; Zip Code 1605 CRYSTAL POINT DRIVE, SAN ANGELO, TX 76904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) SELF EMPLOYED		9 Employer (See Instructions)
Date 01/10/2022	Full name of contributor out-of-state PAC (ID#: _____) RANDY BROOKS Contributor address; City; State; Zip Code 5401 WOODBINE, SAN ANGELO, TX 76904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		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)
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)

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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 of 1
2 FILER NAME MATTHEW LANE CARTER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,250.00
5 Date of loan 12/17/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTHEW LANE CARTER	9 Loan Amount (\$) 1,250.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 117 NORTH MILTON, SAN ANGELO, TX 76901	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) SELF EMPLOYED		13 Employer (See Instructions) 5 STONES CONSTRUCTION
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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:	2 FILER NAME MATTHEW LANE CARTER	3 Filer ID (Ethics Commission Filers)
4 Date 12/22/2021	5 Payee name WESTERN POSTER	
6 Amount (\$) 6,641.14	7 Payee address; City; State; Zip Code 901 STRAWN, SAN ANGELO, TX 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING	(b) Description YARD SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 01/12/2022	Payee name OFFICE DEPOT	
Amount (\$) 150.47	Payee address; City; State; Zip Code 4272 SUNSET DRIVE, SAN ANGELO, TX 76904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING	Description BROCHURES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 01/14/2022	Payee name LOWE'S	
Amount (\$) 552.83	Payee address; City; State; Zip Code 5301 SHERWOOD WAY, SAN ANGELO, TX 76904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description WOOD FOR SIGN FRAMES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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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:	2 FILER NAME MATTHEW LANE CARTER	3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2022	5 Payee name VENMO	
6 Amount (\$) 43.85	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING FEE	(b) Description PROCESSING FEES
	(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/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
	Check if travel outside of Texas. Complete Schedule T. 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
	Check if travel outside of Texas. Complete Schedule T. 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

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