

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <b>MR    NICHOLAS                      P</b>	<b>OFFICE USE ONLY</b>  Date Received <b>RECEIVED</b> City Secretary's Office  <b>APR 29 2022</b>  City of Harlingen <i>Rec'd 12:30 p.m.</i>	
	NICKNAME                      LAST                      SUFFIX <b>NICK    CONSIGLIO</b>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>109 E. AUSTIN AVE.                      HARLINGEN TX 78550</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <b>(956 )                      536-4605</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <b>MRS    JESSICA                      K</b>	Date Hand-delivered or Date Postmarked <i>4-29-2022</i>	
	NICKNAME                      LAST                      SUFFIX <b>MONTALVO</b>	Receipt #                      Amount \$	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>1702 HICKORY COURT                      HARLINGEN                      TX                      78550</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <b>(956 )                      357-4162</b>		
<b>9 REPORT TYPE</b>	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      Month                      Day                      Year <b>04 / 08 / 22                      THROUGH                      04 / 29 / 22</b>		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year <b>05 / 07 / 22</b>	ELECTION TYPE Primary                      Runoff                      Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>13 OFFICE SOUGHT (if known)</b> <b>CITY COMMISSION FOR DISTRICT #2</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <small>Additional Pages</small>	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  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

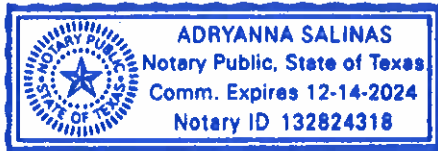
<b>15 C/OH NAME</b> NICHOLAS P. CONSIGLIO		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3925.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 79.68
	4. TOTAL POLITICAL EXPENDITURES	\$ 3545.75
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10686.71
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

*Nicholas P. Consiglio*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nicholas Consiglio this the 29 day of April, 2022, to certify which, witness my hand and seal of office.

*Adryanna Salinas* Signature of officer administering oath  
Adryanna Salinas Printed name of officer administering oath  
Notary 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**

<b>19 FILER NAME</b> NICHOLAS CONSIGLIO		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3925.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3466.04
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: <b>4</b>
2 FILER NAME <b>NICHOLAS P. CONSIGLIO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/08/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>PATRICK KORNEGAY</b> ..... 6 Contributor address; City; State; Zip Code <b>28158 NORMA LINDA ROAD SAN BENITO TX 78586</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/08/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DONALD W HAIRE</b> ..... Contributor address; City; State; Zip Code <b>405 WOODLAND HARLINGEN TX 78550</b>	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/08/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>NORA L KOITE</b> ..... Contributor address; City; State; Zip Code <b>417 SPRING MEADOW LANE HARLINGEN TX 78550</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/08/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>GREGORY &amp; JUDITH QUISENBERRY</b> ..... Contributor address; City; State; Zip Code <b>22220 STUART PLACE ROAD HARLINGEN TX 78552</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

[Reset Form](#)

[Reset Page](#)

**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: <b>4</b>
2 FILER NAME <b>NICHOLAS P. CONSIGLIO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/12/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>MARIA DEFORD</b>	7 Amount of contribution (\$)  <b>250.00</b>
	6 Contributor address; City; State; Zip Code <b>28288 BASS BLVD HARLINGEN TX 78552</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BARBARA BOGGUS TUCKER</b>	Amount of contribution (\$)  <b>250.00</b>
	Contributor address; City; State; Zip Code <b>114 EAST AUSTIN AVENUE HARLINGEN TX 78550</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LAURA BURNS</b>	Amount of contribution (\$)  <b>200.00</b>
	Contributor address; City; State; Zip Code <b>21201 HATCHETT ROAD HARLINGEN TX 78550</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>J. MICHAEL ALLEN &amp; SUSAN E. ALLEN</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>509 WOODLAND DRIVE HARLINGEN TX 78550</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>4</b>
2 FILER NAME <b>NICHOLAS P. CONSIGLIO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/20/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>ARNOLD GOMEZ</b>	7 Amount of contribution (\$)  <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>5124 MANANA CIRCLE PALM VALLEY TX 78552</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/22/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ABDO SERDA</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>11609 FRUITWOOD PLACE AUSTIN TX 78552</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/23/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TREPAC/TEXAS ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE</b>	Amount of contribution (\$)  <b>1,500.00</b>
	Contributor address; City; State; Zip Code <b>P.O. BOX 2246 AUSTIN TEXAS 78768</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/25/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CARLY B THOMAS</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>429 EAST WOODLAND DRIVE HARLINGEN TX 78550</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>4</b>
2 FILER NAME <b>NICHOLAS P. CONSIGLIO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/27/2022</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>HARLINGEN EYE CLINIC</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>2405 NORTH ED CAREY DRIVE HARLINGEN TX 78550</b>		
8 Principal occupation / Job title (See Instructions)		9 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)
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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>NICHOLAS P. CONSIGLIO</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/08/2022</b>	<b>5</b> Payee name <b>FACEBOOK</b>	
<b>6</b> Amount (\$) <b>250</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 HACKER WAY MENLO PARK CALIFORNIA 94025</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b) Description</b> <b>ONLINE CAMPAIGN ADVERTISING</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>04/11/2022</b>	Payee name <b>FACEBOOK</b>	
Amount (\$) <b>400.00</b>	Payee address; City; State; Zip Code <b>1 HACKER WAY MENLO PARK CALIFORNIA 94025</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ONLINE CAMPAIGN ADVERTISING</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>04/20/2022</b>	Payee name <b>FACEBOOK</b>	
Amount (\$) <b>600</b>	Payee address; City; State; Zip Code <b>1 HACKER WAY MENLO PARK CALIFORNIA 94025</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ONLINE CAMPAIGN ADVERTISING</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME NICHOLAS P. CONSIGLIO	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/26/2022	<b>5</b> Payee name UPPER VALLEY MAIL SERVICES LLC	
<b>6</b> Amount (\$) 757.76	<b>7</b> Payee address; City; State; Zip Code 1418 BEECH AVENUE #109 MCALLEN TEXAS 78501	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description CAMPAIGN MAILERS PREPARATION & PROCESSING
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 04/26/2022	<b>Payee name</b> FAMILY CRISIS CENTER	
<b>Amount (\$)</b> 500.00	<b>Payee address; City; State; Zip Code</b> 616 WEST TAYLOR AVENUE HARLINGEN TX 78550	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) DONATION	<b>Description</b> 9TH ANNUAL FUNDRAISER EVENT
	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
<b>Date</b> 04/27/2022	<b>Payee name</b> FACEBOOK	
<b>Amount (\$)</b> 900.00	<b>Payee address; City; State; Zip Code</b> 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> ONLINE CAMPAIGN ADVERTISING
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: 3	2 FILER NAME NICHOLAS P. CONSIGLIO	3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2022	5 Payee name FACEBOOK	
6 Amount (\$) 58.28	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ONLINE CAMPAIGN ADVERTISING
	(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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED