

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em;">9</span>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Carlos</i>	MI <i>G</i>	<b>OFFICE USE ONLY</b>
	NICKNAME <i>Charlie</i>	LAST <i>Madrid</i>	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received <i>2013 APR 11 PM 4:24</i>
	<i>1941 Octubre Dr. El Paso, TX 79935</i>					Date Hand-delivered or Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #
	<i>(915)</i>	<i>474-1756</i>		Amount

6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Dr.</i>	FIRST <i>Roberto</i>	MI	Date Processed
	NICKNAME <i>Canales</i>	LAST <i>M.D.</i>	SUFFIX	

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Imaged
	<i>2295 Trarwood Dr. Ste C El Paso, TX 79935</i>					

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	<i>(915)</i>	<i>525-1719</i>		

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	THROUGH	Month	Day	Year
	<i>2</i>	<i>26</i>	<i>2013</i>		<i>4</i>	<i>1</i>	<i>2013</i>

11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month <i>5</i> / Day <i>11</i> / Year <i>2013</i>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General

12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>City Representative District 7</i>
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Carlos Gerard "Charlie" Madrid

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.  
2013 APR 11 PM 4:24

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1425

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1059.86

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 570.50

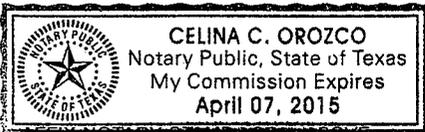
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 200.36

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.



*[Handwritten Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carlos G. Madrid, this the 11 day of April, 20 13, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

CELINA C. OROZCO

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

CITY CLERK DEPT.

The Instruction Guide explains how to complete this form

2013 APR 11

1 PM 4:25

Total pages Schedule A: 3

<b>2 FILER NAME</b> Carlos Gerard "Charlie" Madrid		<b>3 ACCOUNT #</b> (Ethics Commission Filers)	
<b>4 Date</b> 2/27/13	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura M. Enriquez	<b>7 Amount of contribution (\$)</b> 250	<b>8 In-kind contribution description</b> (if applicable)
	<b>6 Contributor address; City; State; Zip Code</b> 705 Coeur Dalene, El Paso, TX 79922	(If travel outside of Texas, complete Schedule T)	
<b>9 Principal occupation / Job title</b> (See Instructions) Attorney		<b>10 Employer</b> (See Instructions) Mounce Green Myers Saffi & Galatzan	
<b>Date</b> 3/5/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Leticia Johnson	<b>Amount of contribution (\$)</b> 50	<b>In-kind contribution description</b> (if applicable)
	<b>Contributor address; City; State; Zip Code</b> 3204 Beachcomber, El Paso, TX 79936	(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title</b> (See Instructions) <del>Broker</del> Broker Associate		<b>Employer</b> (See Instructions) Clear View Realty	
<b>Date</b> 3/5/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa Caballero	<b>Amount of contribution (\$)</b> 50	<b>In-kind contribution description</b> (if applicable)
	<b>Contributor address; City; State; Zip Code</b> 9208 Morelia, El Paso, TX 79907	(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title</b> (See Instructions) Income Tax Consultant		<b>Employer</b> (See Instructions) Americas Cash Plus	
<b>Date</b> 3/5/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel Caballero	<b>Amount of contribution (\$)</b> 50	<b>In-kind contribution description</b> (if applicable)
	<b>Contributor address; City; State; Zip Code</b> 9208 Morelia, El Paso, TX 79907	(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title</b> (See Instructions) Teacher		<b>Employer</b> (See Instructions) YFSD	
<b>Date</b> 3/5/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill D. Hicks	<b>Amount of contribution (\$)</b> 100	<b>In-kind contribution description</b> (if applicable)
	<b>Contributor address; City; State; Zip Code</b> PO Box 126, El Paso, TX 79941	(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title</b> (See Instructions) Attorney		<b>Employer</b> (See Instructions) Self	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

CITY CLERK DEPT.

The Instruction Guide explains how to complete this form. 2013 APR 11 PM 4:25 Total pages Schedule A: 3

<b>2 FILER NAME</b> Carlo Gerard "Charlie" Madrid		<b>3 ACCOUNT #</b> (Ethics Commission Filers)	
<b>4 Date</b> 3/5/13	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: The Harbour Law Firm PC <b>6 Contributor address; City; State; Zip Code</b> PO Box 13268, El Paso, TX 79913	<b>7 Amount of contribution (\$)</b> 100	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b> 3/6/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: David Olasley <b>Contributor address; City; State; Zip Code</b> 811 N Johnson St, New Orleans, LA 70116	<b>Amount of contribution (\$)</b> 25	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Investigator		<b>Employer (See Instructions)</b> Capital Defense Project of SE LA	
<b>Date</b> 3/7/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Adam Gustafson <b>Contributor address; City; State; Zip Code</b> 1721 Risse Pl NW #2, Washington, DC 20009	<b>Amount of contribution (\$)</b> 50	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Lawyer		<b>Employer (See Instructions)</b> Cooper & Kink PLLC	
<b>Date</b> 3/9/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Jose Medina <b>Contributor address; City; State; Zip Code</b> 211 56 Street, Apt 12-E, New York, NY 10019	<b>Amount of contribution (\$)</b> 50	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 3/9/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Luis Caballero <b>Contributor address; City; State; Zip Code</b> 1741 Dean Martin, El Paso, TX 79936	<b>Amount of contribution (\$)</b> 100	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Caballero El estece	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2013 APR 11 PM 4:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="font-size: 2em;">3</span>	
2 FILER NAME <i>Carlos Gerard "Charlie" Madrid</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/11/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Salvador Caballero</i> 6 Contributor address; City; State; Zip Code <i>3121 Forney Ln, Ste A, El Paso, TX 79935</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <i>Broker / Owner</i>		10 Employer (See Instructions) <i>Americas Real Estate</i>	
Date <i>3/22/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Haro, Jr</i> Contributor address; City; State; Zip Code <i>718 Myrtle Ave, El Paso, TX 79901</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Law Office of David Haro, Jr</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

**LOANS**

CITY CLERK DEPT.

**SCHEDULE E**

2013 APR 11 PM 4:25

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Carlos Gerard "Charlie" Madrid

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

3/8/13

7 Name of lender

Carlos Gerard Madrid

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

200.36

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

1940 Octavre, El Paso, TX 79935

10 Interest rate

0

11 Maturity date

6/30/13

12 Principal occupation / Job title (See Instructions)

Attorney

13 Employer (See Instructions)

Self

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

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

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

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

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**

CITY CLERK DEPT.

**SCHEDULE F**

2013 APR 11 PM 4:25

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Carlos Gerard "Charlie" Madrid	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/1/13	5 Payee name The City of El Paso	
6 Amount (\$) 250	7 Payee address; City; State; Zip Code 2 Civic Center Plaza, El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Candidate Filing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/8/13	Payee name AUS Services	
Amount (\$) 45	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) List of Frequent Voters
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/8/13	Payee name Office Depot	
Amount (\$) 155.36	Payee address; City; State; Zip Code 1111 Geronimo, El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Printing of Flyers / Block walkers Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/26/13	Payee name City of El Paso - Admin	
Amount (\$) 217	Payee address; City; State; Zip Code 2 Civic Center Plaza, 6th Floor, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Park Shelter Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

CITY CLERK DEPT.

**POLITICAL EXPENDITURES**

2013 APR 11 PM 4:25

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2	<b>2</b> FILER NAME Carlos Gerard "Charlie" Madrid	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3/22/13	<b>5</b> Payee name Super Cheap Signs
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<b>6</b> Amount (\$) 333.37	<b>7</b> Payee address; City; State; Zip Code 4804 Gray Blvd, Austin, TX 78758
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Yard Signs/Political Advertising
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/29/13	Payee name Crossroads Printing
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Amount (\$) 54.13	Payee address; City; State; Zip Code 8022 N. Mesa, El Paso, TX 79932
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising/Printing Expense	Description (If travel outside of Texas, complete Schedule T) Print Flyers for Blockwalking
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.  
2013 APR 11 PM 4:25

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Carlos <del>Medrid</del> Gerard "Charlie" Madrid	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/12/13	<b>5</b> Payee name County Elections Department	
<b>6</b> Amount (\$) 5 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 500 E. San Antonio, El Paso, TX 79901	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Voter List
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED