

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:									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <i>Vivian</i> LAST <i>Rojas</i> NICKNAME SUFFIX	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="padding: 5px;">Date Received</td> <td rowspan="4" style="text-align: center; vertical-align: middle;"> CITY CLERK DEPT. 2013 APR 11 PM 5:56 </td> </tr> <tr> <td style="padding: 5px;">Date Hand-delivered or Postmarked</td> </tr> <tr> <td style="padding: 5px;">Receipt #</td> </tr> <tr> <td style="padding: 5px;">Date Processed</td> </tr> <tr> <td style="padding: 5px;">Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received	CITY CLERK DEPT. 2013 APR 11 PM 5:56	Date Hand-delivered or Postmarked	Receipt #	Date Processed	Date Imaged	
OFFICE USE ONLY												
Date Received	CITY CLERK DEPT. 2013 APR 11 PM 5:56											
Date Hand-delivered or Postmarked												
Receipt #												
Date Processed												
Date Imaged												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>620 N. Lee Trevino #107 El Paso, TX 79907</i>											
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(915) 820-3247</i>											
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <i>Vivian</i> LAST <i>Rojas</i> NICKNAME SUFFIX											
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>620 N. Lee Trevino #107 El Paso, TX 79907</i>											
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(915) 820-3247</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>03/01 / 2013 04/01 / 2013</i>											
11 ELECTION	ELECTION DATE Month Day Year <i>05/11 / 2013</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>City Representative District 7, El Paso, TX</i>										
GO TO PAGE 2												

CANDIDATE / OFFICEHOLDER REPORT CLERK DEPT. FORM C/OH
SUPPORT & TOTALS 2013 APR 11 PM 5:56 COVER SHEET PG 2

14 C/OH NAME Vivian Rojas 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.

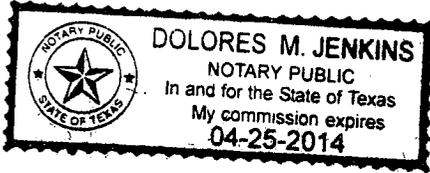
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
	COMMITTEE ADDRESS	N/A
	COMMITTEE CAMPAIGN TREASURER NAME	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS	N/A

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,765.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,893.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,871.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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.

Vivian Rojas
 Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

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

Dolores M. Jenkins Dolores M. Jenkins Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

2013 APR 11 PM 5:56

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Vivian Rojas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/02/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Brenham	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10725 Vista Lomas, El Paso, TX 79935		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/05/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel B. Harracksingh	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10633 Vista Alegre Dr., El Paso, TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/05/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard L. Enloe	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 103 Paloma mesa, Anthony, NM 88021		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/05/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irene Epperson	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1150 Southview Dr., El Paso, TX 79928		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/05/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley P. Jobe	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1150 Southview Dr., El Paso, TX 79928		(If travel outside of Texas, complete Schedule T)	
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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

2013 APR 11 PM 5:56

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Vivian Rojas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/5/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teodoro Espinoza	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8137 Tranquilo Dr., El Paso, TX 79907		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Porras	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6108 Yagui Way, Ste. E, El Paso, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Bowling	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5533 Woodfield Dr., El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Graham	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10142 Stoneway Dr., El Paso, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Strong	Amount of contribution (\$) 11.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8723 Winchester Rd. El Paso, TX 79907		(If travel outside of Texas, complete Schedule T)	
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>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
2013 APR 11 PM 5:57

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Vivian Rojas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/27/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Y. Chavez	7 Amount of contribution (\$) 604.00	8 In-kind contribution description (if applicable) Signs and H-stands
6 Contributor address; City; State; Zip Code 7861 Jersey St., El Paso, TX 79915		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sal Gomez	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3445 Guthrie Dr., El Paso, TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Villasenor	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1500 Dale Douglas El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date N/A	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) N/A	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date N/A	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) N/A	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

2013 APR 11 PM 5:57

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.

1 Total pages Schedule F: 3	2 FILER NAME Vivian Rojas	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/14/13	5 Payee name Go-Daddy.com
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6 Amount (\$) 13.12	7 Payee address; City; State; Zip Code 14455 N. HAYDEN Rd. Ste. 226 Scottsdale, AZ 85260
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8 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) Web domain
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/19/13	Payee name All Print
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Amount (\$) 79.99	Payee address; City; State; Zip Code 7230-D Gateway East, El Paso, TX 79915
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing/Advertising Expense	Description (If travel outside of Texas, complete Schedule T) push cards
------------------------	-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/22/13	Payee name David's Pennants, Banners and Graphic Signs, Inc.
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Amount (\$) 832.17	Payee address; City; State; Zip Code 9911 Carnegie Ave., El Paso, TX 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) signs
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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 3/27/13	Payee name Harland Clanke Check Order
------------------------	-------------------------------------------------

Amount (\$) 22.35	Payee address; City; State; Zip Code 10931 L Aureate Dr., San Antonio, TX 78249
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER / order checks for campaign account	Description (If travel outside of Texas, complete Schedule T) checks for campaign account
------------------------	------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

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

CITY CLERK DEPT.

SCHEDULE F

2013 APR 11 PM 5:57

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: 3	2 FILER NAME Vivian Rojas	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/27/13	5 Payee name Optimized Websites
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6 Amount (\$) 900.00	7 Payee address; City; State; Zip Code 10935 Ben Crenshaw, El Paso, TX 79935
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8 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) Web-development/activation of web-site
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/27/13	Payee name Fed Ex office
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Amount (\$) 3.34	Payee address; City; State; Zip Code 1410 N. Lee Trevino, El Paso, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees/other	Description (If travel outside of Texas, complete Schedule T) Fax invoice authorization
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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 3/27/13	Payee name Victory Store
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Amount (\$) 604.00	Payee address; City; State; Zip Code 5200 SW 30th St. Davenport, IA 52802
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Signs and H-stands
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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 3/29/13	Payee name Digital Edge
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Amount (\$) 337.74	Payee address; City; State; Zip Code 9300 Carnegie Ste. H., El Paso, TX 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) T-shirts
------------------------	--------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2013 APR 11 PM 5:57

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: <p style="text-align:center; font-size:2em;">3</p>	2 FILER NAME <p style="text-align:center; font-size:1.5em;">Vivian Rojas</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center; font-size:1.5em;">3/29/13</p>	5 Payee name <p style="text-align:center; font-size:1.5em;">Bluhost</p>	
6 Amount (\$) <p style="text-align:center; font-size:1.5em;">100.91</p>	7 Payee address; City; State; Zip Code <p style="text-align:center; font-size:1.5em;">1958 S. 950 East, Provo, UTAH 84606</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center; font-size:1.5em;">Advertising Expense</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center; font-size:1.5em;">Campaign email/website hosting</p>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name <p style="text-align:center; font-size:1.5em;">N/A</p>	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name <p style="text-align:center; font-size:1.5em;">N/A</p>	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name <p style="text-align:center; font-size:1.5em;">N/A</p>	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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