#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Leticia NAME Date Received NICKNAME LAST Ozuna 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE STATE: **OFFICEHOLDER** PO Box 23335 San Antonio, TX 78223 MAILING ADDRESS Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (210 704-7554 PHONE Amount \$ Receipt # MS / MRS / MR FIRST CAMPAIGN MI TREASURER Sharon Date Processed NAME NICKNAME LAST Date Imaged Longoria STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN TREASURER 4226 Vantage View San Antonio, TX 78228 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER TREASURER PHONE (210 682-9959 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 10 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year Month Day Year COVERED 4 22 21 23 21 3 THROUGH **ELECTION TYPE** ELECTION DATE 11 ELECTION Primary Runoff Month Day Year Description General 5 21 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE SAISD School Board Trustee District 3 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. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME<br>Leticia Ozuna                             | <b>16</b> Fi   | ler ID (Ethics Commission Filers)   |
|---|--|-------------------------------------|
| 17 CONTRIBUTION<br>TOTALS                                 | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   | \$                                  |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 17,925.00                        |
| EXPENDITURE<br>TOTALS                                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$                                  |
|   | 4. TOTAL POLITICAL EXPENDITURES  | \$ 12,860.40                        |
| CONTRIBUTION<br>BALANCE                                   | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD  | \$ 11,088.32                        |
| OUTSTANDING<br>LOAN TOTALS                                | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                  |
| (1) Affidavit   | Please complete either option below:   |                                     |
| NOTARY STAMP/SEA  |  |                                     |
| Sworn to and subscribed 20, to certify                    | which, witness my hand and seal of office.   | day of,                             |
|   | The state of the s |                                     |
| Signature of officer administ                             | ering oath Printed name of officer administering oath  | Title of officer administering oath |
| Signature of officer administration (2) Unsworn Declarate | OR   | Title of officer administering oath |

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

|  | a Ozuna  | 20 Filer ID (Ethics Co   | ommission Filers)  |
|--|--|--|--------------------|
|  | REDULE SUBTOTALS<br>RE OF SCHEDULE   | The second secon | SUBTOTAL<br>AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$ 17,925.00   |                    |
| 2.   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |  | \$                 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$   |                    |
| 4.   | 4. SCHEDULE E: LOANS   |  |                    |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$ 12,860.40   |                    |
| 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.   | 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                 |  |                    |
| 10.  | 0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH |  |                    |
| 11.  | I. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    |  |                    |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  |  | \$                 |

SCHEDULE A1

|  |   | and the state of t | 1 Total pages Schedule A1:  |
|--|---|--|---|
|  |   |  | 3 Filer ID (Ethics Commission Filers)   |
| ouglas Poneck  Contributor address;    | City;   | State; Zip Code  | 7 Amount of contribution (\$) 1,000.00  |
| n / Job title (See Instructions)       |   |  |   |
| ura Hernandez  Contributor address;    | City;   | State; Zip Code  | Amount of contribution (\$)  500.00   |
| n / Job title (See Instructions)       |   | Employer (See Instruction  | ons)  |
| everly Watts  Contributor address;     | City;   | State; Zip Code  | Amount of contribution (\$)  250.00   |
| n / Job title (See Instructions)       |   |  |   |
| ablo Escamilla<br>Contributor address; | City;   | State; Zip Code  | Amount of contribution (\$)  1,000.00   |
| / Job title (See Instructions)         |   |  |   |
|  | Contributor address;  7 W. Woodlawn Ave Sa  In / Job title (See Instructions)  Full name of contributor  Rura Hernandez  Contributor address;  99 Aemilian Way Austin  In / Job title (See Instructions)  Full name of contributor  Everly Watts  Contributor address;  23 N. Pine San Antonio  In / Job title (See Instructions)  Full name of contributor  Everly Watts  Contributor address;  Contributor address; | Contributor address; City;  7 W. Woodlawn Ave San Antonio  1 Job title (See Instructions)  Full name of contributor  1 ura Hernandez  Contributor address; City;  109 Aemilian Way Austin TX 7873  11 Job title (See Instructions)  Full name of contributor  2 out-of-state PA  2 everly Watts  Contributor address; City;  23 N. Pine San Antonio TX 78202  2  | Contributor address; City; State; Zip Code  7 W. Woodlawn Ave San Antonio TX 78212  1 / Job title (See Instructions)  9 Employer (See Instructions)  Full name of contributor  1 Jura Hernandez  Contributor address; City; State; Zip Code  1 Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  2 Job title (See Instructions)  Employer (See Instructions)  Full name of contributor  3 Job title (See Instructions)  Employer (See Instructions)  Full name of contributor  4 Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  5 Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  6 Job title (See Instructions)  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code |

SCHEDULE A1

| The                               | Instruction Guide explains how to complete  | this form.                                    | 1 Total pages Schedule A1:            |
|-----------------------------------|---|---|---------------------------------------|
| 2 FILER NAME<br>Leticia Ozul      | na  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                            | 5 Full name of contributor out-of-state PAC (ID#:)  Eduardo Parra   |   | 7 Amount of contribution (\$)         |
| 04/01/2021                        | 6 Contributor address; City; 7323 Eagle Ledge San Anton   | State; Zip Code<br>nio TX 78249               | 100.00                                |
| 8 Principal occu<br>Civil Enginee | pation / Job title (See Instructions)   | 9 Employer (See Instructi<br>Parra & Co., LLC | ions)                                 |
| Date                              | Full name of contributor out-of-state  Celina Montoya   | PAC (ID#:)                                    | Amount of contribution (\$)           |
| 04/05/2021                        | Contributor address; City; 307 Abiso Ave San Antonio  | State; Zip Code                               | 100.00                                |
| Principal occup                   | pation / Job title (See Instructions)   | Employer (See Instruction Alamo Fireworks     | ons)                                  |
| Date 04/02/2021                   | Full name of contributor out-of-state Gary Joeris  Contributor address; City;  823 Arion Pkwy San Antonio | State; Zip Code TX 78216                      | Amount of contribution (\$) 500.00    |
| Principal occup                   | pation / Job title (See Instructions)   | Employer (See Instruction Joeris Gen Contract |                                       |
| Date                              | Full name of contributor out-of-state  Judy Trevino   | B PAC (ID#:)                                  | Amount of contribution (\$)           |
| 04/06/2021                        | Contributor address; City; State; Zip Code 7307 Carriage Run San Antonio TX 78249                         |   | 100.00                                |
| Principal occup<br>Executive Di   | pation / Job title (See Instructions)   | Employer (See Instruct                        | ions)                                 |
|                                   | ATTACH ADDITIONAL COPI  | ES OF THIS SCHEDULE AS N                      | EEDED                                 |

SCHEDULE A1

| The                             | Instruction Guide explains how to complete  | this form.                                 | 1 Total pages Schedule A1:            |
|---------------------------------|---|--|---------------------------------------|
| 2 FILER NAME<br>Leticia Ozu     | na  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/06/2021               | Mary Lance  |  | 7 Amount of contribution (\$)         |
| 8 Principal occu<br>Not Employe | pation / Job title (See Instructions)   | 9 Employer (See Instruct                   | tions)                                |
| Date 04/07/2021                 | Full name of contributor out-of-state  Norma Denham  Contributor address; City;                     | PAC (ID#:)  State; Zip Code                | Amount of contribution (\$)  100.00   |
|                                 | 15706 Knollcliff San Antonio  | TX 78247                                   | 100100                                |
| Principal occup<br>Self Employe | pation / Job title (See Instructions)   | Employer (See Instruct<br>Norma Denham & A |                                       |
| Date 04/07/2021                 | Mario Pena  | State; Zip Code                            | Amount of contribution (\$)  100.00   |
| Principal occup<br>Architect    | Dation / Job title (See Instructions)   | Employer (See Instruct<br>Able Clty        | ions)                                 |
| Date 04/08/2021                 | Full name of contributor  Janelle Mundine  Contributor address;  City;  214 Prinz Dr. San Antonio T | PAC (ID#:)  State; Zip Code  < 78213       | Amount of contribution (\$)  100.00   |
| Principal occup  Executive As   | pation / Job title (See Instructions) Sistant   | Employer (See Instruct                     | tions)                                |
|                                 | ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see In                           |  |                                       |

SCHEDULE A1

| The                            | Instruction Guide explains how to complete th  | is form.                                 | 1 Total pages Schedule A1:            |
|--------------------------------|--|--|---------------------------------------|
| 2 FILER NAME<br>Leticia Ozu    | na   |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/10/2021              | 5 Full name of contributor out-of-state P Ruth Clark 6 Contributor address; City; 100 Mokema Ave Waltham Ma  | State; Zip Code A 2451                   | 7 Amount of contribution (\$)         |
| 8 Principal occu<br>Attorney   | pation / Job title (See Instructions)  | 9 Employer (See Instruct                 | ions)                                 |
| Date 04/10/2021                | Full name of contributor  Judy Clark  Contributor address;  City;  1948 Lexington St Houston T               | State; Zip Code                          | Amount of contribution (\$) 50.00     |
| Principal occup<br>Engineer    | pation / Job title (See Instructions)  | Employer (See Instruction Cheniere       | ions)                                 |
| Date 04/13/2021                | Full name of contributor out-of-state P Mike Beldon  Contributor address; City; 4 Westelm Circle San Antonio | State; Zip Code                          | Amount of contribution (\$) 500.00    |
| Principal occu<br>Roofing Con  | pation / Job title (See Instructions)  | Employer (See Instruction Beldon Roofing | ions)                                 |
| NA/14/2021 Kat Goldsmith       |  | AC (ID#:)                                | Amount of contribution (\$)           |
|                                | 2608 Addison Ave Austin TX 78757   |  | 100.00                                |
| Principal occu<br>State Employ | pation / Job title (See Instructions)<br>/ee   | Employer (See Instruct                   | ions)                                 |
|                                | ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins                                  |  |                                       |

SCHEDULE A1

|                                  |  | *** Pice (** 28 Sec.)                   |
|----------------------------------|--|---|
| The                              | Instruction Guide explains how to complete this for                                      | m. 1 Total pages Schedule A1:           |
| 2 FILER NAME<br>Leticia Oz       | una  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date                           | 5 Full name of contributor out-of-state PAC (ID# Stacy Schusterman                       | 7 Amount of contribution (\$)           |
| 04/08/2021                       | 6 Contributor address; City; S<br>110 W. 7th Ste. 2000 Tulsa OK 74119                    | 3,300.00                                |
| 8 Principal occu<br>Self Employe | pation / Job title (See Instructions)  g   | Employer (See Instructions)             |
| Date                             | Full name of contributor out-of-state PAC (ID#   | Amount of contribution (\$)             |
| 04/08/2021                       | Todd Williams  Contributor address; City; s 3889 Maple Ave. Ste 350 Dallas TX 72         | 2,500.00                                |
| Principal occup<br>Self Employe  | ation / Job title (See Instructions)   | Employer (See Instructions)             |
| Date 04/19/2021                  |  | tate; Zip Code 500.00                   |
|                                  | 300 Convent St Suite 2700, San Anton   | io, TX 78205                            |
| Principal occup<br>Attorney      | Bra  | Employer (See Instructions) acewell LLP |
| Date                             | Full name of contributor out-of-state PAC (ID#   | Amount of contribution (\$)             |
| 04/05/2021                       | Contributor address; City; S 4007 McCullough Ave Unit 481 San Antonio, T                 | 7,000.00 7,8212                         |
| Principal occur                  | ation / Job title (See Instructions)   | Employer (See Instructions)             |
| Principal occur                  | ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruction | 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) |                                |     |  |
|-------------------------------------|--------------------------------|-----|--|
| Event Expense                       | Loan Repayment/Reimbursement   | Sol |  |
| Fees                                | Office Overhead/Rental Expense | Tra |  |
| Food/Beverage Expense               | Polling Expense                | Tra |  |

Consulting Expense
Contributions/Donations Made By

Advertising Expense

Accounting/Banking

Food/Beverage Expense Gift/Awards/Memorials Expense

licitation/Fundralsing Expense ansportation Equipment & Related Expense vel In District

Printing Expense
Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Leticia Ozuna 4 Date 5 Payee name 03/23/2021 HeroSpace 6 Amount (\$) 7 Payee address; City; State: Zip Code 1840 Mulberry Dr San Antonio TX 78201 1,082.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense PURPOSE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 03/23/2021 CSG Amount (\$) Payee address; City; State; Zip Code 212 W Laurel San Antonio TX 78212 2,133.50 Category (See Categories listed at the top of this schedule) Description **Printing Expense** PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 03/23/2021 RG Group Amount (\$) Payee address; City; Zip Code 106 Applebee San Antonio TX 78211 2,878.72 Category (See Categories listed at the top of this schedule) Description Salaries/Wages/Contract Labor PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gilf/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)

| Total pages Schedule F1:                           |  |                      | 3 Filer ID (Ethics Commission Filers |
|--|--|----------------------|--------------------------------------|
|  | Leticia Ozuna  |                      |                                      |
| Date Date  | 5 Payee name   |                      |                                      |
| 03/27/2021   | Prestige Printing  | 33 100               |                                      |
| Amount (\$)  | 7 Payee address;   | City;                | State; Zip Code                      |
| 476.30   | 6 Burwood Ln San Antonio TX 78216  |                      |                                      |
| 3  | (a) Category (See Categories listed at the top of this schedule)   | (b) Description      |                                      |
| PURPOSE<br>OF<br>EXPENDITURE                       | Printing Expense   |                      |                                      |
|  | (c) Check if travel outside of Texas, Complete Schedule T.   | Check if Aus         | tin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H   | Office sought        | Office held                          |
| Date   | Payee name   |                      |                                      |
| 04/06/2021   | Jennifer Longoria  |                      |                                      |
| Amount (\$)  | Payee address;   | City;                | State; Zip Code                      |
| 1,500.00   | 403 Basswood Dr. San Antonio, TX 7   | 8213                 |                                      |
| PURPOSE<br>OF<br>EXPENDITURE                       | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor   | Description          |                                      |
|  | Check if travel outside of Texas. Complete Schedule T.   | Check if Aus         | tin, TX, officeholder living expense |
|  |  |                      |                                      |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name  | Office sought        | Office held                          |
| expenditure to benefit C/O                         |  | Office sought        | Office held                          |
| expenditure to benefit C/O                         | H  | Office sought        | Office held                          |
| expenditure to benefit C/O                         | Payee name  RG Group  Payee address;   | Office sought  City; | Office held  State; Zip Code         |
| Date 04/05/2021  Amount (\$)                       | Payee name RG Group  |                      |                                      |
| Date 04/05/2021  Amount (\$)                       | Payee name  RG Group  Payee address;   |                      |                                      |
| Date 04/05/2021  Amount (\$)                       | Payee name  RG Group  Payee address; 106 Applebee San Antonio TX 78211   | City;                |                                      |
| Date 04/05/2021 Amount (\$) 1,220.00  PURPOSE OF   | Payee name  RG Group  Payee address; 106 Applebee San Antonio TX 78211  Category (See Categories listed at the top of this schedule) | City;<br>Description |                                      |

# 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committu Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

| Candidate/Officeholder/Politica<br>Credit Card Payment | al Committee Legal Services Salaries/V  The Instruction Guide explains how to describe the services of the ser | Vages/Contract Labor | Other (enter a category not listed above) |
|--|--|----------------------|---|
| Total pages Schedule F1:                               | 2 FILER NAME<br>Leticia Ozuna  |                      | 3 Filer ID (Ethics Commission Filers)     |
| 1 Date<br>04/15/2021                                   | 5 Payee name<br>CSG  |                      |   |
| 3,569.88   | 7 Payee address;<br>212 W Laurel San Antonio TX 78212  | City;                | State; Zip Code                           |
| PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule) Printing Expense  | (b) Description      |   |
|  | (c) Check if travel outside of Texas. Complete Schedule T.   | Check if Ausl        | in, TX, officeholder living expense       |
| Complete ONLY if direct expenditure to benefit C/O     | Candidate / Officeholder name  | Office sought        | Office held                               |
| Date   | Payee name   |                      |   |
| Amount (\$)  | Payee address;   | City;                | State; Zip Code                           |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categories listed at the top of this schedule)   | Description          |   |
|  | Check if travel outside of Texas. Complete Schedule T.   | Check if Aust        | in, TX, officeholder living expense       |
| Complete ONLY 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<br>OF<br>EXPENDITURE                           | Category (See Categories listed at the top of this schedule)   | Description          |   |
|  | Check if travel outside of Texas. Complete Schedule T.   | Check if Aust        | in, TX, officeholder living expense       |
| Complete ONLY if direct expenditure to benefit C/OH    | Candidate / Officeholder name  H  ATTACH ADDITIONAL COPIES OF THIS   | Office sought        | Office held                               |