

# 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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mr.** FIRST **Peter** MI **A**  
NICKNAME LAST **Geddes** SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**2701 San Lucas Mission TX 78572**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 865 ) 386-2350**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mr.** FIRST **David** MI  
NICKNAME LAST **Chavez** SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**2605 Santa Monica Mission TX 78572**  
(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 956 ) 465-3575**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**10 / 27 / 2023 THROUGH 11 / 05 / 2023**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**12 / 9 / 2023**  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Council, Place 3**

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages

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

RECEIVED

NOV - 9 2023

A. Carrillo

11/9/23

Receipt #      Amount \$

Date Processed      11/9/23

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,034.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,050.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Peter Geddes*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**



(1) Affidavit

Sworn to and subscribed before me by Peter Geddes this the 9th day of November, 2023, to certify which, witness my hand and seal of office.

Anna Carrillo                      Anna Carrillo                      Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,250.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1,050.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,034.55
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	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>Peter Geddes</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/28/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joshea Miller</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>3704 Santa Fea Mission TX 78572</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/30/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Anestyles</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>3812 N Center St McAllen TX 78503</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/28/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barbara Taylor</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>6077 Rosebud Dr Rockville MD 20852</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/29/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Erica Redinger</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3201 Santa Monica Mission TX 78572</b>		
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.

# 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>Peter Geddes</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/31/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lori Adams</b>	7 Amount of contribution (\$) <b>\$100.<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>PO Box 722 Bailey CO 80421</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/30/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Merceb Acaredo</b>	Amount of contribution (\$) <b>\$100.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>2809 Santa Erica Mission TX 78572</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/31/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>S&amp;S Group</b>	Amount of contribution (\$) <b>\$500.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>4614 S/Bus Hwy 281 Edinburg TX 78540</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/1/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Hernandez</b>	Amount of contribution (\$) <b>\$200.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>10002 Windy Trail Rd LePorte TX 77571</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Peter Geddes</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/2/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Domonic</b>	7 Amount of contribution (\$) <b>\$500.00</b>
	6 Contributor address; City; State; Zip Code <b>3311 Melody Lane Mission TX 78574</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>11/2/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alejo Maca</b>	Amount of contribution (\$) <b>\$500.00</b>
	Contributor address; City; State; Zip Code <b>3705 Santa Inez Mission TX 78572</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>11/3/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Omair Paloma</b>	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; City; State; Zip Code <b>McAllen TX</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>11/3/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Delgado</b>	Amount of contribution (\$) <b>\$200.00</b>
	Contributor address; City; State; Zip Code <b>2900 San Fran Mission TX 78572</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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# 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>Peter Geddes</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/4/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jessica Miller</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>3704 South Green Mission TX 78572</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/4/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Esther Pena</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>2009 Spring Glen St Mission TX 78573</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/5/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Penny Conner</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3000 Kensington Ave Richmond VA 23221</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.		

# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>1</b>
<b>2</b> FILER NAME <b>Peter Geddes</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 50.00</b>
<b>5</b> Date of loan <b>10/27/23</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Peter &amp; Pamela Geddes</b>	<b>9</b> Loan Amount (\$) <b>\$50.00</b>
<b>6</b> Is lender a financial Institution?  Y <input checked="" type="radio"/> N	<b>8</b> Lender address; City; State; Zip Code <b>2701 San Lucas Mission TX 78572</b>	<b>10</b> Interest rate <b>0</b>
		<b>11</b> Maturity date <b>n/a</b>
<b>12</b> Principal occupation / Job title (See Instructions) <b>Purchasing Director</b>		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan <b>10/31/23</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Peter Geddes</b>	Loan Amount (\$) <b>\$1,000.00</b>
Is lender a financial Institution?  Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <b>2701 San Lucas Mission TX 78572</b>	Interest rate <b>0</b>
		Maturity date <b>n/a</b>
Principal occupation / Job title (See Instructions) <b>Purchasing Director</b>		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>Peter Geddes</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/2</b>	<b>5</b> Payee name <b>Presshall.com</b>	
<b>6</b> Amount (\$) <b>\$89.98</b>	<b>7</b> Payee address; <b>22833 SE Black Nugget Road, Suite 130</b>	City; State; Zip Code <b>Issaquah WA 98029</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Flags, magnets</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Peter Geddes</b>	Office sought Office held <b>Mission City Council Place 3</b>
Date <b>11/2</b>	Payee name <b>Amazon.com</b>	
Amount (\$) <b>\$117.92</b>	Payee address; <b>410 Terry Ave.</b>	City; State; Zip Code <b>Seattle WA 98109</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Shirts</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Peter Geddes</b>	Office sought Office held <b>Mission City Council Place 3</b>
Date <b>11/3</b>	Payee name <b>Jesus Medina</b>	
Amount (\$) <b>\$810.00</b>	Payee address; <b>21218 Mile 4W</b>	City; State; Zip Code <b>Edcouch TX 78538</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Peter Geddes</b>	Office sought Office held <b>Mission City Council Place 3</b>

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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			

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>Peter Geddes</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>10/28-11/3/23</b>	<b>5</b> Payee name <b>Venmo</b>
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<b>6</b> Amount (\$) <b>\$16.65</b>	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Peter Geddes</b>	Office sought <b>Mission City Council Place 3</b>	Office held
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Date	Payee name
------	------------

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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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