CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1
The C/OH Instructio	n Guide explains i	now to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST KEITH	М'	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO I	KORENEK  BOX; APT / SUITE #: OCI	SUFFIX  ITY: STATE; ZIP CODE	FILED BS
ADDRESS  Change of Address		ANGE TEXAS	78945	JAN 03 2023 153pm
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date HandTEMPS-BU DEFNER CO. ELECTIONS ADMINISTRATIONS EAYETTE COUNTY, TEXAS Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  MR  NICKNAME	DAVID LAST BEVER	SUFFIX -	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS	84 CR	(NO PO BOX PLEASE); APT / SUIT		STATE; ZIP CODE
(Residence or Business)	Mou	TON TX 1197	5	2 <sup>(1)</sup>
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	•
9 REPORT TYPE	January 15 July 15	30th day before election		15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD COVERED	0 7	Day Year / 0 1 / 2024	Reporting Limit  Month	Day Year 31 / 2022
11 ELECTION	ELECTION D Month Day	Year Primary General	ELECTION TYPE  Runoff Other Description  Special	
2 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if known)	
4 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATE	S AND OFFICEHOLDERS ARE REQUIRED T	EPTED OR POLITICAL EXPENDITURES MADE Y HAVE BEEN MADE WITHOUT THE CANDIDA TO REPORT THIS INFORMATION ONLY IF THEY	EBY POLITICAL COMMITTEES TO SUPPORT TE'S OR OFFICEHOLDER'S KNOWLEDGE OR PRECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURE  COMMITTEE CAMPAIGN TREASURE	\$3,000,000,000,000,000 E	
		GO TO PA		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES CO.)	OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,300.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS O     OF REPORTING PERIOD	F THE LAST DAY	\$ 1,300.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOV LAST DAY OF THE REPORTING PERIOD	ANS AS OF THE	\$
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying required to be reported by me under Title 15, Election Code.	port is true and cor	rect and includes all information
		, 11	/
	1/ 4	///	
	Keelle	Knews	6
	Signate	are of Candidate o	r Officeholder
	, J. Signal,	are or candidate o	Officeriolder
	<b>D</b> I		
	Please complete either option	below:	
,	Control of the Contro		
)	CANDACE KOETHER		
(1) Affidavit	Motary ID #128403324 B		
(1) Amdavit	My Commission Expires A		
No.	January 16, 2024		
10.7	The Control of the Control of the Control of		
NOTARY STAMP/SEAL			
Sworn to and subscribed b	pefore me by Keith Kovenew	this the <u>3</u>	day of January.
20 LO , to certify w	hich, witness my hand and seal of office.		1
( Marlage V.	Mr. Mandara Knothar	Nicha K	Idaia Ocal
signature of officer administering	culture herier	Notary/f	10MIN. H281.
nghature of officer administerin	ng oath Printed name of officer administering oath	,, I	itle of officer administering oath
	OR		
2) Unsworn Declaration			
-, cherron bonaranor			
lu nomo le			
	, and my date of	f birth is	
ly address is			
	(street) (city)	(state) (zi	p code) (country)
xecuted in		(5.5.6) (2)	· · · · · · · · · · · · · · · · · · ·
	County, State of, on the day of	(month)	20 (year)
		,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Signature of	f Candidate/Officeho	older (Declarant)
			5 ASSESSABLE - C. D. C.

## SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) KEITH KORENEX 21 SCHEDULE SUBTOTALS SUBTOTAL NAME OF SCHEDULE **AMOUNT** 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 255.00 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ \$ 1,045.00 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$

# 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 Gif/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	out the delivering Experise	rinting Expense Travel Out Of District Other (enter a category not listed above)  ow to complete this form.
1 Total pages Schedule F1		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
07-29-2022	ST JOHN THE BAPTIS	CATHOLIC CHURCH
6 Amount (\$)	7 Payee address;	City; State; Zip Code
20 =	95 CL 951B 5	Chulenburg TX 78956
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description
PURPOSE		
OF EXPENDITURE	DOVATION	MONSIGNOR JOHN'S CAKE
THE ENDITORIE		MONSIGNOR SOLINS CARE
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9-14-7022	PAYETEVILLE LIONS	CLUB
Amount (\$)	Payee address:	
(,,	r dyoo address,	City; State; Zip Code
100.00	2615 South FM 1291	PAYOTEVILLE TX 78940
	Category (See Categories listed at the top of this schedu	e) Description
PURPOSE		
OF EXPENDITURE	DONATION	RAPFLE TICKETS
Ì	Check if travel outside of Texas. Complete Schedule	
Complete ONLY K disease		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6-12-2022	FLATONIA FFA & 4H LI	ESTOCIC SHOW
Amount (\$)	Payee address;	City; State; Zip Code
		510,7 21p 3500
15.00	PO BOX 189 FLATONIA	TX 78941
	Category (See Categories listed at the top of this schedule	
PURPOSE	Oatogory (388 Categories listed at the top of this schedule	) Description
OF		
EXPENDITURE	DONATION	BELT BUCKLE - RESERVE LAM
	Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS 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

**Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Poli Credit Card Payment	ould be a second of the second	ries/Wages/Contract Labor	Other (enter a category not listed above)
•	The Instruction Guide explains how	v to complete this form.	
1 Total pages Schedule F	1: 2 FILER NAME KEITH KOLENER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		L.
12-17-2022	LAVACA COUNTY ARGA G	O-TEXAN RAF	FLE
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 20-	PO BOX 901 HALLETSV	ILLE TX TIG	164
8	(a) Category (See Categories listed at the top of this schedule		
PURPOSE			
OF EXPENDITURE	DOMANOU	RAFFLE	TICKETS
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Catagony (See Catagorica listed at the control of the catagony)		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULF AS NEED	FD
		CONTEDUCE AG NEED	

SCHEDULE G

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 Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salanes/Wages/Contract Labor Travel Out Of District Candidate Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G 2 FILER NAME 3 Filer ID (Ethics Commission Filers) KEITH KOLENOK 4 Date 5 Payee name 07-03-2022 DUBTNA 6 Amount (\$) 7 Payee address City State Zip Code 25.00 Reimbursement from political contributions FM 1383 SCHULENBURG TX intended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE OF DONATION **EXPENDITURE** (c) 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 KAYLEE BLASKE Amount (\$) Payee address City, State Zip Code \$500 Reimbursement from 2540 COMPANY FIELD RD SCHULGNBURG TX 78956 political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** DONAMON **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 Date Payee name 0815-2072 PRAHA \$24 (\$) Payee address City, State. Zip Code Reimbursement from SCHULENBURG TX 78956 political contributions FM 1295 821 intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF DONATION EXPENDITURE Check if travel outside of Texas Complete Schedule 1 Chack if Austin TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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 Food/Beverage Expense Gift/Awards/Memonals Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Candidate Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G 2 FILER NAME 3 Filer ID (Ethics Commission Filers) KEITH KORENEK 4 Date 08-11-7022 DUCKS UNLIMITED 6 Amount (\$) 7 Payee address City Zip Code State Reimbursement from political contributions 1201 CHERRYWOOD SCHERTZ TY 8 (b) Description **PURPOSE** OF DOVATION EXPENDITURE (c) 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 ST MARY'S - HIGH HILL Amount (\$) Payee address Zip Code Reimbursement from political contributions intended 2833 PM 2672 SCHULDNBURG TX 78956 Category (See Categories listed at the top of this schedule) **PURPOSE** DONATION **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 Date Payee name ST JOHN'S CHURCH 09-04-2022 Payee address Zip Code FAYETTEVILLE, TX 78940 Reimbursement from 205 Easi BELL STREET political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE OF MOTHANOS 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions Donations Made By Printing Expense Salanes/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G 2 FILER NAME 3 Filer ID (Ethics Commission Filers) KETTH KORENEK 4 Date 10-5-93 LG LOTARY CLUB/TAYLOL KOLENEX/OKTOBERFEST 6 Amount (\$) Zip Code Reimbursement from political contributions LAGRANGE TX 78956 intended 8 (b) Description PURPOSE OF DONATION EXPENDITURE Check if travel outside of Texas Complete Schedule 1 Check if Austin TX officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10-02-2022 HOLY ROSARY CHURCH Amount (\$) Payee address Q36 FM 2436 City Zip Code Reimbursement from political contributions (HOS/STYN TX) LAGRANGE intended Category (See Categories listed at the top of this schedule) PURPOSE OF DONATION **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 Date Payee name 10-2-22 GUN RAFFLE MICHAEL CATHOLIC Amount (\$)00 Payee address City. Zip Code \$20. Reimbursement from political contributions NORTH STREET, WEIMAR TX ntended Category (See Categories listed at the top of this schedule) Description PURPOSE OF DONATION **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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE G

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Apple a category not listed above)

Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	tical Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G			3 Filer ID (Ethics Commission Filers)
4 Date	KETTH KOLENEK		
10 02-2022	5 Payee name	DATOLE	
6 Amount (\$)	MOUTON BOSTER CWI		
Reimbursement from political contributions	***************************************	City;	State; Zip Code
intended	POBOX 481 MOULTON T		
8 PURPOSE	(a) Category (See Categories listed at the top of this so	(b) Description	
OF EXPENDITURE	DOUATION		
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amazir	ROWD TOP-CARMINT	Tron IAI	
Amount (\$)	Payee address;		State: 7th Code
\$58		City;	State; Zip Code
Reimbursement from political contributions intended	RAPFEL TICKET		
PURPOSE	Category (See Categories listed at the top of this sol	nedule) Description	
OF EXPENDITURE	HOMATION		
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
108-2022	BUCKNERS CLEEK	LOUGLIE	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	PO POX 761 1A6R	ANOS TX 789	чI
DUDDOS -	Category (See Categories listed at the top of this sche	11.00	
PURPOSE OF		9837 983 TV	
EXPENDITURE	POWATION		
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin, T	X, officeholder living expense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDEI	D

SCHEDULE G

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Po Credit Card Payment	de By Gift/Awards/Memorials Expense Principal Committee Legal Services Sal	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains ho	w to complete this form.	
1 Total pages Schedule G	a control discount of the control of		3 Filer ID (Ethics Commission Filers)
4 Date	KEITH KORENER		5 00 000000000000000000000000000000000
1015-202Z	5 Payee name		
	FORMER. TEXAS RANGERS	FOUNDATION	)
6 Amount (\$) \$\frac{1}{3} \frac{1}{3} \frac{1} \frac{1}{3} \frac{1}{3}\	7 Payee address;	City;	State; Zip Code
political contributions intended	PO BOX 3195 FLEDR	LICKSBURG T	X JULUD
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	700-12
PURPOSE OF	200		
EXPENDITURE	DOUTTON		
9	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-16-2022	LAGRANGE VOLUNTEER	D.0 = 0=0	
Amount (\$)	Payee address;		
Reimbursement from political contributions intended	244 NORTH PRANKLIN.	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)		NOE 78945
PURPOSE OF		Description	
EXPENDITURE	DONATION		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX	, officeholder living expense
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	