

# 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:  11		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  Mr.	FIRST  Ted	MI  W	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 2004 Creekview Dr. Commerce, TX 75428 APT / SUITE #: CITY: STATE: ZIP CODE			Date Received  RECEIVED AT 2:34 o'clock P M  FEB 02 2026		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 274-0802	EXTENSION	JEANNIE ASH Elections Administrator - Hunt County, TX BY NISTRATO Date Hand delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Filed		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  Mrs.	FIRST  Lorene	MI  Ann	STAR CO. SHERIFF		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 2004 Creekview Dr. Commerce, Tx 75428			STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 453-4907	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day 1	Year / 2026	Month 1	Day 22	Year / 2026
11 ELECTION	ELECTION DATE Month 3 Day / 2026 Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special  Other Description			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Hunt Co. Judge				
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
Ted W. Reel II		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3278.34	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1200.00	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 705.06	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: <u>3</u></p>
<p>2 FILER NAME <u>Ted W. Reel II</u></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <u>1/8/2026</u></p>	<p>5 Full name of contributor <u>Barry Glock</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$) <u>\$100.00</u></p>
	<p>6 Contributor address; <u>1108 Tanglewood</u></p>	<p>City: <u>Greenville</u> State: <u>TX</u> Zip Code <u>75402</u></p>	
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date <u>1/8/2026</u></p>	<p>Full name of contributor <u>Tom Brown</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>\$350.00</u></p>
	<p>Contributor address; <u>2 Willow Ridge Rd.</u></p>	<p>City: <u>Greenville</u> State: <u>TX</u> Zip Code <u>75402</u></p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date <u>1/8/2026</u></p>	<p>Full name of contributor <u>W.D. Hilton</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>\$2500.00</u></p>
	<p>Contributor address; <u>4342 Catfish Cove</u></p>	<p>City: <u>Greenville</u> State: <u>TX</u> Zip Code <u>75402</u></p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date <u>1/12/2026</u></p>	<p>Full name of contributor <u>Kendall Stanhouse</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>\$19.12</u></p>
	<p>Contributor address; <u>2606 Taylor St.</u></p>	<p>City: <u>Commerce</u> State: <u>TX</u> Zip Code <u>75428</u></p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Ted W. Reel II</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/12/2026</b>	5 Full name of contributor <b>Belinda Miller</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$ <b>\$48.25</b> )
	6 Contributor address; <b>1406 Monroe St. Commerce, TX 75428</b> City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/12/2026</b>	Full name of contributor <b>Jim Ayres</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$ <b>\$196.80</b> )
	Contributor address; <b>1505 Washington St. Commerce, TX 75428</b> City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/14/2026</b>	Full name of contributor <b>Cody Hawkins</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$ <b>\$48.25</b> )
	Contributor address; <b>4221 CR 2616 Caddo Mills, TX 75135</b> City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/15/2026</b>	Full name of contributor <b>Jerry Pursell</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$ <b>\$19.12</b> )
	Contributor address; <b>215 Palo Duro Scroggins, TX 75480</b> City; State; Zip Code	
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>3</b>
<b>2 FILER NAME</b> <b>Ted W. Reel II</b>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <b>1/22/2026</b>	<b>5 Full name of contributor</b> <b>Rhonda Rees</b>	<b>6 Contributor address;</b> <b>505 Ideal Circle Quinlan, TX 75474</b>
	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>96.80</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> .....	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b> .....	<b>City;</b> <b>State;</b> <b>Zip Code</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> .....	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b> .....	<b>City;</b> <b>State;</b> <b>Zip Code</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> .....	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b> .....	<b>City;</b> <b>State;</b> <b>Zip Code</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<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.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: 1
2 FILER NAME  Ted W. Reel II		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 1/8/2026	6 Full name of contributor Jerry Ramson	7 Contributor address; City: State: Zip Code P.O. Box 8703 Greenville, Tx 75404
		8 Amount of Contribution \$ \$1400.00
		9 In-kind contribution description Meet the candidate event
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date 1/12/2026	Full name of contributor Jerry Ramson	□ out-of-state PAC (ID#)	Amount of Contribution \$ \$800.00	In-kind contribution description Labor to place signs in county
Contributor address; City; State; Zip Code P.O. Box 8703 Greenville, Tx 75404		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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 If contributor 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  
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/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 how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(b) Description  Business Cards Handout cards	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/8/2026	Mariachi Mexican Restaurant		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 110.18	5403 Wesley St. Greenville Tx	75402	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food & Beverage Expense	Description  Campaign Planning Meeting	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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		
1/9/2026	Burgers and Fries		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 10.93	5360 Hwy. 276	Royse City	TX 75189
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food & Beverage Expense	Description  Campaign Meeting	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel in County	(b) Description  Gas - driving to place campaign signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/10/2026	Fix & Feed Commerce Hardware		
Amount (\$)	Payee address;	City;	State; Zip Code
\$26.74	2550 Mangum St. Commerce, Tx 75428		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Campaign Supplies	Description  Zip-ties	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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		
1/15/2026	QT-Greenville		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 21.36	1400 Joe Ramsey Blvd. N Greenville, Tx 75402		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Travel in County	Description  Gas - driving to place signs & meetings	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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**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  
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/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 how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4	Ted W. Reel II		
4 Date	5 Payee name		
1/15/2026	Mariachi Mexican Restaurant		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
\$ 115.33	5403 Wesley St. Greenville Tx 75428		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Food/Beverage Expense	Campaign Planning Meeting	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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		
1/16/2026	Burgers & Fries		
Amount (\$)	Payee address:	City; State; Zip Code	
\$ 25.95	5360 Hwy 276 Royse City, Tx 75189		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Food & Beverage Expense	Campaign Meeting	
	<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
Date	Payee name		
1/20/2026	Buc-ee's Royse City		
Amount (\$)	Payee address:	City; State; Zip Code	
\$ 32.59	5005 I-30 Royse City, Tx 75189		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Travel in the County	Gas- driving to place signs and meetings	
	<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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**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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	6 Amount (\$)		
\$ 14.06	Payee address; 2550 Mangum St. Commerce, Tx 75428	City; State; Zip Code		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Campaign Supplies	(b) Description  Zip Ties		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	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
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	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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