

# 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: 10		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Antonio	MI	OFFICE USE ONLY		
	NICKNAME Tony	LAST Renteria	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; P.O. Box 957	APT / SUITE #;	CITY; Lubbock	STATE; Tx ZIP CODE 79413		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( [REDACTED] )	PHONE NUMBER	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Brytney	MI			
	NICKNAME Rivera	LAST	SUFFIX D			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); [REDACTED]		CITY; Lubbock	STATE; Tx ZIP CODE 79413		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( [REDACTED] )	PHONE NUMBER	EXTENSION			
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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day / 25	Year / 24	Month 3	Day / 25	Year / 24
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month 5	Day / 4	Year / 24	Primary <input checked="" type="checkbox"/> General	Runoff <input type="checkbox"/> Special	Other Description _____
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Mayor		
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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.					
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

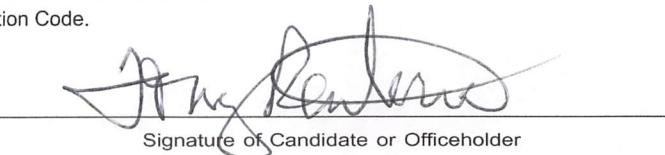
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Antonio "Tony" Renteria

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,617.01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,042.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,574.11
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,000.00

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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Antonio Renteria this the 4<sup>th</sup> day of April,  
20 24, to certify which, witness my hand and seal of office.

Amanda Nelson

Amanda Nelson

Notary

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**

<b>19</b> FILER NAME Antonio "Tony" Renteria	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,617.01
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 650.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 13,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,042.90
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. 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 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>3</b>
<b>2 FILER NAME</b> Antonio "Tony" Renteria			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 01/26/2024	<b>5 Full name of contributor</b> Antonio Renteria	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>250.00</b>
	<b>6 Contributor address;</b> [REDACTED]	City; State; Zip Code Lubbock TX 79413	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 02/09/2024	<b>Full name of contributor</b> Antonio Renteria	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>2,000.00</b>
	<b>Contributor address;</b> [REDACTED]	City; State; Zip Code Lubbock TX 79413	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 02/09/2024	<b>Full name of contributor</b> Robin & Jack Shepard	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>100.00</b>
	<b>Contributor address;</b> [REDACTED]	City; State; Zip Code Lubbock TX 79423	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 02/09/2024	<b>Full name of contributor</b> Randy & Cara Sanders	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>100.00</b>
	<b>Contributor address;</b> [REDACTED]	City; State; Zip Code North Las Vegas NV 89084-2406	
<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.			

# 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>3</b>
<b>2 FILER NAME</b> Antonio "Tony" Renteria			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 02/28/2024	<b>5 Full name of contributor</b> David Hodges	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>237.50</b>
	<b>6 Contributor address;</b> [REDACTED]	City; State; Zip Code Lubbock TX 79424	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 03/18/2024	<b>Full name of contributor</b> Gulrez Khan	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>229.51</b>
	<b>Contributor address;</b> [REDACTED]	City; State; Zip Code Lubbock TX 79414	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 03/20/2024	<b>Full name of contributor</b> Richard Hernandez	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>200.00</b>
	<b>Contributor address;</b> [REDACTED]	City; State; Zip Code Lubbock TX 79415	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 03/19/2024	<b>Full name of contributor</b> James & Danielle Caldwell	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>2,000.00</b>
	<b>Contributor address;</b> [REDACTED]	City; State; Zip Code Dallas TX 75201	
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.			

# 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>3</b>
<b>2 FILER NAME</b> Antonio "Tony" Renteria			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 03/21/2024	<b>5 Full name of contributor</b> Bryce Olson	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>500.00</b>
	<b>6 Contributor address;</b> [REDACTED]	City; State; Zip Code Lubbock TX 79407	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 03/25/2024	<b>Full name of contributor</b> Ronnie Rendon	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>1,000.00</b>
	<b>Contributor address;</b> [REDACTED]	City; State; Zip Code Ralls TX 79357	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 03/25/2024	<b>Full name of contributor</b> David & Ronda Rendon	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>1,000.00</b>
	<b>Contributor address;</b> [REDACTED]	City; State; Zip Code Crosbyton TX 79322	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b>	City; State; Zip Code	
<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: <b>1</b>								
<b>2 FILER NAME</b> Antonio "Tony" Renteria		<b>3 Filer ID</b> (Ethics Commission Filers)								
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		\$ <b>650.00</b>								
<b>5 Date</b> 02/09/2024	<b>6 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Renteria	<b>8 Amount of Contribution \$</b> <b>650.00</b> <b>9 In-kind contribution description</b> Campaign Annoucement Food & Event Location								
	<b>7 Contributor address;</b> City; State; Zip Code [REDACTED] Lubbock TX 79413	Check if travel outside of Texas. Complete Schedule T.								
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See Instructions)		<b>11 Employer (FOR NON-JUDICIAL)</b> (See Instructions)								
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>		<b>13 Contributor's job title (FOR JUDICIAL)</b> (See Instructions)								
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>								
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>										
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</td> <td>Amount of Contribution \$</td> <td>In-kind contribution description</td> </tr> <tr> <td>.....</td> <td>Contributor address; City; State; Zip Code</td> <td>.....</td> <td>.....</td> </tr> </table>		Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description	.....	Contributor address; City; State; Zip Code	.....	.....	Check if travel outside of Texas. Complete Schedule T.
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description							
.....	Contributor address; City; State; Zip Code	.....	.....							
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)										
<p style="text-align: center;"><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>										

**LOANS****SCHEDULE E**

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

The Instruction Guide explains how to complete this form.			<b>1</b> Total pages Schedule E:  <b>1</b>
<b>2</b> FILER NAME  <b>Antonio "Tony" Renteria</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$ 13,000.00</b>
<b>5</b> Date of loan  <b>02/23/2024</b>	<b>7</b> Name of lender  <b>Antonio Renteria</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)  <b>10,000.00</b>
<b>6</b> Is lender a financial institution?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address;  <b>Lubbock</b>	City;  <b>Lubbock</b>	State; Zip Code  <b>TX 79413</b>
		<b>10</b> Interest rate  <b>11</b> Maturity date	
<b>12</b> Principal occupation / Job title (See Instructions)  <b>COO/CFO</b>		<b>13</b> Employer (See Instructions)  <b>Texas Power Suppliers, Inc.</b>	
<b>14</b> Description of Collateral  <input type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)	
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor  .....	<b>18</b> Guarantor address; City; State; Zip Code  .....	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)	<b>21</b> Employer (See Instructions)		
Date of loan  <b>03/25/2024</b>	Name of lender  <b>Antonio Renteria</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)  <b>3,000.00</b>
Is lender a financial institution?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address;  <b>Lubbock</b>	City;  <b>Lubbock</b>	State; Zip Code  <b>TX 79413</b>
Principal occupation / Job title (See Instructions)  <b>COO/CFO</b>		Employer (See Instructions)  <b>Texas Power Suppliers, Inc.</b>	
Description of Collateral  <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  .....	Guarantor address; City; State; Zip Code  .....	Amount Guaranteed (\$)
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 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 2 Antonio "Tony" Renteria	3 Filer ID (Ethics Commission Filers)	
4 Date 02/11/2024	5 Payee name Electro Repair Tech		
6 Amount (\$) <b>2,000.00</b>	7 Payee address; 10508 CR 5100	City; State; Zip Code Shallowater TX 79363	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Advertising/Consulting Expense	(b) Description  Design work for website & social media	
	(c) Check if travel outside of Texas. Complete Schedule 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 02/13/2024	Payee name City of Lubbock		
Amount (\$) <b>100.00</b>	Payee address; 1314 Avenue K	City; State; Zip Code Lubbock TX 79401	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description  Campaign Application Fee	
	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 03/08/2024	Payee name Electro Repair Tech		
Amount (\$) <b>1,200.00</b>	Payee address; 10508 CR 5100	City; State; Zip Code Shallowater TX 79363	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Website Development	
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 Antonio "Tony" Renteria	3 Filer ID (Ethics Commission Filers)	
4 Date 03/08/2024	5 Payee name Signs On The Go, Inc.		
6 Amount (\$) 2,816.50	7 Payee address; 304 County Road 7200	City; Lubbock State; TX Zip Code 79404	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Signs	
	(c) Check if travel outside of Texas. Complete Schedule 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 03/25/2024	Payee name The UPS Store #5190		
Amount (\$) 9,926.40	Payee address; 10303 Indiana Avenue #400	City; Lubbock State; TX Zip Code 79423	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Signs & Magnets	
	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
  <b>PURPOSE OF EXPENDITURE</b>	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			