



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> JAMILA BRANCH		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 702.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 708.72
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 475.01
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,541.42

**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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Jamila Branch, and my date of birth is October 22, 1975.

My address is 120 Elm Street, Prairie View, TX, 77446, USA.  
(street) (city) (state) (zip code) (country)

Executed in Waller County, State of Texas, on the 4th day of February, 2024.  
(month) (year)

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

**SUBTOTALS - C/OH**

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

<b>19 FILER NAME</b> <b>JAMILA BRANCH</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 702.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 318.61
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 390.11
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 318.61
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. 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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

**JAMILA BRANCH**

3 Filer ID (Ethics Commission Filers)

4 Date

01/09/2024

5 Full name of contributor

**JAMILA BRANCH**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

120 ELM ST. PRAIRIE VIEW, TX 77446

7 Amount of contribution (\$)

**1.00**

8 Principal occupation / Job title (See Instructions)

**SOFTWARE CONSULTANT**

9 Employer (See Instructions)

Date

01/18/2024

Full name of contributor

**CRAIG BLOW**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

10000 IMPERIAL HWY, DOWNEY, CA 90242

Amount of contribution (\$)

**200.00**

Principal occupation / Job title (See Instructions)

**LA COUNTY SHERIFF'S DEPUTY**

Employer (See Instructions)

Date

01/23/2024

Full name of contributor

**ZAYID SALAAM**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

9416 CYPRESSWOOD DR HOUSTON, TX 77070

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**OIL RIG WORKER**

Employer (See Instructions)

Date

01/25/2024

Full name of contributor

**LINDA ELLINGTON**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

1103 W. GARDENA BLVD, # 5711, GARDENA, CA 90247

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**RETIRED DEFENSE**

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>2</b>
2 FILER NAME <b>JAMILA BRANCH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/02/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JAMILA BRANCH</b> ..... 6 Contributor address; City; State; Zip Code <b>120 ELM ST. PRAIRIE VIEW, TX 77446</b>	7 Amount of contribution (\$)  <b>1.00</b>
8 Principal occupation / Job title (See Instructions) <b>SOFTWARE CONSULTANT</b>		9 Employer (See Instructions)
Date <b>01/05/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CASSANDRA FREENEY</b> ..... Contributor address; City; State; Zip Code <b>20802 Silver Lance Dr. Tomball, Tx 77375</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>01/05/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TEDDY BRANCH</b> ..... Contributor address; City; State; Zip Code <b>Houston, TX</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>BOEING ENGINEER</b>		Employer (See Instructions)
Date <b>01/06/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>VALERIE ASKEW</b> ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		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.

# 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.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>JAMILA BRANCH</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>01/25/2024</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>JAMILA BRANCH</b>	9 Loan Amount (\$) <b>200.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>P.O. BOX 4023, PRAIRIE VIEW, TX 77446</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>SOFTWARE CONSULTANT</b>		13 Employer (See Instructions) <b>SELF</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  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>3</b>	<b>2</b> FILER NAME <b>JAMILA BRANCH</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>01/24/2024</b>	<b>5</b> Payee name <b>SHELL SERVICE 575437</b>
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<b>6</b> Amount (\$) <b>9.10</b>	<b>7</b> Payee address; City; State; Zip Code <b>420 UNIVERSITY DR., PRAIRIE VIEW, TX 77446</b>
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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>FOOD/BEVERAGE EXPENSE</b>	<b>(b)</b> Description <b>FOR CAMPAIGNER</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/24/2024</b>	Payee name <b>UNIVERSAL SIGNS AND BANNER</b>
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Amount (\$) <b>281.45</b>	Payee address; City; State; Zip Code <b>7825 S Texas 6, Houston, TX 77083</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>COLOR IMAGES</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/03/2024</b>	Payee name <b>ISAIAH ADEOYE</b>
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Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>18607 COCHRAN RD, PRAIRIE VIEW, TX 77446</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>DEPOSIT ON MORE MATERIAL</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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                        | 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>3</b>	<b>2</b> FILER NAME <b>JAMILA BRANCH</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>01/24/2024</b>	<b>5</b> Payee name <b>SHELL SERVICE 575437</b>
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<b>6</b> Amount (\$) <b>9.10</b>	<b>7</b> Payee address; City; State; Zip Code <b>420 UNIVERSITY DR., PRAIRIE VIEW, TX 77446</b>
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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>FOOD/BEVERAGE EXPENSE</b>	<b>(b)</b> Description <b>FOR CAMPAIGNER</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/24/2024</b>	Payee name <b>JK GRAPHICS WALLER</b>
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Amount (\$) <b>48.71</b>	Payee address; City; State; Zip Code <b>31315 Farm to Market 2920, Waller, TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>BIO/PROFILE SHEET 100</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/24/2024</b>	Payee name <b>UBER TRIP</b>
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Amount (\$) <b>48.61</b>	Payee address; City; State; Zip Code <b>4306 YOAKUM BLVD, HOUSTON, TX, 77006</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>TRANSPORTATION &amp; RELATED EXPENSES</b>	Description <b>PICKUP AND DELIVERY OF CAMPAIGN PRINTING JOBS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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: 3	<b>2</b> FILER NAME JAMILA BRANCH	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/22/2024	<b>5</b> Payee name SHELL SERVICE 575437	
<b>6</b> Amount (\$) 20.46	<b>7</b> Payee address; City; State; Zip Code 420 UNIVERSITY DR., PRAIRIE VIEW, TX 77446	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) TRANSPORTATION EQUIPMENT & RELATED EXPENSE	<b>(b)</b> Description FUEL FOR CAMPAIGNING AND PLACING SIGNS IN PRECINCT 3
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 01/22/2024	Payee name JK GRAPHICS WALLER	
Amount (\$) 64.95	Payee address; City; State; Zip Code 31315 Farm to Market 2920, Waller, TX	
<b>8</b>  PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description BUSINESS CARDS
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 01/23/2024	Payee name SHELL SERVICE 575437	
Amount (\$) 14.15	Payee address; City; State; Zip Code 420 UNIVERSITY DR., PRAIRIE VIEW, TX 77446	
<b>8</b>  PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description SNACKS AND MISC. FOR CAMPAIGNERS
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**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 |
| 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 G: 1	<b>2</b> FILER NAME JAMILA BRANCH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/16/2024	<b>5</b> Payee name OFFICE DEPOT
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<b>6</b> Amount (\$) 34.59	<b>7</b> Payee address; City; State; Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING RELATED	<b>(b)</b> Description PRECINCT MAPS WITH LAMINATION
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/16/2024	Payee name WALMART
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Amount (\$) 43.17	Payee address; City; State; Zip Code 26270 Northwest Fwy, Cypress, TX 77429
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description DECOR AND GIVEAWAYS
	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
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Date 01/16/2024	Payee name WALMART
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Amount (\$) 40.85	Payee address; City; State; Zip Code 625 Hwy 290 E, Hempstead, TX 77445
<input type="checkbox"/> Reimbursement from political contributions intended	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description DECOR AND GIVEAWAY SUPPLIES
	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
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