FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00063870 3 COMMITTEE NAME **OFFICE USE ONLY** Tarrant County Democratic Women's Club Date Received **ELECTRONICALLY FILED** 07/12/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 471181 Date Hand-delivered or Date Postmarked Change of Address Fort Worth, TX 76147 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Joyce NAME NICKNAME LAST **SUFFIX** Franklin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4609 Pangolin Dr. STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76244 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4609 Pangolin Dr. MAILING **ADDRESS** Fort Worth, TX 76244 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 524-8219 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** X Other Month Day Year Primary Runoff 06/30/2023 General Special Semi Annual Report **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Tarrant County Demo	cratic Women's Club		00063870	1
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
		B. Opposeu		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	5,835.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,835.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,468.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	22,234.42
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Joyce	Franklin	
		Signature of Car	mpaign Treası	ırer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	nis 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 offi	cer administering oath
Signature of officer	aaiotoring outil		11 01 0111	oo. daminotoring oddi

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 10
17 COMMIT		18 Filer ID	(Ethics Commission Filers)
	County Democratic Women's Club	00063870	T
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,835.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 9,468.49
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/V	Vages/Contract Labor	OTHER (enter a	category not listed above)
·		on Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 1/7 Rpt: 4/10	Tarrant County Democ	ratic Women's Club		00063870	
4 Date	5 Payee name				
06/30/2023	ActBlue				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
\$66.73	P. O. Box 441146				
Expenditure from corporate funds	Sommerville, MA 0214	4			
8 PURPOSE	(a) Category (See Categories list	ted at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		Check if travel	outside of Texas. Comp	elete Schedule T.
EXPENDITORE				ı, TX, officeholder living	
			Transaction f	ees for reporting	g period
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nar	ne Office sou	ght	Office he	ld
Date	Payee name				
01/30/2023	Frost Bank				
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$5.00	1300 Summit Avenue	μ			
Ψ5.00	1300 Summit Avenue				
Expenditure from corporate funds	Fort Worth, TX 76102				
PURPOSE	(a) Category (See Categories list	ted at the top of this schedule)	(b) Description		
OF EXPENDITURE	Accounting/Banking		Check if travel	outside of Texas. Comp	olete Schedule T.
EXPENDITURE				, TX, officeholder living	expense
			Monthly Banl	k fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nar	ne Office sou	ght	Office he	ld
Date	Payee name				
02/28/2023	Frost Bank				
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$5.00	1300 Summit Avenue				
Expenditure from corporate funds	Fort Worth, TX 76102				
PURPOSE	(a) Category (See Categories list	ted at the top of this schodulo)	(b) Description		
OF	Accounting/Banking	ica at the top of this solication		outside of Texas. Comp	olete Schedule T.
EXPENDITURE	7 tooodi tarig/Daritarig		Check if Austin	ı, TX, officeholder living	expense
			Monthly fee		
Complete ONLY if direct	Candidate/Officeholder nar	ne Office sou	ıaht	Office he	ld
expenditure to benefit C/O		555 000	.	233 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Legal Services

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

Mount of the Control of the Control

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 2/7 Rpt: 5/10	Tarrant County Democratic Women's Club	00063870			
4 Date	5 Payee name	<u> </u>			
03/31/2023	Frost Bank				
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de			
\$5.00	1300 Summit Avenue				
Expenditure from corporate funds	Fort Worth, TX 76102				
8 PURPOSE		(b) Description			
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	gg	Check if Austin, TX, officeholder living expense			
		Monthly bank fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	tht Office held			
experialitire to benefit C/O	1				
Date	Payee name				
04/30/2023	Frost Bank				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$5.00	1300 Summit Avenue				
Expenditure from corporate funds	Fort Worth, TX 76102				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.			
EXI ENDITORE		Check if Austin, TX, officeholder living expense			
		Monthly bank fee			
Complete ONLY if direct	Candidate/Officeholder name Office soud	tht Office held			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Data					
Date 05/31/2023	Payee name Frost Bank				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$5.00	1300 Summit Avenue				
Expenditure from	Ford Months TV 70100				
corporate funds	Fort Worth, TX 76102				
PURPOSE OF	, , ,	(b) Description			
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Monthly fee			
Complete ONLY if direct	Candidate/Officeholder name Office sout	ht Office held			
expenditure to benefit C/O	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 3/7 Rpt: 6/10	Tarrant County Democratic Women's Club 00063870
4	Date	5 Payee name
	06/30/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	1300 Summit Avenue
	- Cynonditure from	
Ŀ	Expenditure from corporate funds	Fort Worth, TX 76102
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly bank fee
		monary same to
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	01/30/2023	HostGator
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$51.11	5005 Mitchelldale
	¥01.11	Suite 100
╟	Expenditure from	
ᆫ	corporate funds	Houston, TX 77092
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual cost of maintaining website
		gg
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	05/04/2023	No Name Ads
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,466.80	5625 Crowley Road
		Suite 101
╓	Expenditure from	Fort Worth, TX 76134
L	corporate funds	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Purchase of t-shirts Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Purchase of t-shirts
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee 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)
Sch: 4/7 Rpt: 7/10	Tarrant County Democratic Women's Club 00063870
4 Date	5 Payee name
06/30/2023	Square Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$79.85	1455 Market Street, Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Transaction fees for reporting period
	Transaction rees for reporting period
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
02/09/2023	Stage West Theater
Amount (\$)	Payee address; City; State; Zip Code
\$1,325.00	821 W Vickery Blvd
Expenditure from corporate funds	Fort Worth, TX 76104
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Quarterly Rent and Coffee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
05/04/2023	Stage West Theater
Amount (\$)	Payee address; City; State; Zip Code
\$1,325.00	821 W Vickery Blvd
¥=,=====	
Expenditure from corporate funds	Fort Worth, TX 76104
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Cross of the Control of Texas. Complete Schedule T. Cross of the Control of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Quarterly rent and coffee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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)
Sch: 5/7 Rpt: 8/10	Tarrant County Democratic Women's Club 00063870
4 Date	5 Payee name
01/29/2023	TDW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	POB 301411
— Foresedit ve from	
Expenditure from corporate funds	Austin, TX 78703
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Dues paid for membership
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientale to beliefft C/Of	•
Date	Payee name
02/27/2023	TDW
Amount (\$)	Payee address; City; State; Zip Code
\$240.00	POB 301411
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Membership dues
	memberenip adde
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dayaa nama
03/28/2023	Payee name TDW
Amount (\$) \$90.00	Payee address; City; State; Zip Code
\$90.00	POB 301411
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EAFEINDITURE	Check if Austin, TX, officeholder living expense
	Membership dues
Operated Objects "	Open Highest (Office health an arms)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5p 5	

SCHEDULE F1

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
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt: 9/10	Tarrant County Democratic Women's Club 00063870
4 Date	5 Payee name
04/24/2023	TDW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	POB 301411
Expenditure from	
corporate funds	Austin, TX 78703
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Membership dues
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
05/04/2023	TDW
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	POB 301411
— Formanditure from	
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Membership dues
	Wiembersing dues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/26/2023	TDW
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	POB 301411
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Membership dues
	Membership dues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
Sch: 7/7 Rpt: 10/10	Tarrant County Democratic Women's Club 00063870	
4 Date	5 Payee name	
03/07/2023	Tarrant County Democratic Party	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	685 John B Sias Memorial Pkwy	
	Suite 400	
Expenditure from corporate funds	Fort Worth, TX 76134	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
LXI LINDITORE	Candidate/Officeholder/Political Committee	
	Purchase of sponsorship for fundraiser	
O Commission ONLY if dispose	Condidate/Office helder no rec	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
02/27/2023	Tarrant County Democratic Woman's Club Scholarship Fund	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,000.00	PO Box 471181	
Expenditure from		
corporate funds	Fort Worth, TX 76147	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Money transferred to scholarship fund.	
	meney attributes to sometime terms	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payon namo	
03/21/2023	Payee name US Post Office	
Amount (\$)	Payee address; City; State; Zip Code	
\$194.00	1300 Harwood Rd	
Ψ134.00	1300 Hai wood Nu	
Expenditure from	Bedford , TX 76021	
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Annual rental of PO Box	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	<u>н</u> 	