

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) 00085969	2 Total pages filed: 12	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Vanesia	MI	OFFICE USE ONLY
	NICKNAME	LAST Johnson	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 2234 Sugar Land, TX 77487		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt #
				Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Christian	MI	
	NICKNAME	LAST Clinton	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 16106 Dawn Marie Ln. Sugar Land, TX 77498			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(832)	429-6965		
8 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)			
9 PERIOD COVERED	Month	Day	Year	THROUGH
	01	01	2024	01/25/2024
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
	03	05	2024	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 76	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 12

13 C / OH NAME Johnson, Vanesia (Ms.) **14** Filer ID (Ethics Commission Filers)
00085969

15 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 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)	\$	775.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,556.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	71.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

Ms. Vanesia Johnson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Johnson, Vanesia (Ms.)	19 Filer ID (Ethics Commission Filers) 00085969
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 775.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,440.00
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,116.99
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/12
2 FILER NAME Johnson, Vanesia (Ms.)		3 Filer ID (Ethics Commission Filers) 00085969
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Debra <hr/> 6 Contributor address; City; State; Zip Code Louisville, KY	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) None
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Stacey <hr/> Contributor address; City; State; Zip Code Missouri City, TX	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Novella <hr/> Contributor address; City; State; Zip Code Missouri City, TX	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Shirley <hr/> Contributor address; City; State; Zip Code Fresno, TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Stephen <hr/> Contributor address; City; State; Zip Code Missouri City, TX	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/12
2 FILER NAME Johnson, Vanesia (Ms.)		3 Filer ID (Ethics Commission Filers) 00085969
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Willie Mae <hr/> 6 Contributor address; City; State; Zip Code Escatawpa, TX	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) None
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chartian, Sandra <hr/> Contributor address; City; State; Zip Code Houston, TX	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Cassandra <hr/> Contributor address; City; State; Zip Code Pascagoula, MS 39581	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Melody <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self-Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Judy <hr/> Contributor address; City; State; Zip Code Houston, TX	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/12
2 FILER NAME Johnson, Vanesia (Ms.)		3 Filer ID (Ethics Commission Filers) 00085969
4 Date 01/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, Karen	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Missouri City, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teh, TaLysha	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Angier , NC		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Collin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Frank	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Greenwood, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Denise	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Fort Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 7/12

2 FILER NAME
Johnson, Vanesia (Ms.)

3 Filer ID (Ethics Commission Filers)
00085969

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 8/12
2 FILER NAME Johnson, Vanesia (Ms.)		3 Filer ID (Ethics Commission Filers) 00085969
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/2 Rpt: 9/12	2 FILER NAME Johnson, Vanesia (Ms.)	3 Filer ID (Ethics Commission Filers) 00085969
4 Date 01/01/2024	5 Payee name Johnson, Vanesia	
6 Amount (\$) \$185.00	7 Payee address; City; State; Zip Code 16106 Dawn Marie Lane Sugar Land, TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial payment of \$500 loan.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2024	Payee name Johnson, Vanesia	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 16106 Dawn Marie Lane Sugar Land, TX 77498	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial payment of \$500 loan.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2024	Payee name Johnson, Vanesia	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 16106 Dawn Marie Lane Sugar Land, TX 77498	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Remaining balance paid of \$500 loan.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/2 Rpt: 10/12	2 FILER NAME Johnson, Vanesia (Ms.)	3 Filer ID (Ethics Commission Filers) 00085969
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4 Date 01/11/2024	5 Payee name Johnson, Vanesia
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 16106 Dawn Marie Lane Sugar Land, TX 77498
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial reimbursement for out-of-pocket campaign related purchases/expenses.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/22/2024	Payee name Johnson, Vanesia
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Amount (\$) \$170.00	Payee address; City; State; Zip Code 16106 Dawn Marie Lane Sugar Land, TX 77498
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial reimbursement of out-of-pocket campaign purchases/expenses.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/12/2024	Payee name Johnson, Vanesia
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Amount (\$) \$520.00	Payee address; City; State; Zip Code 16106 Dawn Marie Lane Sugar Land, TX 77498
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial reimbursement for out-of-pocket campaign expenses.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/2 Rpt: 11/12	2 FILER NAME Johnson, Vanesia (Ms.)	3 Filer ID (Ethics Commission Filers) 00085969
4 Date 01/20/2024	5 Payee name Chevron	
6 Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 15050 Beechnut Houston, TX 77083	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cost of gas/fuel used to travel and install signs throughout district.
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/10/2024	Payee name SignsontheCheap.com	
Amount (\$) \$502.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11917 Stanley Ter. Fishers, IN 46037-4130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Production of 4x6 signs
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/04/2024	Payee name Tractor Supply Company	
Amount (\$) \$119.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 27127 Southwest Fwy Rosenberg, TX 77471	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Post for Signs and zip ties
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: Sch: 2/2 Rpt: 12/12	2 FILER NAME Johnson, Vanesia (Ms.)	3 Filer ID (Ethics Commission Filers) 00085969
4 Date 01/02/2024	5 Payee name Universal Signs & Banners	
6 Amount (\$) \$460.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7825 Hwy 6 S Houston, TX 77083	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Production of 18 x 24 Yard Signs and Stakes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held