

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085144	2 Total pages filed: 12
3 COMMITTEE NAME Coalition for Good Government		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2180 North Loop West Ste. 255 Houston, TX 77018		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Matt	
		NICKNAME	LAST SUFFIX
			Wiltshire
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2180 North Loop West Ste. 255 Houston, TX 77018		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2180 North Loop West Ste. 255 Houston, TX 77018		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (713) 332-0664		
	REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month	Day	Year
	01	01	2024
THROUGH		Month	Day
		06	30
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Coalition for Good Government	13 Filer ID (Ethics Commission Filers) 00085144
---	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Kyle Scott HCAD Board of Directors
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 182,769.26
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 231,796.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,745.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Mr. Matt Wiltshire

Signature of Campaign Treasurer

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 12

12 COMMITTEE NAME Coalition for Good Government		13 Filer ID (Ethics Commission Filers) 00085144
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Erika McCruthen HCAD Board of Directors B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed Jared Woodfill State Representative
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed Duke Coon Mayor of Conroe
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 4 of 12

12 COMMITTEE NAME Coalition for Good Government		13 Filer ID (Ethics Commission Filers) 00085144
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed John Perez State Representative
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME Coalition for Good Government		18 Filer ID (Ethics Commission Filers) 00085144
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 182,769.26
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 195,155.97
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 36,640.27
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<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: 6/12
2 FILER NAME Coalition for Good Government		3 Filer ID (Ethics Commission Filers) 00085144
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A-Team Digital <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22313	7 Amount of Contribution (\$) \$16,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, Paul <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Bettencourt Tax Advisors
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Region Business Coalition PAC <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$30,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Region Business Coalition PAC <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$45,853.36
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Region Business Coalition PAC <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$25,415.90
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: 7/12
2 FILER NAME Coalition for Good Government		3 Filer ID (Ethics Commission Filers) 00085144
4 Date 05/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Mayes	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Galveston, TX 77550	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Middleton Oil Company
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Mayes	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Galveston, TX 77550	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Middleton Oil Company
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connor, Pat	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jim	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Smithco Development
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Michael	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Kingwood, TX 77345	
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Group 1 Automotive

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 8/12
2 FILER NAME Coalition for Good Government		3 Filer ID (Ethics Commission Filers) 00085144
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson & Franco LLC <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 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: 1/3 Rpt: 9/12	2 FILER NAME Coalition for Good Government	3 Filer ID (Ethics Commission Filers) 00085144
4 Date 06/24/2024	5 Payee name Clockwork Consulting, LLC	
6 Amount (\$) \$14,811.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1347 Lamonte Lane Houston, TX 77018	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Direct Mail
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2024	Candidate/Officeholder name Clockwork Consulting, LLC	
Amount (\$) \$27,045.01 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1347 Lamonte Lane Houston, TX 77018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Direct Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2024	Candidate/Officeholder name Clockwork Consulting, LLC	
Amount (\$) \$25,415.90 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1347 Lamonte Lane Houston, TX 77018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Direct Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2024	Candidate/Officeholder name Clockwork Consulting, LLC	
Amount (\$) \$25,415.90 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1347 Lamonte Lane Houston, TX 77018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Direct Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 2/3 Rpt: 10/12	2 FILER NAME Coalition for Good Government	3 Filer ID (Ethics Commission Filers) 00085144
--	--	--

4 Date 03/08/2024	5 Payee name Clockwork Consulting, LLC
-----------------------------	--

6 Amount (\$) \$77,471.31 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1347 Lamonte Lane Houston, TX 77018
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Direct Mail
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 02/16/2024	Payee name Clockwork Consulting, LLC
--------------------	---

Amount (\$) \$18,382.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1347 Lamonte Lane Houston, TX 77018
---	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Direct Mail
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 06/24/2024	Payee name Clockwork Consulting, LLC
--------------------	---

Amount (\$) \$30,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1347 Lamonte Lane Houston, TX 77018
---	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Direct Mail And Media Program
-------------------------------	--	---

Complete ONLY 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: 3/3 Rpt: 11/12	2 FILER NAME Coalition for Good Government	3 Filer ID (Ethics Commission Filers) 00085144
4 Date 06/03/2024	5 Payee name PNC Bank	
6 Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 249 Fifth Avenue Pittsburgh, PA 15222	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/01/2024	Candidate/Officeholder name PNC Bank	
Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 249 Fifth Avenue Pittsburgh, PA 15222	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/09/2024	Candidate/Officeholder name Trey Wharton Campaign	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 1242 Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F2: Sch: 1/1 Rpt: 12/12	2 FILER NAME Coalition for Good Government	3 Filer ID (Ethics Commission Filers) 00085144
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	-----------

5 Date 06/24/2024	6 Payee name Clockwork Consulting, LLC
-----------------------------	--

7 Amount (\$) \$36,640.27 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 1347 Lamonte Lane Houston, TX 77018
--	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Direct Mail, Robo Calls, and P2P Phone Program for HCAD Election
----------------------------------	--	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------