SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00088435	2 Total pages filed: 11
3 COMMITTEE NAME		I	OFFICE USE ONLY
End Paxton Corru			
			Date Received ELECTRONICALLY FILED 10/26/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; 0	CITY; STATE; ZIP	CODE
ADDRESS	1617 Throwbridge Lane		Date Hand-delivered or Date Postmarked
Change of Address			
	Plano, TX 75023		Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI
NAME	Ms. Mary B.		
	NICKNAME LAST		SUFFIX
	Sisson		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE; ZIP CODE
TREASURER STREET	1617 Throwbridge Lane		
ADDRESS			
(Residence or Business)	Plano, TX 75023		
7 CAMPAIGN	STREET OR PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
TREASURER	1617 Throwbridge Lane		
MAILING ADDRESS			
	Plano, TX 75023		
Change of Address			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(425) 471-9681		
9 REPORT TYPE	January 15	Oth day before election	Exceeded modified reporting limit
		th day before election	Dissolution (Attach PAC-DR)
	July 15		
		Runoff	10th day after campaign treasurer termination
10 PERIOD	Month Day Year	Мо	nth Day Year
COVERED	09/27/2024	THROUGH	10/26/2024
11 ELECTION	ELECTION DATE	ELECTION TY	PE
		Primary Runoff	Other
	11/05/2024	General Special	
	I I		
	GC	TO PAGE 2	
Forms provided by Te	exas Ethics Commission www	.ethics.state.tx.us	Version V4.1.0.48da51f7

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commis	ssion Filers)
End Paxton Corruption			00088435		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Sen. Angela Paxton			
(Attach lists on plain					
paper to complete this report if necessary.)	X Candidate				
report in necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	.D (officeholder)		
		State Senator			
SUPPORT		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	
(Candidate or Measure)		BALLOT IDENTIFICATION / #	Month		/ear
X OPPOSE			Workin	Duy	oui
(Candidate or Measure)					
ASSIST	Measure	DESCRIPTION			
(Officeholder)					
				_	
15 CONTRIBUTION		TRIBUTIONS OF \$50 OR LESS (OTHER THA	N PLEDGES,		
TOTALS	ELECTRONICALLY), UN	ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED		\$	\$6,160.82
	2. TOTAL POLITICAL CO			\$	\$12,321.64
	(OTHER THAN PLEDGE:	S, LOANS, OR GUARANTEES OF LOANS)			<i>µ12,021.04</i>
EXPENDITURE	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES			
TOTALS				\$	\$4,619.04
	4. TOTAL POLITICAL EX	KPENDITURES		\$	¢0 220 00
				\$	\$9,238.08
	5. TOTAL POLITICAL CON	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE		
BALANCE	REPORTING PERIOD			\$	\$0.00
OUTSTANDING LOAN TOTALS		UNT OF ALL OUTSTANDING LOANS AS OF	THE LAST		
LUAN TUTALS	DAY OF THE REPORTIN	IG PERIOD		\$	\$0.00
16 AFFIDAVIT					
		I swear, or affirm, under penalty of per and correct and includes all informatio	n required to be	reported by me	under
		Title 15, Election Code.			
		Ms Man	y B. Sisson		
			mpaign Treasure	er	
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said	, t	his the		day
		n, witness my hand and seal of office.			
Signature of officer ad	ministering oath Drint	ed name of officer administering oath	Title of office	er administering	u oath
Signature of onicer au		and the or oncer duministering bath		. aanimistering	, 5401

S	UBT	OTALS - SPAC	C		ORM SPAC SHEET PG 3 3 of 11
		EE NAME on Corruption	18 Filer ID 00088435	(Ethics C	Commission Filers)
		E SUBTOTALS SCHEDULE		SUI	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,321.64
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
7.	Х	SCHEDULE E: LOANS		\$	0.00
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00
9.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
10	. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
11	. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,238.08
12		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
14	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/11	
2	FILER NAME End Paxton	Corruption		3 Filer ID (Ethics Commission Filers) 00088435
4	Date 10/05/2024	 5 Full name of contributor out-of-state PAC (ID#: Sisson, Mary 6 Contributor address; City; State; Zip Code Plano, TX 75023 	7 Amount of Contribution (\$) \$6,160.82	
8	Principal occu writer	pation / Job title (See Instructions) 9 Employer (Se Mary Sissor)

PLEDGED CONTRIBU	JTIONS			SCHEDULE	в
The Instruction Guide ex	plains how to comple	ete this form.	1 Total pages Sch: 1/1 Rp		
2 FILER NAME End Paxton Corruption			3 Filer ID 00088435	(Ethics Commission Filers)	
⁴ TOTAL OF UNITEMIZED PLED	GES		\$		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 trav	rel outside of Texas. Complete Sch	iedule T.
10 Principal occupation / Job title (See Inst	ructions)	11 Employer (See Instru	ctions)		

LOANS		SCHED	ULE E
The Instruction Guide explains how to complete this form.		ges Schedule E: 1 Rpt: 6/11	
2 FILER NAME End Paxton Corruption	3 Filer ID 000884	(Ethics Commissio 135	n Filers)
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$	i)
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate11 Maturity Date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions))		
14 Description of Collateral 15 Check if personal funds wer None	re deposited	l into political accoun (See Instruction	
16 GUARANTOR 17 Name of guarantor INFORMATION INFORMATION		19 Amount Guaran	teed (\$)
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions))		

EXPENDITURES MADE BY CREDIT CARL)
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	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Accounting/Banking Fees Offi Consulting Expense Poll Contributions/ Donations Made By - Gift/Awards/Memorials Expense Prir				Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transporta Travel in D Travel Out			
		The Inst	ruction Guide explains h	low to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Fi	er ID (Ethics Commis	sion Filers)	
	Sch: 1/5 Rpt: 7/11	End Paxton Corrup	tion		0008	8435		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEM		4.610	0.4	
	ISSUER	Capit	al One	EXPENDITURES CHARGED TO A CF CARD		4,619.	04	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
		\$645.18	10/18/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City	/, State,	Zip Code	
				8000 Haskell Ave				
		UPrinting						
				Van Nuys, CA 9140	6			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodula)	(b) Description				
		Advertising Expense	of this schedule)	Printing of mailers				
	X Political							
	Non-Political		of Texas. Complete Schedule			lder living expense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Offic	e held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
		\$416.79	10/05/2024					
	PAYEE	(a) Payee name	•	(b) Payee address;	City	/, State,	Zip Code	
		U.S. Postal Service		475 L'Enfant Plaza S	SW			
		U.S. FUSIAI SEIVICE						
				Washington, DC 202	260			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Postage for mailers				
	X Political	Advertising Expense		1 Ustage for maliers				
	Non-Political							
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Au ffice sought		Ider living expense		
e e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Onicenoider	name O	nice sought	Onic	e field		
Ļ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
		\$347.88	10/05/2024					
		Ψ 3 Ψ7.00	10/03/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City	, State,	Zip Code	
				475 L'Enfant Plaza S	SW			
		U.S. Postal Service	2					
				Washington, DC 202	260			
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Advertising Expense	or this schedule)	Postage for mailers				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	stin, TX, officeho	lder living expense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought		ce held		
e	xpenditure to benefit C/OH							

		EX	PENDITURE CATEGOR	RIES FOR BOX 1	.0(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awa	verage Expense rds/Memorials Expense	Loan Repayment/Rei Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont	ital Expense Ti Ti Ti Ti	olicitation/Fundraisin ransportation Equipn ravel in District ravel Out of District THER (enter a categ	ent & Related I	
		The In	struction Guide explains h	now to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 2/5 Rpt: 8/11	End Paxton Corru	ption			00088435		
4	CREDIT CARD	Name of fir	ancial institution		OF UNITEMIZED		4 0 1 0 0	
	ISSUER	see	previous		DITURES ED TO A CREDIT	- \$	4,619.0)4
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
		\$104.36	10/05/2024					
7	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
				475 L'Enfa	ant Plaza SW			
		U.S. Postal Servio	e					
				-	on, DC 20260			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	on of this schedule)	(b) Descript				
		Advertising Expense		Postage fo	or mailers			
	X Political							
	Non-Political		le of Texas. Complete Schedule	L	Check if Austin, TX,	, officeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officehold	er name O	ffice sought		Office held		
e	PAYMENT	(a) Amount Chargod	(b) Data of Charge	(a) Data(a)	Cradit Card Jacua	r Doid		
	PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Palu		
		\$295.25	10/12/2024					
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
				475 L'Enfa	ant Plaza SW			
		U.S. Postal Servio	ce					
				-	on, DC 20260			
	PURPOSE OF EXPENDITURE	(a) Category	on of this schedule)	(b) Descript				
		Advertising Expense	(See Categories listed at the top of this schedule) Advertising Expense		Postage for mailers			
	X Political							
	Non-Political		le of Texas. Complete Schedule	L	Check if Austin, TX,	, officeholder living e	xpense	
~	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officehold	er name O	ffice sought		Office held		
е		(a) Amount Charged	(b) Date of Charge	(c) Date(c)	Credit Card Issue	vr Daid		
				(c) Duic(3)	Credit Card 1350c			
		\$566.64	10/12/2024					
	PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code
					ant Plaza SW	2,	,	I
		U.S. Postal Servio	ce					
				Washingto	on, DC 20260			
	PURPOSE OF	(a) Category		(b) Descript				
		(See Categories listed at the to Advertising Expense		Postage fo	or mailers			
	X Political		-					
	Non-Political	(C) Check if travel outsid	le of Texas. Complete Schedule	L	Check if Austin, TX	, officeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officehold	er name O	ffice sought		Office held		
е	expenditure to benefit C/OH							

EXPENDITURES MADE BY CREDIT CARD

			EXPE	ENDITURE CATEGORI	ES FOR BOX 1	.0(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- I Committee		erage Expense s/Memorials Expense	Polling Expense Travel in District nse Printing Expense Travel Out of Distr			Equipment & Related Expense	
			The Inst	ruction Guide explains ho	ow to complete the	his form.			
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (B	Ethics Commiss	sion Filers)
	Sch: 3/5 Rpt: 9/11	End Paxton	Corrup	tion			00088435		
4	CREDIT CARD	Nam	e of fina	ncial institution				4 6 1 0 6	
	ISSUER		see p	revious		DITURES ED TO A CREDI ⁻	⊤ \$	4,619.0)4
6	PAYMENT	(a) Amount Cha	rged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
		\$161.45	5	10/12/2024					
7	PAYEE	(a) Payee name	!	•	(b) Payee a	ddress;	City,	State,	Zip Code
			C		475 L'Enfa	ant Plaza SW			
		U.S. Postal	Service						
					_	on, DC 20260			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the ton	of this schedule)	(b) Descript				
		Advertising Ex		of this schedule)	Postage for	or mailers			
	X Political		-						
	Non-Political			of Texas. Complete Schedule T	L	Check if Austin, TX	K, officeholder living		
	Complete ONLY if direct	Candidate/Offi	ceholder	name Off	ice sought		Office held		
e	xpenditure to benefit C/OH						D : I		
	PAYMENT	(a) Amount Cha	rged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
		\$421.25	5	10/13/2024					
	PAYEE	(a) Payee name	9		(b) Payee a		City,	State,	Zip Code
		U.S. Postal	Service	1	475 L'Enfa	ant Plaza SW			
						on, DC 20260			
	PURPOSE OF	(a) Category (See Categories liste	d at the top	of this schodule)	(b) Descript				
	EXPENDITURE	Advertising Ex	•	or this schedule)	Postage for	or mailers			
	X Political								
	Non-Political			of Texas. Complete Schedule T	L	Check if Austin, TX	K, officeholder living		
	Complete ONLY if direct	Candidate/Offi	ceholder	name Off	ice sought		Office held		
e	xpenditure to benefit C/OH	(a) Amount Cha	uere el	(h) Data of Charge	(a) Data(a)	Credit Card lasu	ar Daid		
	PAYMENT	(a) Amount Cha		(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Palu		
		\$272.95	ò	10/16/2024					
	PAYEE	(a) Payee name	•		(b) Payee a	ddress;	City,	State,	Zip Code
		U.S. Postal	Service	1	475 L'Enfa	ant Plaza SW			
		0.0.1 05101	001 1100						
		(a) Catagory			-	on, DC 20260			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the top	of this schedule)	(b) Descript Postage f				
	X Political	Advertising Ex	kpense		FUSIAGE				
	Non-Political			of Texas. Complete Schedule T	L	Check if Austin, TX	K, officeholder living		
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Offi	ceholder	name Off	ice sought		Office held		

EXPENDITURES MADE BY CREDIT CARD

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve - Gift/Award	erage Expense F s/Memorials Expense F	ES FOR BOX oan Repayment/R Office Overhead/Re Polling Expense Printing Expense Galaries/Wages/Cc	Reimbursement Si ental Expense Ti Ti Ti	plicitation/Fundraising I ansportation Equipmen avel in District avel Out of District THER (enter a categor	nt & Related I	
		The Inst	ruction Guide explains ho	w to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 4/5 Rpt: 10/11	End Paxton Corrup	tion			00088435		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,619.0)4
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$90.76	10/16/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		U.S. Postal Service	2	475 L'En	fant Plaza SW			
				Washing	ton, DC 20260			
8	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Postage	for mailers			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$325.36	10/16/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		U.S. Postal Service		475 L'En	fant Plaza SW			
		0.5. Postal Service	2					
				-	ton, DC 20260			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this school (10)	(b) Descri	•			
		Advertising Expense		Postage	for mailers			
	X Political							
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought		Office held		
e	xpenditure to benefit C/OH					<u> </u>		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$530.52	10/17/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				475 L'En	ıfant Plaza SW			
		U.S. Postal Service	<u>}</u>					
				Washing	ton, DC 20260			
	PURPOSE OF	(a) Category		(b) Descri	•			
		(See Categories listed at the top Advertising Expense	of this schedule)	Postage	for mailers			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	•	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	_	Office held		
e	xpenditure to benefit C/OH							

EXPENDITURES MADE BY CREDIT CARD

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing E	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)
The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 11/11 End		End Paxton Corrup	tion		00088435
4	CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$ 4,619.04
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid
		\$440.65	10/23/2024		
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	U.S. Postal Service		475 L'Enfant Plaza SW		
				Washington, DC 20260	
8		(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Postage for mailers	
	X Political				
	Non-Political	I	of Texas. Complete Schedule		K, officeholder living expense
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held					Office held
expenditure to benefit C/OH					