

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00080043	<b>2</b> Total pages filed:  10	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Inna	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 10/28/2024
	NICKNAME	LAST Rogoff-Klein	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 2px;"> <b>REDACTED PER 254.0313, GOV'T CODE</b> </div>			Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jon G.	MI	
	NICKNAME Gregory	LAST Marks	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 2px;"> <b>REDACTED PER 254.0313, GOV'T CODE</b> </div>			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (954)	PHONE NUMBER 263-0848	EXTENSION	
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 09/27/2024	THROUGH	Month    Day    Year 10/26/2024	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) District Judge District 214 Nueces		<b>12</b> OFFICE SOUGHT (if known) District Judge District 214	

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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**13** C / OH NAME Rogoff-Klein, Inna (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00080043

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
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.

Additional Pages

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

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,245.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	62.79
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	35,762.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	41,234.82
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.

The Honorable Inna Rogoff-Klein  
\_\_\_\_\_  
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 oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - JC/OH

<b>18 FILER NAME</b> Rogoff-Klein, Inna (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00080043
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 5,245.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 35,762.85
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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 A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/10
<b>2</b> FILER NAME Rogoff-Klein, Inna (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080043
<b>4</b> Date 10/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carrigan & Anderson, PLLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78401	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortes , Suzanne <hr/> Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation homemaker		Contributor's Job Title homemaker
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flint Gould PLLC <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/10
2 FILER NAME Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law Office of John S. Flint	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law Office of Lindsay M. Browne	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez Law Firm, PLLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/10
<b>2</b> FILER NAME Rogoff-Klein, Inna (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080043
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SUAREZ, JESSE <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78467	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Contributor's Principal Occupation ELECTRICIAN		<b>9</b> Contributor's Job Title electrician
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) vasques, Gabriel <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78405	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Law office of Gabriel Vasquez		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 7/10	<b>2</b> FILER NAME Rogoff-Klein, Inna (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080043
<b>4</b> Date 10/04/2024	<b>5</b> Payee name Dreamers & Walkers Consulting	
<b>6</b> Amount (\$) \$364.37	<b>7</b> Payee address; City; State; Zip Code PO BOX 18639  Corpus Christi, TX 78418	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rack cards
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name Dreamers & Walkers Consulting	
Amount (\$) \$4,172.91	Payee address; City; State; Zip Code PO BOX 18639  Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense absentee mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name Dreamers & Walkers Consulting	
Amount (\$) \$15,000.00	Payee address; City; State; Zip Code PO BOX 18639  Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising production
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.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 8/10	<b>2</b> FILER NAME Rogoff-Klein, Inna (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080043
<b>4</b> Date 10/04/2024	<b>5</b> Payee name Dreamers & Walkers Consulting	
<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 18639  Corpus Christi, TX 78418	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly consulting fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name Dreamers & Walkers Consulting	
Amount (\$) \$375.67	Payee address; City; State; Zip Code PO BOX 18639  Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rack card printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name Dreamers & Walkers Consulting	
Amount (\$) \$9,864.87	Payee address; City; State; Zip Code PO BOX 18639  Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense general mailer
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.

<b>1</b>	Total pages Schedule F1: Sch: 3/4 Rpt: 9/10	<b>2</b>	FILER NAME Rogoff-Klein, Inna (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00080043
<b>4</b>	Date 10/17/2024	<b>5</b>	Payee name Dreamers & Walkers Consulting		
<b>6</b>	Amount (\$) \$200.00	<b>7</b>	Payee address; City; State; Zip Code PO BOX 18639  Corpus Christi, TX 78418		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign services		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/17/2024		Payee name Dreamers & Walkers Consulting		
	Amount (\$) \$221.43		Payee address; City; State; Zip Code PO BOX 18639  Corpus Christi, TX 78418		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook advertising		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/26/2024		Payee name Dreamers & Walkers Consulting		
	Amount (\$) \$2,000.00		Payee address; City; State; Zip Code PO BOX 18639  Corpus Christi, TX 78418		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense radio advertising		
		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.

<b>1</b>	Total pages Schedule F1: Sch: 4/4 Rpt: 10/10	<b>2</b>	FILER NAME Rogoff-Klein, Inna (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00080043	
<b>4</b>	Date 10/26/2024	<b>5</b>	Payee name Dreamers & Walkers Consulting			
<b>6</b>	Amount (\$) \$250.00	<b>7</b>	Payee address; City; State; Zip Code PO BOX 18639  Corpus Christi, TX 78418			
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense radio spot advertising			
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 10/01/2024		Payee name Neely's Printing			
	Amount (\$) \$1,650.81		Payee address; City; State; Zip Code 1011 Louisiana Avenue  Corpus Christi, TX 78404			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing services			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 09/28/2024		Payee name corpus Christi Police Officers Association			
	Amount (\$) \$100.00		Payee address; City; State; Zip Code 3122 leopard  Corpus Christi, TX 78408			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CCPOA event fee			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	