

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00054700	<b>2</b> Total pages filed: 10
<b>3</b> COMMITTEE NAME MPAC Arlington, Inc.		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/14/2025	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3110 Westador Drive  Arlington, TX 76015	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Jolanda J  NICKNAME LAST SUFFIX Hendricks	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3110 Westador Drive  Arlington, TX 76015	
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3110 Westador Drive  Arlington, TX 76015	
<b>8</b> CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (817) 269-8408	
<b>9</b> REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
<b>10</b> PERIOD COVERED		Month Day Year      Month Day Year 07/01/2024      THROUGH      12/31/2024	
<b>11</b> ELECTION		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 05/03/2025 <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12</b> COMMITTEE NAME MPAC Arlington, Inc.	<b>13</b> Filer ID (Ethics Commission Filers) 00054700
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<b>14</b> COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15</b> CONTRIBUTION TOTALS	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ 1,280.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 963.95
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 9,433.15
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

Mrs. Jolanda J Hendricks  
\_\_\_\_\_  
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

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> MPAC Arlington, Inc.		<b>18 Filer ID</b> (Ethics Commission Filers) 00054700
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,280.00
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	\$ 963.95
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/10
<b>2</b> FILER NAME MPAC Arlington, Inc.		<b>3</b> Filer ID (Ethics Commission Filers) 00054700
<b>4</b> Date 10/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amos , Nancy (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Community Volunteer		<b>9</b> Employer (See Instructions) MPAC- Annual Dues
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Janet <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC Arlington, Inc.
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Dues
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Borek, Debbie (Ms.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Community volunteer		Employer (See Instructions) MPAC- Dues
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryant , Kathleen (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Comunnity Volunteer		Employer (See Instructions) MPAC Arlington, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/10
<b>2</b> FILER NAME MPAC Arlington, Inc.		<b>3</b> Filer ID (Ethics Commission Filers) 00054700
<b>4</b> Date 11/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capehart, Sheri (Mrs.)	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76001	
<b>8</b> Principal occupation / Job title (See Instructions) Volunteer/Officer		<b>9</b> Employer (See Instructions) MPAC -Dues
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capik, Laura	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC -Dues
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crews, Rosie (Mrs.)	Amount of Contribution (\$)  \$60.00
	Contributor address; City; State; Zip Code  Arlington, TX 76005	
Principal occupation / Job title (See Instructions) Community Volenteer		Employer (See Instructions) MPAC- Annual Dues
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Cheryl (Mrs.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76005	
Principal occupation / Job title (See Instructions) Community Volunteer/Officer		Employer (See Instructions) MPAC
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hazle, Timi (Mrs.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Officer/Volunteer		Employer (See Instructions) MPAC Arlington, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/10
2 FILER NAME MPAC Arlington, Inc.		3 Filer ID (Ethics Commission Filers) 00054700
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heid, Holly (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76013	
8 Principal occupation / Job title (See Instructions) Community Volunteer		9 Employer (See Instructions) MPAC Arlington, Inc.
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hendricks, Jolanda (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76015	
Principal occupation / Job title (See Instructions) MPAC Officer-Treasuer		Employer (See Instructions) MPAC Arlington,inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Sylvia (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Annual Dues
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, Gara (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76016	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoyer, Carole (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Volunteer		Employer (See Instructions) MPAC- Member Dues

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/10
<b>2</b> FILER NAME MPAC Arlington, Inc.		<b>3</b> Filer ID (Ethics Commission Filers) 00054700
<b>4</b> Date 10/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Julie (Mrs.)	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76001		
<b>8</b> Principal occupation / Job title (See Instructions) Community Volunteer		<b>9</b> Employer (See Instructions) MPAC- Annual Luncheon
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerr, Connie (Ms.)	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Community volunteer		Employer (See Instructions) MPAC- Dues
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kinard, Martha (Mrs.)	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Arlington, TX 76001		
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC -Annua IDues
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knickerbocker, Tabatha (Ms.)	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Arlington, TX 76002		
Principal occupation / Job title (See Instructions) Volunteer/Co-Presidnet		Employer (See Instructions) MPAC- Officer/dues
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemonds, Carole (Mrs.)	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Arlington, TX 76015		
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/10
<b>2</b> FILER NAME MPAC Arlington, Inc.		<b>3</b> Filer ID (Ethics Commission Filers) 00054700
<b>4</b> Date 11/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pettitt, April (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76016	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Volunteer/Officer		<b>9</b> Employer (See Instructions) MPAC-Community Volunteer
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stroemer, Patra (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC-Dues
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomlinson, Sandy (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC-Annual Dues



# 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: 1/2 Rpt: 9/10	<b>2</b> FILER NAME MPAC Arlington, Inc.	<b>3</b> Filer ID (Ethics Commission Filers) 00054700
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<b>4</b> Date 09/18/2024	<b>5</b> Payee name Frost Bank, Jamie Simpson (Agent)
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<b>6</b> Amount (\$) \$104.05  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P O Box 16509  Fort Worth, TX 76162
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Bank Fee for Checkbook Notebook for Checks for MPAC Banking needs.
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/15/2024	Payee name Knickerbocker, Tabatha (Mrs.)
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Amount (\$) \$159.90  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 Pointer Place  Arlington, TX 76002
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Zoom Call Expense- MPAC Monthly Board Meetings	<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 Board Meetings to make decisions for projects/and various Community projects.
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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 12/16/2024	Payee name Pratt CPA, Sarah (Mrs.)
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Amount (\$) \$200.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1169 N.Burleson blvd. #107-228  Burleson , TX 76028
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 Reviewing Accounting Books For MPAC for Outgoing. Treasurer's Books for 2024
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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 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: 2/2 Rpt: 10/10	<b>2</b> FILER NAME MPAC Arlington, Inc.	<b>3</b> Filer ID (Ethics Commission Filers) 00054700
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<b>4</b> Date 12/09/2024	<b>5</b> Payee name Rip Rangers Products, Kris Krindle
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<b>6</b> Amount (\$) \$300.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2402 Sherwood Street  Denton , TX 76209
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<b>8</b> PURPOSE OF EXPENDITURE	<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 December/End of the Year Celebration/Meeting
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2024	Payee name US Postal Service, US Post Office
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Amount (\$) \$200.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4108 SW Green Oaks Blvd.  Arlington, TX 76017-0017
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) P O Box Rental	<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 Annual Payment for mailbox service
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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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