FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00060026 10 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Brian T. NAME Date Received **ELECTRONICALLY FILED** 01/03/2025 NICKNAME LAST **SUFFIX** Hoyle CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 1210 MAILING Receipt # Amount **ADDRESS** Change of Address Tyler, TX 75710 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Bernard J. NAME NICKNAME LAST **SUFFIX** Krupa STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3702 Rouncival Dr. **ADDRESS** (Residence or Business) Longview, TX 75605 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (903) 601-3352 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 2 District 12

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Hoyle, Brian T. (The	Honorable)	14 Filer ID 00060026	(Ethics Commission Filers					
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to support the eholder's knowledge or otice of such expenditures								
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
	GENERAL								
	SPECIFIC	COMMITTEE ADDRESS							
	J SFECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.0					
		ICAL CONTRIBUTIONS		\$ 0.0					
EXPENDITURE	(OTHER THAN 3. TOTAL UNITEM	S)	.						
TOTALS	\$ 0.0								
	4. TOTAL POLIT		\$ 1,171.7						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$ 1,853.9						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.0					
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.							
		The Hon	norable Brian T. Hoyl	e					
		Signature of	f Candidate or Officeho	older					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
		aid	, this the	day					
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath					
Signature or office	ser daministering odni	. The difference of officer duffilling terms of the	The of office	. administering oddi					

FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3** 3 of 10 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00060026 Hoyle, Brian T. (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 3. SCHEDULE E(J): LOANS (JUDICIAL) \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 1,171.72 \$

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 4/10	Hoyle, Brian T. (The Honorable) 00060026
4	Date	5 Payee name
	09/16/2024	Cherokee County Republican Women
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code P.O. Box 807
		Jacksonville, TX 75766
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder's dinner at Annual Christmas Party hosted by Cherokee County Republican Women
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/18/2024	Jalapeno Tree
	Amount (\$) \$21.97	Payee address; City; State; Zip Code 508 N. Eastman Rd.
		Longview, TX 75601
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder's dinner at Gregg County Republican Club meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/02/2024	Smith County Bar Association
	Amount (\$) \$85.00	Payee address; City; State; Zip Code 100 North Broadway Suite 21B Tyler, TX 75702
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder's annual dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Gu			ages	/Contract Labor		OTHER (enter	a category not listed above)	
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1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission F	ilers)
	Sch: 2/7 Rpt: 5/10		Hoyle, Brian	T. (The Honora	able)					00060026		
4	Date	5	Payee name									
	07/03/2024		Smith Coun	ty Bar Associati	on							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Coo	de					
	\$30.00		100 North B	roadway								
			Suite 21B									
			Tyler, TX 75	5702								
8	PURPOSE	(a)		e Categories listed at t	no ton of this school	lulo)	(b)	Description				
	OF	 `	Event Expe		ie top of this scried	iule)	` '		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
									s lu	nch at Bar	Association's CLE	
								luncheon				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	eld	
	experientare to benefit 6/01	· ·										
	Date		Payee name									
	07/31/2024		Smith Coun	ty Bar Associati	on							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Coo	de					
	\$30.00		100 North B	roadway								
			Suite 21B									
			Tyler, TX 75	5702								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Event Exper			, I		Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXI ENDITORE							_		officeholder livin		
								Officeholder's Association's				
								7.000010110110				
	Complete ONLY if direct expenditure to benefit C/Oł		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	eld	
		_										
	Date		Payee name									
	09/23/2024		Smith Coun	ty Bar Associati	on							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Coo	de					
	\$35.00		100 North B	roadway								
			Suite 21B									
			Tyler, TX 75	5702								
	PURPOSE	(a)	Category 194	e Categories listed at t	ne top of this sched	lule)	(b)	Description				
	OF EXPENDITURE	``	Event Exper		10 top 01 tillo 001100)			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		·					ш		officeholder livin		
										nch at Smit	h County Bar Asso	ciation
								CLE luncheor				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice soug	ght		_	Office h	eld	
	expenditure to benefit C/O	H										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Coi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/7 Rpt: 6/10	Hoyle, Brian T. (The Honorable) 00060026
4	Date	5 Payee name
	10/28/2024	Smith County Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	100 North Broadway
		Suite 21B
		Tyler, TX 75702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder's lunch at Smith County Bar Association
		CLE luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/05/2024	Smith County Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	100 North Broadway
		Suite 21B
		Tyler, TX 75702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder's sponsorship of Annual Christmas
		Party
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/09/2024	Smith County Bar Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	P.O. Box 7248
		Tyler, TX 75711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder's sponsorship of Constitution Day
		hosted by Smith County Bar Foundation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 7/10	Hoyle, Brian T. (The Honorable) 00060026
4	Date	5 Payee name
	10/08/2024	Smith County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	3923 S. Broadway Ave.
		Tyler, TX 75701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder's ticket to Justice Blacklock political
		event hosted by Smith County Republican Party
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/09/2024	Smith County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.00	P.O. Box 8175
		Tyler, TX 75711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder's ticket to annual membership luncheon
		(luncheon \$35 and associate membership \$20)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davis same
	Date 12/19/2024	Payee name Smith County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 8175
		Tyler, TX 75711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder's sponsorship of Annual Christmas
		Cookie Auction
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committ Credit Card Payment		The Instruction Guide explains how to complete this form.					Travel in District Travel Out of Dist OTHER (enter a	rict category not listed above)
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission Filers)
	Sch: 5/7 Rpt: 8/10	Hoyle, Brian T. (The Honorable	!)				00060026	
4	Date	Payee name						
L	08/07/2024	Texas Minority Coalition						
6	Amount (\$)	Payee address; City;	State; Zip C	ode				
	\$59.75	P.O. Box 130063						
		Tyler, TX 75713						
8	PURPOSE OF	a) Category (See Categories listed at the top	of this schedule)	(b)	Description		df.T O	lete Celeville T
	EXPENDITURE	Event Expense					de of Texas. Comp officeholder living	
					Officeholder's	s tic		al Texas Minority
					Coalition dinn	ner		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office so	ught			Office he	ld
_	Date	Payee name						
	07/18/2024	The Potpourri House						
	Amount (\$)	Payee address; City;	State; Zip C	ode				
	\$15.00	3320 Troup Highway	, ,					
		Suite 300						
		Tyler, TX 75701						
	PURPOSE	a) Category (See Categories listed at the top	o of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expense			Check if travel		de of Texas. Comp	
	LA LIDITORL				ш		officeholder living	
					Republican W			lly Smith County
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office so	<u>I</u> ught			Office he	ld
H	Date	Payee name						
	08/15/2024	The Potpourri House						
	Amount (\$)	Payee address; City;	State; Zip C	ode				
	\$15.00	3320 Troup Highway						
		Suite 300						
		Tyler, TX 75701						
	PURPOSE	a) Category (See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expense	•		ш		de of Texas. Comp	
					ш		officeholder living	expense nly Smith County
					Republican W			
	Complete ONLY if direct	Candidate/Officeholder name	Office so	<u>l</u> ught			Office he	ld
	expenditure to benefit C/O			J -				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		ages	Contract Labor		OTHER (enter a	a category not listed above)	
				The Instruction Guide explains how to complete this form.								_
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/7 Rpt: 9/10		Hoyle, Brian	T. (The Honor	able)					00060026		
4	Date	5	Payee name									
	09/19/2024		The Potpour	rri House								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$15.00		3320 Troup	Highway								
			Suite 300									
			Tyler, TX 75	701								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				_
	OF EXPENDITURE		Event Exper			, l		Check if travel of	outsio	de of Texas. Com	nplete Schedule T.	
	LAFENDITORE							—		officeholder living		
								Officeholder's Republican W			thly Smith County	
								Trepublican vi	VOII			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Of	ffice souç	ght			Office h	eld	
		_										_
	Date		Payee name									
	11/21/2024		The Potpour	rri House								
	Amount (\$)		Payee address	ss; City;	State;	Zip Co	de					
	\$15.00		3320 Troup	Highway								
			Suite 300									
			Tyler, TX 75	701								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				_
	OF EXPENDITURE		Event Exper	nse							nplete Schedule T.	
								—		officeholder living		
								Republican W			thly Smith County uncheon	
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Of	ffice souç	ght			Office h	eld	_
	expenditure to benefit C/OI	Н										
	Date		Payee name									=
	12/19/2024		The Potpour	rri House								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					_
	\$15.00		3320 Troup	Highway								
			Suite 300									
			Tyler, TX 75	701								
	PURPOSE	(a)		e Categories listed at t	ho ton of this sabar	dulo)	(b)	Description				-
	OF	(")	Event Exper		ne top of this sched	dule)	(~)		outsio	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							officeholder living		
											thly Smith County	
								Republican W	von			
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Of	ffice souç	ght			Office h	eld	
	experiulture to betterit C/Of	17										
							_		_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Guid	Salarie		es/Contract Labor		OTHER (enter	a category not listed above)
_	Total marca Cabadula F1.	<u> </u>						1	Files ID	(Ethios Commission Filers)
	Total pages Schedule F1:				. 1 . 3			3	Filer ID	(Ethics Commission Filers)
	Sch: 7/7 Rpt: 10/10		Hoyle, Brian	T. (The Honoral	oie)				00060026	
4	Date	5	Payee name							
	07/03/2024		Tyler Area C	Chamber of Comi	merce					
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code				
	\$175.00		315 N. Broa	dway Ave.						
			Suite 100							
			Tyler, TX 75	702						
Ļ	DUDD 0.05	<u> </u>				10				
8	PURPOSE OF	(a)		e Categories listed at the	top of this schedule)	(b)) Description			
	EXPENDITURE		Fees							mplete Schedule T.
							Officeholder's		officeholder livin	ig expense
							Officeriolders	s ai	iiiuai uues	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	Office s	ought	t		Office h	neld
		_								
	Date		Payee name							
	08/27/2024		Tyler Area C	Chamber of Com	merce					
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code				
	\$50.00		315 N. Broa	dway Ave.						
			Suite 100							
			Tyler, TX 75	702						
	PURPOSE	(0)				/h	\			
	OF	(a) 		e Categories listed at the	top of this schedule)	(0)	Description Check if travel	outei	de of Teyes Cor	mplete Schedule T.
	EXPENDITURE		Event Exper	ise			=		officeholder livin	
							ш			ual Tyler Area Chamber
							luncheon			,
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought	<u> </u>		Office h	neld
	expenditure to benefit C/O	Н								