CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| Th | e C/OH Instruction (| Guide explains how to comp | olete this form. | 1 Filer ID (Ethics Commissi 00086289 | ion Filers) | 2 Total pages f | iled: 9 |
|---------------|-----------------------------|----------------------------|------------------|--|-------------------|---------------------------------------|--------------------|
| 3 | CANDIDATE / | MS / MRS / MR | FIRST | 23000200 | MI | | |
| ľ | OFFICEHOLDER | | | | IVII | OFFICE | USE ONLY |
| | NAME | Mr. | Charles R. | | | Date Received | |
| | | | | | | ELECTRONIC | ALL V EIL ED |
| | | | | | | | ALLI FILLD |
| | | NICKNAME | LAST | | SUFFIX | 01/14/2025 | |
| | | Chuck | Crews | | Jr. | | |
| ┝ | 04110104757 | 4000500 / DO DOV - 40 | T / OLUTE # OLT | ., | 710.0005 | Date Hand-delivered | or Data Dootmarked |
| 4 | CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; AP | T / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered (| or Date Postmarkeu |
| | MAILING | 8307 Caraway Cir. | | | | | |
| | ADDRESS | | | | | Receipt # | Amount |
| | Change of Address | Double TV 77521 | | | | | |
| | Change of Address | Baytown, TX 77521 | | | | Date Processed | • |
| | | | | | | | |
| | | | | | | Date Imaged | |
| | | | | | | | |
| 5 | CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| ľ | TREASURER | | | | IVII | | |
| | NAME | Mr. | Charles R. | | | | |
| | | | | | | | |
| | | NICKNAME | LAST | | SUFFIX | ••••• | |
| | | Chuck | Crews | | Jr. | | |
| | | Citaon | 0.000 | | 011 | | |
| <u> </u> | | | | | | | |
| 6 | CAMPAIGN | STREET ADDRESS (NO P | O BOX PLEASE); | APT / | SUITE #; CITY; | ST | ATE; ZIP CODE |
| | TREASURER ADDRESS | 8307 Caraway Cir. | | | | | |
| | | | | | | | |
| | (Residence or Business) | Baytown, TX 77521 | | | | | |
| | | Baytown, 1X 11321 | | | | | |
| | | | | | | | |
| - | CAMPAIGN | AREA CODE PHO | NE NUMBER E | EXTENSION | | | |
| ľ | TREASURER | | NVE NOWBER | DATE NOION | | | |
| | PHONE | (832) 262-2507 | | | | | |
| ᆫ | | | | | | | |
| 8 | REPORT | l | | | | _ | |
| | TYPE | X January 15 | 30th day before | election R | Runoff | 15th day after ca appointment (off | mpaign treasurer |
| | | l | | | | - | |
| | | July 15 | 8th day before 6 | | exceeded modified | Final Report (Att | ach C/OH-FR) |
| L | | | | | | | |
| 9 | PERIOD | Month Day Year | | | Month Day | Year | |
| | COVERED | 10/27/2024 | TH | IROUGH | 12/31/2024 | 4 | |
| | | | | | | | |
| 10 | ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| -" | 222011011 | Month Day Year | | rimary | Runoff | Other | |
| | | 11/05/2024 | U'' | ary | | | |
| | | 11/03/2024 | ΧG | eneral | Special | | |
| | | | | | _ | | |
| 11 | OFFICE | OFFICE HELD (if any) | l | | 12 OFFICE SOUGHT | (if known) | |
| l | 011102 | or rioz rizzo (ii ariy) | | | State Representa | | ! |
| | | | | | State Represent | tive District 120 | , |
| L | | | | | | | |
| | | <u> </u> | | | | | |
| | | | | | | | |
| | | | GO T | O PAGE 2 | | | |
| l | | | GO 1 | O FAGE Z | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 9

| 13 C / OH NAME | Crews Jr., Charles R | (Ethics Commis | ssion Filers) | | | | | | |
|---|---|--|------------------------|-----------------|----------|--|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. These expenditures may have been made without the candidate's or off consent. Candidates and officeholders are required to report this information only if they receive | | | | | | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | |
| | GENERAL | | | | | | | | |
| | | COMMITTEE ADDRESS | | | | | | | |
| | SPECIFIC | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | | | | | |
| | | | | | | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | | | | | | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ | 2,290.00 | | | | |
| EXPENDITURE TOTALS | | | | | | | | | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ | 3,094.82 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ | 307.23 | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ | 0.00 | | | | |
| 17 AFFIDAVIT | | | | | | | | | |
| | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | | | | | | |
| | | Mr. Cł | narles R. Crews Jr. | | | | | | |
| | | Signature of | Candidate or Officehol | der | | | | | |
| AFFIX NO | TARY STAMP / SEAL AB | DVE | | | | | | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | | day | | | | |
| of, 20, to certify which, witness my hand and seal of office. | | | | | | | | | |
| | | | | | | | | | |
| Signature of office | cer administering | Printed name of officer administering | Title of officer | r administering | oath | | | | |
| | | | | | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | | JVLICO | 3 of 9 |
|-----------------|-----------------|---|-------------|------------------|----------|
| | vs Jr., | 19 Filer ID 00086289 | (Ethics Co | mmission Filers) | |
| 20 SCHE NAMI | EDULE E OF S | SUBT | OTAL AMOUNT | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 2,290.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ | 3,094.82 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER | RETURNED | \$ | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A | | | |
|---|---|--|------------------------------------|---|--------------------------------------|------------|
| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 1/2 Rpt: 4/9 | | |
| 2 | FILER NAME Crews Jr., C | harles R. (Mr.) | | 3 | Filer ID (Ethics Commission 00086289 | Filers) |
| 4 | Date 11/03/2024 | Full name of contributor | 7 | Amount of Contribution (\$) | \$10.00 | |
| 8 | Principal occu | McKinney, TX 75071 pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Not Employe | | Not Employed | | | |
| | Date 11/06/2024 | Full name of contributor out-of-state PAC (ID#:_ Crews Jr., Charles (Mr.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | | BAYTOWN, TX 77521 | | | | |
| | Principal occu Candidate | pation / Job title (See Instructions) | Employer (See Instructions Self |) | | |
| | Date Full name of contributor out-of-state PAC (ID# 11/19/2024 Crews Jr., Charles (Mr.) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | BAYTOWN, TX 77521 | | | | |
| | Principal occu Candidate | pation / Job title (See Instructions) | Employer (See Instructions Self |) | | |
| | Date 11/05/2024 | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions none |) | | |
| | Date 12/05/2024 | Full name of contributor out-of-state PAC (ID#:_ Duncan, Kathleen Contributor address; City; State; Zip Code LaPorte, TX 77571 | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions none |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | | SCHEDUL | E A1 | | |
|---|---|---|---|---|---|--------------------------------------|-----------|
| | The Instruc | ction Guide explains how to complete | 1 | Total pages Schedule A1: Sch: 2/2 Rpt: 5/9 | | | |
| 2 | FILER NAME Crews Jr., C | harles R. (Mr.) | | | 3 | Filer ID (Ethics Commission 00086289 | n Filers) |
| 4 | Date 10/27/2024 | Full name of contributor | 7 | Amount of Contribution (\$) | \$20.00 | | |
| 8 | Principal occu | Houston, TX 77095 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> s) | | |
| | Date 11/27/2024 | Full name of contributor out-of-state PA Geary, Warren Contributor address; City; State; Zip Code Houston, TX 77095 | N/A) | | Amount of Contribution (\$) | \$20.00 | |
| | Principal occu Student | pation / Job title (See Instructions) | | Employer (See Instructions N/A | <u> </u> | | |
| | Date Full name of contributor out-of-state PAC (ID# 11/04/2024 Haley, Benjamin Contributor address; City; State; Zip Code | | AC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | | South Hadley, MA 01075 pation / Job title (See Instructions) | | Employer (See Instructions Commonwealth of Mass | | husatts | |
| | 11/25/2024 Jeudy, Wil | | AC (ID#: |) | I | Amount of Contribution (\$) | \$30.00 |
| | Principal occu Physician | Houston, TX 77008 pation / Job title (See Instructions) | Employer (See Instructions Next Level Urgent Care | | | | |
| | Date Full name of contributor out-of-state PAC (ID#: 11/23/2024 Porras, Eleanor Contributor address; City; State; Zip Code Houston, TX 77345 | | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | s) | | |
| | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|---|
| 1 | Total pages Schodule F1: | <u> </u> |
| | Total pages Schedule F1: Sch: 1/4 Rpt: 6/9 | |
| | <u> </u> | |
| 4 | Date | 5 Payee name |
| L | 11/01/2024 | Bank of America |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$16.00 | 4000 Garth Rd |
| | | |
| | | Baytown, TX 77521 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| ľ | OF | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Monthly Fee |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| H | Date | Payee name |
| | 12/02/2024 | Bank of America |
| _ | | |
| | Amount (\$) \$16.00 | Payee address; City; State; Zip Code 4000 Garth Rd |
| | \$10.00 | 4000 Gaith Nu |
| | | |
| | | Baytown, TX 77521 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Monthly Fee |
| | | WOTHING FEE |
| <u> </u> | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | y |
| | | |
| | Date | Payee name |
| L | 10/31/2024 | Bowen, Jordan |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$541.40 | 4721 walker st |
| | | Unit A |
| | | Houston, TX 77023 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Social Media Manager |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
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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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Gilt/Awards/Memorials Legal Services The Instruction G | · | | /ages | /Contract Labor | | OTHER (enter a | a category not listed abo | ove) |
|---|--|----------------|-----------------|--|---------------------|------------|--------|---------------------------------|-------|--|---------------------------|------------|
| Ļ | | - | | | uiue expiaiiis | now to co | ilibic | te tilis ioiili. | - | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission | on Filers) |
| | Sch: 2/4 Rpt: 7/9 | | Crews Jr., C | tharles R. (Mr.) | | | | | | 00086289 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 11/14/2024 | | Bowen, Joro | lan | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State: | Zip Co | de | | | | | |
| | \$541.40 | | 4721 walker | | , | | | | | | | |
| | 70.2 | | Unit A | | | | | | | | | |
| | | | | 77000 | | | | | | | | |
| | | ╙ | Houston, TX | . 77023 | | | | | | | | |
| 8 | PURPOSE OF | (a) | | e Categories listed at | | edule) | (b) | Description | | | | |
| | EXPENDITURE | | Salaries/Wa | ges/Contract L | abor | | | 므 | | de of Texas. Con officeholder livin | nplete Schedule T. | |
| | | | | | | | | Social Media | | | y expense | |
| | | | | | | | | Social Media | IVIC | anagei | | |
| _ | On and the ONE Wife disease | <u></u> | 0 | | |)(f) | 14 | | | O#: I- | -1-1 | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | cenoider name | C | Office sou | gnt | | | Office h | eia | |
| | <u> </u> | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 11/14/2024 | | Bowen, Jord | lan | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$541.40 | | 4721 walker | st | | | | | | | | |
| | | | Unit A | | | | | | | | | |
| | | | Houston, TX | 77023 | | | | | | | | |
| | PURPOSE | (2) | | | | | (h) | Decemention | | | | |
| | OF | ^(a) | | e Categories listed at | | edule) | (D) | Description Check if travel of | nutsi | de of Texas, Con | nplete Schedule T. | |
| | EXPENDITURE | | Salalies/wa | ges/Contract L | abui | | | = | | officeholder livin | | |
| | | | | | | | | Social Media | Ma | anager | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | C | Office sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| _ | Date | Т | Payee name | | | | | | | | | |
| | 11/21/2024 | | Bowen, Jord | lan | | | | | | | | |
| | | | | | 04-4- | 7:- 0- | -1- | | | | | |
| | Amount (\$) | | Payee addres | | State; | Zip Co | ae | | | | | |
| | \$1,068.85 | | 4721 walker | St | | | | | | | | |
| | | | Unit A | | | | | | | | | |
| | | | Houston, TX | 77023 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | | ges/Contract L | | · | | | | | nplete Schedule T. | |
| | LAFENDITORE | | | | | | | | | officeholder livin | g expense | |
| | | | | | | | | Social Media | Ma | anager | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | C | Office sou | ght | | | Office h | eld | |
| L | expenditure to benefit C/OI | | | | | | | | | | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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 Travel Out of District

| | 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: 3/4 Rpt: 8/9 | Crews Jr., Charles R. (Mr.) 00086289 |
| 4 | Date | 5 Payee name |
| | 11/04/2024 | Gusto |
| 6 | Amount (\$) \$48.30 | 7 Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107 |
| 8 | 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 Monthly Fee |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 12/03/2024 | Gusto |
| | Amount (\$) \$48.30 | Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107 |
| | 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 Monthly Fee |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 11/04/2024 | Payee name NGP VAN |
| | Amount (\$) \$133.26 | Payee address; City; State; Zip Code 655 15th St. NW Suite 650 Washington, DC 20005 |
| | 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. X Check if Austin, TX, officeholder living expense Monthly Fee |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment | | | mmittee | Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services | ıse | Polling Exper | ead/Rental Expense nse ense ges/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense trict category not listed above) |
|--|----------------------------|-----|---------------|--|--------------|---------------|---|------|---|---|
| | Credit Card Payment | | | The Instruction Guide 6 | explains h | ow to com | olete this form. | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAMI | E | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 4/4 Rpt: 9/9 | | Crews Jr., | Charles R. (Mr.) | | | | | 00086289 | |
| 4 | Date | 5 | Payee name | , | | | | | | |
| | 12/30/2024 | | NGP VAN | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State; | Zip Code | e | | | |
| | \$139.91 | | 655 15th S | | | · | | | | |
| | | | Suite 650 | | | | | | | |
| | | | | n, DC 20005 | | | | | | |
| Ļ | DUDDOCE | (0) | | | | 10 | | | | |
| 8 | PURPOSE OF | (a) | | See Categories listed at the top | of this sche | dule) | Description Check if travel | outs | ide of Texas. Com | nlete Schedule T |
| | EXPENDITURE | | Fees | | | | <u> </u> | | , officeholder living | |
| | | | | | | | Monthly Fee | | | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Off | ïceholder name | 0 | ffice sough | nt | | Office he | eld |
| | expenditure to benefit C/O | Н | | | | | | | | |
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