

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00054835	2 Total pages filed: 13		
3 COMMITTEE NAME High Plains Republican Women PAC		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/07/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged			
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Pox 19003 Amarillo, TX 79114					
5 CAMPAIGN TREASURER NAME Mrs. Brooke	FIRST			MI	
	NICKNAME LAST	SUFFIX			
	Graves				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 900 S. Polk Street Suite 401 Amarillo, TX 79101	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 900 S. Polk Street Suite 401 Amarillo, TX 79101	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (806) 433-1307	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 10/26/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE <input type="checkbox"/> Other	

GO TO PAGE 2

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME High Plains Republican Women PAC		13 FILER ID (Ethics Commission Filers) 00054835
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 1,736.47
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,506.47
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 455.88
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,650.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,205.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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. Brooke Graves

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**FORM GPAC**
COVER SHEET PG 3
3 of 13

17 COMMITTEE NAME High Plains Republican Women PAC	18 FILER ID (Ethics Commission Filers) 00054835
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input checked="" 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 checked="" type="checkbox"/> SCHEDULE E: LOANS	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
12. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
13. <input checked="" 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/13
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 Date 11/11/2025	5 Full name of contributor Abbott, John	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/11/2025	Full name of contributor Abbott, Karen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/11/2025	Full name of contributor Brown, Connie	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/02/2025	Full name of contributor Cheney, Estelle	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Amarillo, TX 79118	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/11/2025	Full name of contributor Denny, Mellessa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Amarillo, TX 79124	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/13	
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835	
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny, Steven 6 Contributor address; City; State; Zip Code Amarillo, TX 79124	7 Amount of Contribution (\$) \$25.00	
	8 Principal occupation / Job title (See Instructions) District Judge		
9 Employer (See Instructions)	Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Ana Contributor address; City; State; Zip Code Amarillo, TX 79114	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Ana Contributor address; City; State; Zip Code Amarillo, TX 79114	Amount of Contribution (\$) \$40.00	
	Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairless, Marilyn Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$25.00	
	Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairly, Caroline Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$40.00	
	Principal occupation / Job title (See Instructions) Texas State Representative		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/13	
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835	
4 Date 12/02/2025	5 Full name of contributor Franks, Trystan	6 Contributor address; City; State; Zip Code Amarillo, TX 79106	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions)	
Date 11/11/2025	Full name of contributor Garcia Flores, Joanne		Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Amarillo, TX 79114		
Principal occupation / Job title (See Instructions) Elect Justice of the Peace, Pct.4		Employer (See Instructions)	
Date 12/02/2025	Full name of contributor Garcia Flores, Joanne		Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Amarillo, TX 79114		
Principal occupation / Job title (See Instructions) Elect Justice of the Peace, Pct.4		Employer (See Instructions)	
Date 12/02/2025	Full name of contributor Graves, Brooke		Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Amarillo, TX 79124		
Principal occupation / Job title (See Instructions) Treasurer		Employer (See Instructions) Potter County	
Date 12/02/2025	Full name of contributor Hale, Barbara		Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/13
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 Date 12/02/2025	5 Full name of contributor Hale, Laurie	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79106	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/11/2025	Full name of contributor Johnson, Dee	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Amarillo, TX 79101	
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions)
Date 11/11/2025	Full name of contributor Johnson, Dee	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Amarillo, TX 79101	
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions)
Date 12/02/2025	Full name of contributor Scamahorn, Ann	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Amarillo, TX 79106	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)
Date 11/11/2025	Full name of contributor Schaffer, Blair	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Amarillo, TX 79103	
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/13</p>
<p>2 FILER NAME High Plains Republican Women PAC</p>		<p>3 Filer ID (Ethics Commission Filers) 00054835</p>
<p>4 Date 11/11/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Blanca</p>	<p>7 Amount of Contribution (\$) \$25.00</p>
	<p>6 Contributor address; City; State; Zip Code Amarillo, TX 79103</p>	
<p>8 Principal occupation / Job title (See Instructions) Self-Employed</p>		<p>9 Employer (See Instructions)</p>
<p>Date 11/11/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Blanca</p>	<p>Amount of Contribution (\$) \$40.00</p>
	<p>Contributor address; City; State; Zip Code Amarillo, TX 79103</p>	
<p>Principal occupation / Job title (See Instructions) Self-Employed</p>		<p>Employer (See Instructions)</p>
<p>Date 12/02/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Blanca</p>	<p>Amount of Contribution (\$) \$30.00</p>
	<p>Contributor address; City; State; Zip Code Amarillo, TX 79103</p>	
<p>Principal occupation / Job title (See Instructions) Self-Employed</p>		<p>Employer (See Instructions)</p>
<p>Date 12/02/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paula</p>	<p>Amount of Contribution (\$) \$40.00</p>
	<p>Contributor address; City; State; Zip Code Amarillo, TX 79110</p>	
<p>Principal occupation / Job title (See Instructions) Constable</p>		<p>Employer (See Instructions) Randall County</p>

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.			
2 FILER NAME High Plains Republican Women PAC			
4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00			
5 Date	6 Full name of pledgor 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (If applicable)
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/13
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/3 Rpt: 11/13	2 FILER NAME High Plains Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00054835
4 Date 11/11/2025	5 Payee name Abuelo's Mexican Restaurant	
6 Amount (\$) \$108.25	7 Payee address; City; 3501 SW 45th Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/11/2025	Payee name Abuelo's Mexican Restaurant	
Amount (\$) \$656.23	Payee address; City; 3501 SW 45th Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Monthly Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Abuelo's Mexican Restaurant	
Amount (\$) \$108.25	Payee address; City; 3501 SW 45th Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/3 Rpt: 12/13	2 FILER NAME High Plains Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00054835
4 Date 12/02/2025	5 Payee name Abuelo's Mexican Restaurant	
6 Amount (\$) \$846.07	7 Payee address; City; 3501 SW 45th Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Monthly Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Lincoln Reagan Committee	
Amount (\$) \$3,000.00	Payee address; City; 109 Chucker St Amarillo, TX 79124-7803	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lincoln Reagan Dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Panhandle Gives	
Amount (\$) \$1,000.00	Payee address; City; P.O. Box 20771 Amarillo, TX 79114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to High Plains Food Bank
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/3 Rpt: 13/13	2 FILER NAME High Plains Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00054835
4 Date 12/30/2025	5 Payee name TFRW	
6 Amount (\$) \$20.20	7 Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name TFRW	
Amount (\$) \$455.40	Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held