

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088178	2 Total pages filed: 11																								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR Mrs.</td> <td style="width: 25%;">FIRST Elizabeth A.</td> <td style="width: 25%;">MI MI</td> </tr> </table>		MS / MRS / MR Mrs.	FIRST Elizabeth A.	MI MI	OFFICE USE ONLY																					
	MS / MRS / MR Mrs.	FIRST Elizabeth A.	MI MI																								
<table style="width: 100%;"> <tr> <td style="width: 25%;">NICKNAME Liz</td> <td style="width: 25%;">LAST Case Pickens</td> <td style="width: 25%;">SUFFIX</td> </tr> </table>		NICKNAME Liz	LAST Case Pickens	SUFFIX																							
NICKNAME Liz	LAST Case Pickens	SUFFIX																									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 209 Lunar View Tuscola, TX 79562		Date Received ELECTRONICALLY FILED 01/28/2026																								
			Date Hand-delivered or Date Postmarked																								
			<table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table>	Receipt #	Amount																						
	Receipt #	Amount																									
		Date Processed Date Imaged																									
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR</td> <td style="width: 25%;">FIRST Linda</td> <td style="width: 25%;">MI MI</td> </tr> </table>			MS / MRS / MR	FIRST Linda	MI MI																					
	MS / MRS / MR	FIRST Linda	MI MI																								
<table style="width: 100%;"> <tr> <td style="width: 25%;">NICKNAME</td> <td style="width: 25%;">LAST Lockhart</td> <td style="width: 25%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST Lockhart	SUFFIX																						
NICKNAME	LAST Lockhart	SUFFIX																									
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15853 CR. 409 Cross Plains, TX 76443																										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 883-2518																										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)																
<input type="checkbox"/> January 15	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)																								
9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Year</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">01/01/2026</td> <td colspan="3">01/22/2026</td> </tr> <tr> <td colspan="6" style="text-align: center;">THROUGH</td> </tr> </table>			Month	Day	Year	Month	Day	Year							01/01/2026			01/22/2026			THROUGH					
Month	Day	Year	Month	Day	Year																						
01/01/2026			01/22/2026																								
THROUGH																											
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other																								
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 71																								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 11

13 C / OH NAME	Case Pickens, Elizabeth A. (Mrs.)	14 Filer ID	(Ethics Commission Filers)
		00088178	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	68.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,888.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	225.54
	4. TOTAL POLITICAL EXPENDITURES	\$	14,569.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	100,445.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	100,000.00

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.

Mrs. Elizabeth A. Case Pickens

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

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 11

18 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		19 Filer ID (Ethics Commission Filers) 00088178
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,988.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 900.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,569.73
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 A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/11
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 01/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arledge, Lawrence 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bluhm, Brian Contributor address; City; State; Zip Code Buffalo Gap, TX 79508	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Joe Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Henry Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Stephanie Contributor address; City; State; Zip Code Abilene, TX 79603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/11
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 01/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehler, Nicholas 6 Contributor address; City; State; Zip Code MERKEL, TX 79536	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Dale Contributor address; City; State; Zip Code Tuscola, TX 79562	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Cyndie Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickens, Dan Contributor address; City; State; Zip Code Tuscola, TX 79562	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Daniel Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/11
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUOTANEN, Norm 6 Contributor address; City; State; Zip Code Abilene, TX 79604	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) CEO/Chief Engineer, Chief Pilot		9 Employer (See Instructions) GSP Company
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rush, Janet Sue Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Barbara Lynn Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) self employed
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theil, Carey Contributor address; City; State; Zip Code Arlington, MD 02476	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Mike & Phyllis Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/11
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ohlhausen, winston <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) farmer		9 Employer (See Instructions) farmer

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/11	
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/05/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sanders, Rich 7 Contributor address; City; State; Zip Code abilene, TX 79601	8 Amount of contribution (\$) \$900.00	9 In-kind contribution description 600 Yard Signs
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) ceo		11 Employer (FOR NON-JUDICIAL) (See instructions) VistaFlags	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 9/11	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 01/05/2026	5 Payee name GRIFFIN COMMUNICATIONS, INC.	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Monthly consulting fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/20/2026	Payee name Lamar Advertising	
Amount (\$) \$1,228.57	Payee address; City; State; Zip Code 4682 Treanor Dr. Abilene, TX 79602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 8 billboards for 6 weeks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/20/2026	Payee name Lockhart, Linda	
Amount (\$) \$2,737.22	Payee address; City; State; Zip Code PO BOX 611 Cross Plains, TX 76443	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Treasurer/campaign manager plus campaign phone number
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.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 10/11	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 01/22/2026	5 Payee name MESQUITE EVENT CENTER	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 201 MESQUITE ST ABILENE, TX 79605	
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 Event venue Rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2026	Payee name VISTA FLAGS	
Amount (\$) \$1,991.80	Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 various Yard signs/bumper stickers and other printed materials.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name VISTA FLAGS	
Amount (\$) \$86.60	Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 tshirts and other promotional items
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.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 11/11	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 01/22/2026	5 Payee name What's Up News	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 10924 Grant Road, Suite 133 Houston, TX 77070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Placement of one (1) Full-page full color advertisement in the Jones and Taylor County print
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held