CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS (MR) FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME CLAST	SUFFIX	Date Received .
	SANDERS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	STATE- SID CUDE	Date Hand-delivered or Poetmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	ADEA CODE BUONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER	MS/MRS/MRS FIRST	MI	Date Imaged
NAME	Esque LAST Sanders	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 9 / 26 / 2014 THROUGH	Month Day	/ear / 2014
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	·		
	GOTOPA	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 A(CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY F HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY R	S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		23 7
	SPECIFIC		001 28
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
	·	COMMITTEE CAMPAIGN TREASURER ADDRESS	\$ 60 ×
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 485,00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5585.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 223.04
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4, 052,57
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 5, 241.16
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 7,920.29
18 AFFIDAVIT		I swear or affirm under penalty of perio	inv. that the accompanying report
OLLIEPHINE 8OSS ANDERSON Notary Public, State of Texas My Commission Expires December 61, 2015 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. Signature of Candidate or Officeholder			
AFFIX NOTARY STAM			
	of October	me, by the said famult A. Anders , 20 14 , to certify which, witness my h	, this the and and seal of office.
Signature of officer admi	all inistering oath	Olligh: Ne Andres UN Printed name of officer administering oath	Kabay Public Title of officer administering oath
_	=	- -	-

POLITICAL	CONTRIBUTIONS	
OTHER THA	AN PLEDGES OR LO	ANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 3
2 FILER NAME	SANDERS, KENNETH	D	3 ACCOUNT # (E	thics Commission Filers)
4 Date	Full name of contributor □out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description of applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	· · · · · · · · · · · · · · · · · · ·	or recas, complete screening 1)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/14	Contributor address; City; State; Zip Code		25.00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 0/18/14	Full name of contributor out-of-state PAC (ID#_ Damon cardner Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(le travel autoida	
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	,			
Date	Full name of contributor out-of-state PAC (ID#_ David Williams		Amount of contribution (\$)	In-kind contribution description (if applicable)
110/14	Contributor address; City; State; Zip Code		50.00	
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/25/11	Brian Pendleton Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
				[[
	<u> </u>		······	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	and the second s	· · · · · · · · · · · · · · · · · · ·		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME	SANDERS , KENNETH	D	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
	Buddy + Ann Luce		contribution (\$)	description (if applicable)
10/16/14	Dogay & ANN BOCK		ENA	
110/14	6 Contributor address; City; State; Zip Code		50.00	l 573
			3	
				To see all the second s
				of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
				Carlo const
Date	Full name of contributor		Amount of	In-kind contribution
121.1	Tax 5 2		contribution (\$)	description (if applicable)
10/16/14	Iari S. Baver			pair to
, , , ,	Contributor address; City; State; Zip Code		50.00	
				(C)
				of Texas, complete Schedule T)
Principal occuş	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
1 ~ 1	Nikia Lawson		contribution (\$)	description (if applicable)
10/18/14	Ni Kia Lawson Contributor address; City; State; Zip Code		FA 11	I
1.0/14	Contributor address; City; State; Zip Code		50.00	1
				1
			(IE brown) model to	of Toyon complete Calculation
Dejected Co.	vation / Joh title (See Instructions)	Employee /Car		of Texas, complete Schedule T)
Principal occul	pation / Job title (See Instructions)	Employer (See	man acaons)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Mil		contribution (\$)	description (if applicable)
10/10/	Miladys Friesen			
1,2/18/14	Contributor address; City; State; Zip Code		150.00	1
D-1	potion / Joh title /Con Later Air	F1 (2		of Texas, complete Schedule T)
Principal occul	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
1	Shalton		contribution (\$)	description (if applicable)
10/19/	Contributor address: City: State: Zin Code		10000	1
1 114	Contributor address; City; State; Zip Code		100.00	1
				1
Dringing!	pation / Joh title (See Instructions)	Employer (Car		of Texas, complete Schedule T)
Frincipal occu	pation / Job title (See Instructions)	Employer (See	misuucuons)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME	SANDERS, KENNETH	1, D	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor O.R. I.V.E.		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/16/19	Democrat, Republican, Independe 6 Contributor address; City; State; Zip Code 25 Louisiana Ave., NW Washington, DC 2000		2,500.00%	7A.R.R. 2014.00
	Mashington, DC 20001		(If travel outside of	of Texas, complete Schedule 1)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	60
Date	Full name of contributor out-of-state PAC (ID#_General Drivers, Warehousemen + Hocal Union 745 Contributor address; City; State; Zip Code	elpers	Amount of contribution (\$)	In-kind contribution description (if applicable)
116/14	1007 Jonelle St		2,500.00	<u></u>
	Dallas, TX 75217		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		Commission (c)	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor [] out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	ATTACH ADDITIONAL COPIES O	DE THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	ANDERS, KENNE	7H D	3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:) + + + + ·	\$
5 Date of loan	1 1/	Out-of-state PAC (ID#:	2,979.66
6 Is lender a financial Institution?	8 Lender address; City; State; Z	Zip Code	10 Interest rate
Y (N)	ATTIVISTORS		1#31/30158
12 Principal occupati	on / Job title (See Instructions) Self-employed	13 Employer (See Instructions)	80 1 AT
14 Description of Col		15 Check if personal funds were	deposited into political account
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;		Interest rate
Y N			Maturity date **
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were	deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;		
Principal Occupat	tion (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COPII der is out-of-state PAC, please see insti	ES OF THIS SCHEDULE AS NEI ruction guide for additional rep	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Ro The Instruction Guide explains how to other the service of t	ontract Labor ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee tental Expense Contributions Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
4 Tatal		
1 Total pages Schedule F:	SALIDERS, KENNE	F7H D 3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/29/2014	5 Payee name Big Bang Media	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
43.30		70. T.
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule TO
OF EXPENDITURE	Printing Exp	Check if Austin, TX, officeholder living experise
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
9/30/2014	Big Bana Media	
Amount (\$)	Payee address; City; State; Zip Code	
130.00		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	h	
EXPENDITURE	Printing EXP	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date , ,	Payee name	
10/1/2014	Facebook	
Amount (\$)	Payee address; City; State; Zip Code	
4.37		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Advertising Exp	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
10/8/2014	Big Bang Media	
Amount (\$) 332,50	Payee address; City; State; Zip Code	
- 1,	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Printing Exp.	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	tontract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule F:	SANDERS KENNETH	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/8/2614	5 Payee name Chase Bank	• • • • • • • • • • • • • • • • • • • •
6 Amount (\$)	7 Payee address; City; State; Zip Code	77 ECT 20 TAR
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees (Bank)	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 10/9/2014	Payee name Home Depot	2 5 S
Amount (\$)	Payee address; City; State; Zip Code	
29.16		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising Exp.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 10/16/2014	Payee name Home Depot	
Amount (\$)	Payee address; City; State; Zip Code	
21.58		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Exp.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 10/24/2614 Amount (\$)	Payee name VAB	
500-80	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisins Exp	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	ontract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
3	SANDERS, KENNET!	4 D
4 Date 10/14/2014	5 Payee name Office Max	
6 Amount (\$) 28.84 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	TARRACT STORES
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Exp	Check if Austin, TX, officeholder living expense
Date 10/14/2014	Payee name Home Depot	
Amount (\$) 17.03 Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Exp	Check if Austin, TX, officeholder living expense
Date 10/16/2014	Payee name Lowe's	
Amount (\$) 1 6.76 Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Exp	Check if Austin, TX, officeholder living expense
Date 10/16/2014	Home Depot	
Amount (\$) 67,03 Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Exp	Check if Austin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	EXPENDITURE CATEGORIES I	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Col Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Re	sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By ict Candidate/Officeholder/Political Committee
	The instruction Guide explains how to c	complete this form.
1 Total pages Schedule G:	SANDERS, KENNETH	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	^
10/17/2014	Tarrant County Demo	ocratic Party
6 Amount (\$) 506,66	7 Payee address; City; State; Zip Code	all PP
Reimbursement from political contributions intended		TARI ELECTION
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule 1).
OF EXPENDITURE	Fees	
		Check if Austin, TX, officeholder living expense
Date 10/21/2614	Big Bang Media	
Amount (\$) 425,08	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Exp,	Check if Austin, TX, officeholder living expense
Date	Payee name	
10/24/2014	Texas Democratic	Party
Amount (\$) 400, 60 Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
Date 10/25/2614	Big Bang Media	
Arnount (\$) 425.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing Exp	Check if Austin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees 1 Total pages Schedule G: 3 4 Date \(\) \	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense Travel In District Travel In District Travel Out Of District Office Overhead/R The Instruction Guide explains how to one 2 FILER NAME SANDERS, ENNETH 5 Payee name Torrant County 7 Payee address; City; State; Zip Code	Intract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete this form. 3 ACCOUNT # (Ethics Commission Filers)
Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	2 E 2
	1 223	Check if Austin, TX, officeholder iving expense
Date	Payee name	OCT 28
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Date	Payee name	,
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		Check if Austin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		