CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how	to complete this form.	THE TO LETTING CONTINUES (1983)	2 Total pages med.
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI •	OFFICE USE ONLY
NAME	MR	MICHAEL		Date Received
	NICKNAME	LAST	SUFFIX	en .
		HAKUY	DOWN DEATE. 20 CODE	TA 2016 ELEC BY:_
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PRODUCA THE NO.	AOT / OURTE 6.	OTATE: 2th AADE	JAN 15
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	,,,,,,,,	, notes		Date Hand delivered Date Fostmarket
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST MICHAEL	MI	Receipt # O Amounts -<
NAME	NICKNAME	LAST		Date Processed
		HARDY		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UIȚE.#; CITY; STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	07/	01/2015	THROUGH 12	31 /2015
11 ELECTION	ELECTION DA	l	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	03/01/	2016 General	Special	
12 OFFICE	OFFICE HELD (if any)	A	13 OFFICE SOUGHT (if known	
			TARRAN (O	
			CONSTABLE	ACC1
	dentification and the comments of the comments	до то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	,		5 Filer ID (Ethics Commission Filers)
MICH	AEL J	HARDY	•
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS TURES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS	TARRA 2016 JAN 2016 JAN ELECTIONS BY:
	SPECIFIC		NT CO
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	M 9: 0
		COMMITTEE CAMPAIGN TREASURER ADDRESS	□ □ □
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	i .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ - (
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,303.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 100.00		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI AY OF THE REPORTING PERIOD	* -o-
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, Bietlion Code. DIANE H. MCALISTER Notary Public, State of Texas My Commission Expires November 05, 2016 AFFIX NOTARY STAMP/ SEALABOVE			
Sworn to and subsc		by the said Michael T. Hardy to certify which, witness my hand and seal of office.	, this the
Deane H. Mc alista Diane H. M. Alister Notary			
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME MICHAEL HARRY 20 Filer ID (Ethics Con	nmission Filers)
	MICHAEL HARLING	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0 -
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0 -
4.	SCHEDULE E: LOANS	\$ - b -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0-
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$-0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$4,208.20
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,100
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

TARRANI COURT

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME MICHAEL HA	47204	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 4,208.20
5 Date	6 Payee name		
07/14/2015	SONIC PAINT		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
416.27	5018 TANHAW BLO	TAMPA, FLOR	10A 33634
9 TYPE OF EXPENDITURE	Political [Non-Political	TAR 2016 ELECT
10	(a) Category (See Categories listed at the top of t	his schedule) (b) Descript	ion RA RA
PURPOSE	22	Check	k if travel outside of Texas. Complete Sehedule T.
OF EXPENDITURE	PRINTING	Check	k if Austin, TX officehonder: living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	office TOR
Date 09 /14/2015	Payee name SACINAN AREA (Chambon of Co	mmerce
Amount (\$)	Payee address; City; State;	Zip Code	TWAS 76179
250.00	301 5. SAGINAN B.	LVD SAGINAN	(1)45 16(1)
TYPE OF EXPENDITURE	Political [Non-Political	
	Category (See Categories listed at the top of	this schedule) Descrip	ition
PURPOSE OF	Dues		k if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Dogs	JChec	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries (Menes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Garanasa Girasi Iodoji i Giras	The Instruction Guide explains how to complete this form	Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME MICHAGL HARDY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 4,208.70
5 Date 09/14/2015	6 Payee name 546 WAN AREA (HAMAGE ST 6	mmehet
7 Amount (\$)	8 Payee address; City; State; Zip Code 301 S SACINAM BLUD SACINAM	Ex45 76179
9 TYPE OF EXPENDITURE	Political Non-Political	T 20
10 PURPOSE OF EXPENDITURE	2001H 21HC3 &	eck if travel outside of Texas Complete Seedule T
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	AM 9: 05
og 125/2015	Payee name Soulc PAINT	P
Amount (\$)	Payee address; City; State; Zip Code	
285.00	5018 TAMPA N BLID TAMPA FL	oulioa 33634
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE		ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

SCHEDULE F4

	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District
1 Total pages Schedule F4:	2 FILER NAME MICHAEL HARDY 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$4,208.70
5 Date	6 Payee name
10/14/2015	Amorican Sign Works
7 Amount (\$)	8 Payee address; City; State; Zip Code
119.60	5823 JACKEBOND HOT FOR WOMEN TOXAS 76119
9 TYPE OF EXPENDITURE	X Political Non-Political BY
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Check if travel outside of Texas Complete Schedule T.
OF EXPENDITURE	BANNER Check if Austin, TX officeholder Wing Schense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office Held 99
Date	Payee name
10/15/2015	USPS
Amount (\$)	Payee address; City; State; Zip Code
147.00	USPS 101 BURNONT SAGINAN TOXAS 76179
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	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 H
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 explain	-	
1 Total pages Schedule F4:	2 FILER NAME MICHAEL HARD	14	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		\$ 4,208.20
5 Date	6 Payee name		
12/10/2015	G57		, 1
7 Amount (\$)	8 Payee address; City; State;	Zip Code	m 2 -1
2,523. e7	1809 AFTON House	WITEXAS 770	TARRA TARRA
9 TYPE OF EXPENDITURE	Political	Non-Political	on ST Branchedular if travel outside of Texas. Company to Chedular
10	(a) Category (See Categories listed at the top of thi	is schedule) (b) Description	on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
PURPOSE OF			if travel outside of Texas. Comprehence hedula.
EXPENDITURE	5605	Check	if Austin, TX, officeholder listing expenses
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date 12/12/2015	Payee name STAPLES		
Amount (\$)	Pavee address: City: State:	Zip Code	
87.65	6313 LAKE WOME	4 BWO, LAKE W	JONTH, TSMS 76135
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of the		
PURPOSE OF	20 2		if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Solphie	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
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULF AS N	EEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 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 F4:	2 FILER NAME MICHAEL HARDY 3 File	r ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EVDENDITUDES OF ABOUT OVER	,208,20		
5 Date	6 Payee name			
12/28/2015	Lowes			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
5B.76	3500 NW CENTRE FOW MATH TOURS	76135		
9 TYPE OF EXPENDITURE	Political Non-Political			
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	gred on		
PURPOSE	Check if travel outs	ide of Texas Complete Sone ule T.		
OF EXPENDITURE	SIGN MATERIALS Check if Austin,	officeholden-tiving Spense ARRA		
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought H	NT COUNT 15 AM 9:		
Date	Payee name	9: 05 RATOR		
12/31/2015	Lowes	Y 05		
Amount (\$)	Payee address; City; State; Zip Code	### ##################################		
59.30	3500 NW CENTRE Fr WONTH TEXA	576135		
TYPE OF EXPENDITURE	Political Non-Political			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE	Check if travel outs	ide of Texas. Complete Schedule T.		
OF EXPENDITURE	Slan Marchay Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials 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
Other (enter a category not listed above)

Candidate/Officeholder/Politica		enter a category not listed above)		
1 Total pages Schedule F4: 2 FILER NAME MICHAEL HARRY 3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,	208.20		
5 Date 12/31/2015	6 Payee name トのいらら			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
60.75	3500 NN CENTRE FIW WITH TEXAS	76135		
9 TYPE OF EXPENDITURE	Political Non-Political			
10	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE OF		e of Texas. Complete Schedule T.		
EXPENDITURE	SIGN MATCHIALS Check if Austin, TX	(, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	TARRANT COUNTY 2016 JAN 15 AM 9: 0 2016 JAN 15 AM 9: 0 ELECTIONS ADMINISTRATE BY:		
Date .	Payee name	NT CC		
Amount (\$)	Payee address; City; State; Zip Code	AM 9: 05		
TYPE OF EXPENDITURE	Political Non-Political	√ V :		
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF		le of Texas. Complete Schedule T.		
EXPENDITURE	Check if Ausun, 17	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought OH	Office held		
		·		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (grifer a category not listed shove)

Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME MICHAEL HARS		er ID (Ethics Commission Filers)	
4 Date 11/19/2015	5 Payee name TCGOP			
6 Amount (\$) 1,000.00 Reimbursement from political contributions intended	7 Payee address: City; State; Zip Code 2405 GRAVEL FUNT W	LTH TEXAS 76	• ((B	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas Check if Austin, TX, officel	•	
9 Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held	
Date 12/03/1015	Payee name (OWTOWN REPUBLICAN)	woman's Vora	L Guige	
Amount (\$) \(\mathbb{O}\). \(\mathbb{O}\). \(\mathbb{O}\) Reimbursement from political contributions intended	Payee address; City; State; Zip Code Po Box 470 IS2 Frwh			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa: Check if Austin, TX, office		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	TARRA TARRA FCTIONS	
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address; City: State; Zip Code		NT COUNTY 15 AM 9: 05 ADMINISTRATOR	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa Check if Austin, TX, office	·	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Be

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Printing Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME MICHAEL }	LARDY	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/19/2015	TEGOP		
6 Amount (\$)		Zip Code	
- ,,,			
1,300.00	2405 GRAVEL FOR	WOMEN TOXAS	76 118
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE		Check if travel of	outside of Texas, Complete Schedule T.
OF	FILING FEE	Check if Austi	in, TX, officeholder living expense
EXPENDITURE	, 10,110 425		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/03/2015	COWTOWN ROYUE	LICAN WOMEN 1	lotens Guios
Amount (\$)	Payee address; City; State;	Zip Code _	
	Ds Ray 47015	frwork Tex	7/ 1/2
100.00	א צווטן די אטפי פץ	. However 18x	45 16197
	Category (See Categories listed at the top of this	s schedule) Description	
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.
OF	1	Check if Austi	n, TX, officeholder living expense
EXPENDITURE	A OV		
			F79 [77
Complete ONLY if direct	Candidate / Officeholder name	Office sought	∴ Poffice h
expenditure to benefit C/OF	1	_	
Date	Payee name		02 Z 2
			1 3 5 E
			5 元
Amount (\$)	Payee address; City; State;	Zip Code	SE
Amount (\$)	Payee address, City, State,	Zip Code	TRUS (S
			A = = =
			UHTY 9: 05 TRATOR
	Category (See Categories listed at the top of thi	s schedule) Description	
PURPOSE			outside of Texas. Complete Schedule T.
OF		Check if Austi	in, TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Ol			
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED