

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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR NICKNAME: "Mikey" FIRST: Michael LAST: Valdez MI: D SUFFIX:	<div style="border: 2px solid black; padding: 5px;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0; font-size: small;">Date Received BY: FR</p> <p style="margin: 0; font-size: small;">Date Hand-delivered or Date Postmarked</p> <p style="margin: 0; font-size: small;">Receipt # Amount \$</p> <p style="margin: 0; font-size: small;">Date Processed</p> <p style="margin: 0; font-size: small;">Date Imaged</p> </div> <div style="margin-top: 10px; text-align: right; font-size: small;"> <p>FILED</p> <p>TARRANT COUNTY</p> <p>2016 JAN 15 AM 11:45</p> <p>FRANK PHILLIPS ELECTIONS ADMINISTRATOR</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MRS NICKNAME: FIRST: Dolores LAST: Valdez MI: 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	<input checked="" type="checkbox"/> January 15 <input 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 15 / 15 12 / 31 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Tarrant County Constable Precinct 5	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Michael Valdez 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

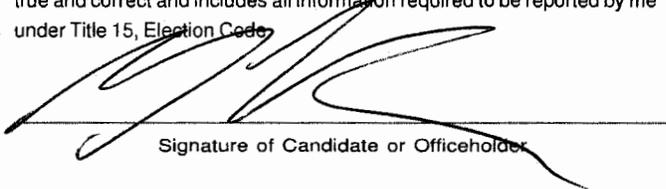
Additional Pages

FILED
TARRANT COUNTY
2016 JAN 15 AM 11:46
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 217.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,357.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,116.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,240.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.


Signature of Candidate or Officeholder


AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Valdez, this the 15 day of January, 2016, to certify which, witness my hand and seal of office.

Diane H. McAlister Diane H. McAlister Notary
Signature of officer 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 <i>Michael Valdez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,357
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 50,000.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,116.76
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

BY: _____
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 2016 JAN 15 AM 11:46
 TARRANT COUNTY
 FILED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1-4**

2 FILER NAME **Michael Valdez**

3 Filer ID (Ethics Commission Filers)

4 Date **10-10-15**

5 Full name of contributor out-of-state PAC (ID#: _____)
MANUEL T. VALDEZ

7 Amount of contribution (\$)
\$ 400.00

6 Contributor address; City; State; Zip Code
**4323 CALMONT AVE
FT WORTH, TX 76107**

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10-10-15 Dolores Valdez

\$ 400.00

Contributor address; City; State; Zip Code

**4323 CALMONT AVE
FT WORTH, TX 76107**

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10-13-15 ROSE MARTINEZ

\$ 150.00

Contributor address; City; State; Zip Code

**1241 DOWNWOOD DR.
BURLESON, TX 76028**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10-13-15 JAMES & PATRICIA HENSON

\$ 300.00

Contributor address; City; State; Zip Code

**8013 KENDRA LN.
N. RICHLAND HILLS, TX 76182**

Principal occupation / Job title (See Instructions)
(Rams) Dept of Homeland Security

Employer (See Instructions)
U.S. Government

BY: _____

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

2016 JAN 15 AM 11:46

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2-4**

2 FILER NAME

Michael Valdez

3 Filer ID (Ethics Commission Filers)

4 Date

10-13-15

5 Full name of contributor

Jose Gallegos

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

**6102 Portice Dr. #1224
Ft. Worth, TX 76132**

8 Principal occupation / Job title (See Instructions)

POSTAL WORKER

9 Employer (See Instructions)

U.S. Government

Date

10-13-15

Full name of contributor

CARLOS DeANDA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

**2913 Lipscomb
Ft Worth, TX 76110**

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10-13-15

Full name of contributor

John Soto

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

**4213 Bilgide Rd.
Ft Worth, TX 76109**

Principal occupation / Job title (See Instructions)

Private Security Guard

Employer (See Instructions)

Date

10-13-15

Full name of contributor

Donald M. Jaquess

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

**4408 Three Oaks Dr.
Arl, TX 76016**

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

BY: _____

**FRANK PHILLIPS
ELECTIONS ADMINISTRATOR**

2016 JAN 15 AM 11:46

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

TARRANT COUNTY

FILED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3-4

2 FILER NAME Michael Valdez

3 Filer ID (Ethics Commission Filers)

4 Date 10-13-15

5 Full name of contributor Joe Hovea

7 Amount of contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code 5316 Wedington Ct. Ft. Worth, TX 76133

8 Principal occupation / Job title (See Instructions) Retired

9 Employer (See Instructions)

Date

Full name of contributor Jose d. Chavez

Amount of contribution (\$) \$100.00

10-13-15

Contributor address; City; State; Zip Code 8104 Marie Dr. Ft. Worth, TX 76123

Principal occupation / Job title (See Instructions) Postal worker

Employer (See Instructions)

Date

Full name of contributor David Medina

Amount of contribution (\$) \$100.00

10-13-15

Contributor address; City; State; Zip Code 2107 Woodstock Dr. Colleyville, TX 76034

Principal occupation / Job title (See Instructions) Retired

Employer (See Instructions)

Date

Full name of contributor TINA Valdez

Amount of contribution (\$) \$50.00

10-13-15

Contributor address; City; State; Zip Code 3616 Fenton Ave. Ft Worth, TX 76133

Principal occupation / Job title (See Instructions) H.R.

Employer (See Instructions) TARRANT COUNTY

BY:

FRANK PHILLIPS ELECTIONS ADMINISTRATOR

2016 JAN 15 AM 11:46

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4-4**

2 FILER NAME **Michael Valdez**

3 Filer ID (Ethics Commission Filers)

4 Date **10-13-15** 5 Full name of contributor out-of-state PAC (ID#: _____)
JENNIFER AQUILAR

7 Amount of contribution (\$) **\$ 50.00**

6 Contributor address; City; State; Zip Code
**9708 GALLATIN LN.
FT. WORTH, TX 76177**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **10-13-15** Full name of contributor out-of-state PAC (ID#: _____)
SALLY W. WARD

Amount of contribution (\$) **\$ 50.00**

Contributor address; City; State; Zip Code
**4601 MOSS ROSE DR.
FT WORTH, TX 76137**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____ Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____ Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY: _____
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
2016 JAN 15 AM 11:46

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Michael Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

BY: _____
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
2016 JAN 15 AM 11:46

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1-1	
2 FILER NAME Michael "Money" Valdez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 11/1/15	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Rios	8 Amount of Pledge \$ 50,000.00	9 In-kind contribution description Media Advertisement
7 Pledgor address; City; State; Zip Code 1836 Canyon Ridge Ft. Worth, TX 76131		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

BY: _____
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
2016 JAN 15 AM 11:46

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
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? Y N	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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

BY: _____
 FRANK PHILLIPS
 TARRANT COUNTY ELECTIONS ADMINISTRATOR
 FILED
 2016 JAN 15 AM 11:46

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY
SCHEDULE F1
2016 JAN 15 AM 11:46

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

FRANK PHILLIPS
ELECTION ADMINISTRATOR
Signature/Supplies/Travel
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
BY: Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Valdez</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date <i>12/17/15</i>	5 Payee name <i>Tarrant County Credit Union</i>
---------------------------	----------------------------------------------------

6 Amount (\$) <i>16.76</i>	7 Payee address; City; State; Zip Code
-------------------------------	----------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Checks</i>
------------------------------------	-----------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-------------------------------------------------------	-------------------------------	---------------	-------------

Date <i>12/8/15</i>	Payee name <i>Tarrant County Democratic Party</i>
------------------------	------------------------------------------------------

Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Filing Fee</i>
-------------------------------	-----------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date <i>12/14/2015</i>	Payee name
---------------------------	------------

Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code
------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Rental Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Rent for Campaign HQ</i>
-------------------------------	---------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED