

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Joseph	MI L
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME Joe		LAST Rubertino
<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	FIRST Bethany	MI L
7 CAMPAIGN TREASURER ADDRESS	NICKNAME Beck		LAST Beck
(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 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)		
10 PERIOD COVERED	Month Day Year 2 / 13 / 2025		Month Day Year 4 / 2 / 2025
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Heath City Council Place 2
14 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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

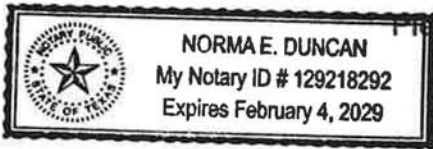
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Joe Rubertino For Heath City Council Place 2</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>7040</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2810.93</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>4229.07</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

18 SIGNATURE 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.

[Handwritten Signature]
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joseph Rubertino this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.
 Signature of officer administering oath: Norma Duncan Printed name of officer administering oath: NORMA DUNCAN Title of officer administering oath: City Secretary

OR

(2) Unsworn Declaration

My name is Joseph Rubertino, and my date of birth is 4/1/81
 My address is Heath (city), Tx (state), 75032 (zip code), USA (country)
 Executed in Rockwall County, State of Texas, on the 3rd day of April, 2025.
 Signature of Candidate/Officeholder (Declarant): [Handwritten Signature]

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,040 ⁰⁰
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,810.93
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe Rubenano

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/25

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

Joe Gortler

6 Contributor address; City; State; Zip Code

113 Urbome Circle Heath TX 75032

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

General Manager

9 Employer (See Instructions)

Nissan of Greenville

Date

2/3/25

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

Glenna Colley

Contributor address; City; State; Zip Code

14 Lot Creek Ln, Ormond Beach, FL 32174

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Advertising

Employer (See Instructions)

Self-employed

Date

3/31/25

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

Ryan Clark

Contributor address; City; State; Zip Code

308 James Dr, Rockwall, TX 75082

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

homeowner

Employer (See Instructions)

homeowner

Date

4/1/25

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

Laneta Beck

Contributor address; City; State; Zip Code

969 McDonald Rd, Rockwall, TX 75082

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joe Rubenano</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Baumbach</i>	7 Amount of contribution (\$) <i>\$100.⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>18370 CR 31, Lindale TX 75771</i>	
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions) <i>retired</i>
Date <i>3/18/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nina Cox</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>2412 Rachel Dr, Heath TX 75322</i>	
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions) <i>self employed</i>
Date <i>3/26/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amanda Harris</i>	Amount of contribution (\$) <i>\$25.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>18028 University Dr, Forney TX 75126</i>	
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>Forney ISD</i>
Date <i>3/20/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arette Zaccarelli</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>2611 Greenhump Dr, Wylie TX 75098</i> <i>3412 Rachel Dr, Heath</i>	
Principal occupation / Job title (See Instructions) <i>Realtor</i> <i>retired</i>		Employer (See Instructions) <i>self employed</i> <i>retired</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joe RuberArno</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/11/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Brad Larsen / ABCI LP</i>	7 Amount of contribution (\$) <i>\$2,000.⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>2101 Frankford Parkway, Garland, TX 75040</i>	
8 Principal occupation / Job title (See Instructions) <i>Business owner</i>		9 Employer (See Instructions) <i>ABCI LP</i>
Date <i>3/17/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Karen Holloway</i>	Amount of contribution (\$) <i>\$1,500.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>261 Holloway Ln. Rowlett TX 75082</i>	
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Self-employed</i>
Date <i>3/17/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jacqui Simons</i>	Amount of contribution (\$) <i>\$25.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>7 Rockingham Ct Heath TX 75032</i>	
Principal occupation / Job title (See Instructions) <i>homemaker</i>		Employer (See Instructions) <i>homemaker</i>
Date <i>3/19/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jessam Saunders</i>	Amount of contribution (\$) <i>\$200.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>Heath TX 75032</i>	
Principal occupation / Job title (See Instructions) <i>homemaker</i>		Employer (See Instructions) <i>Medix</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joe Robertson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/19/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph L. Robertson</i>	7 Amount of contribution (\$) <i>\$40.⁰⁰</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>AVP / Division Director</i>		9 Employer (See Instructions) <i>Robert Half</i>
Date <i>3/7/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph C. Robertson</i>	Amount of contribution (\$) <i>\$1,500.⁰⁰</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
Date <i>3/11/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Henry Beck</i>	Amount of contribution (\$) <i>\$400.⁰⁰</i>
Contributor address; City; State; Zip Code <i>969 McDonald Rd Redwood TX 75082</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. T.A. Sutterfield</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>571 McDonald Rd Redwood TX 75082</i>		
Principal occupation / Job title (See Instructions) <i>Business owner</i>		Employer (See Instructions) <i>Matrix</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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:	2 FILER NAME <i>Joe Robertson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/19/25</i>	5 Payee name <i>Keepers Press</i>
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6 Amount (\$) <i>1130.67</i>	7 Payee address; <i>1905 Alpha Dr, #170, Rockwall, TX 75087</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>10 4'x8's, 150 yard signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/12/25</i>	Payee name <i>Keepers Press</i>
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Amount (\$) <i>1264.36</i>	Payee address; <i>1905 Alpha Dr, #170, Rockwall, TX 75087</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>10 4x8's, 100 yard signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/31/25</i>	Payee name <i>Frost Bank</i>
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Amount (\$) <i>10.00</i>	Payee address; <i>3092 Horizon Blvd, Rockwall TX 75087</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/Banking - Fees</i>	Description <i>Monthly Service Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Joe Ruberamo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/25</i>	5 Payee name <i>Loures</i>	
6 Amount (\$) <i>47,61</i>	7 Payee address; City; State; Zip Code <i>851 Steger Towne Dr, Rockwall TX 75032</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>zip files</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/18/25</i>	Payee name <i>Tractor Supply</i>	
Amount (\$) <i>227.02</i>	Payee address; City; State; Zip Code <i>772 1-30, Royse City, TX 75189</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>24 Posts, Flat powder, zip files</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/31/25</i>	Payee name <i>Tractor Supply</i>	
Amount (\$) <i>84.27</i>	Payee address; City; State; Zip Code <i>772 1-30, Royse City, TX 75189</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>15 Posts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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:	2 FILER NAME <i>Joe Ruben Arns</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/25</i>	5 Payee name <i>Anedot Inc</i>	
6 Amount (\$) <i>47,000</i>	7 Payee address; City; State; Zip Code <i>1340 Boydras St, #1710, New Orleans, LA 70112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking - Fees</i>	(b) Description <i>website fundraising processing fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Date	Office held	
Amount (\$)	Candidate / Officeholder name	
Date	Office sought	
Amount (\$)	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Date	Office held	
Amount (\$)	Candidate / Officeholder name	
Date	Office sought	
Amount (\$)	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Date	Office held	
Amount (\$)	Candidate / Officeholder name	
Date	Office sought	
Amount (\$)	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Date	Office held	
Amount (\$)	Candidate / Officeholder name	
Date	Office sought	
Amount (\$)	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		