CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	aulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12	
3 CANDIDATE/ OFFICEHOLDER	Ms/MRs/MR FIRST Amber	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST		Date Received	
	Elenz		·	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	ITY; STATE; ZIP CODE	•	
OFFICEHOLDER MAILING ADDRESS	1900 Elton Ln. Austin,			
X Change of Address				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	B. J. H. J. J. B. D. B. J.	
OFFICEHOLDER PHONE	(512) 632-9249		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	ms/mms/mr First Arati	MI	Receipt # Amount \$	
NAME	NICKNAME LAST		Date Processed	
	Singh		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	8101 Cobblestone Dr.	Austin, TX 78735		
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 586-5702	EXTENSION		
9 REPORT TYPE	January 15 X 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before elec	etion Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
	7 / 01 / 16	THROUGH 9/	29 / 16	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description	:	
	11 / 8 /16 X General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	Austin ISD Trustee	Austin ISD Tr	custee	
	District 5	District 5		
	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	27	15	5 Filer ID (Ethics Commission Filers)	
Amber Elenz 16 NOTICE FROM 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		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	·	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,925.00	
EXPENDITURE TOTALS	1 3 IOTAL POLITICAL EXPENDITURES OF \$100 OR LESS 1 A		\$ 0	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,284.83	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	\$ 17,159.40	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 5,000.00	
18 AFFIDAVIT				
MARGERY ELAINE HOPKINS My Commission Expires July 9, 2018 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 STAME	P/SEALABOVE		ſ	
Sworn to and subscr	ibed before me, b	by the said A Der Elen 2 o certify which, witness my hand and seal of office.	, this the	
lay or <u>~~ cose</u>		o certify which, withess my hand and sear of Office.	63	
Signature of officer ad	dministering 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 Amber Elenz 20 Filer ID (Ethics	Commis	ssion Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	925.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4.	SCHEDULE E: LOANS	\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	828.89
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		0
8.	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		169.47
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	286.47
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.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:___ 8/3/16 Marcia Milikin \$100 6 Contributor address; City; State; Zlp Code 3112 Windsor Rd.,514 Austin, TX 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 7/1/16 \$50 Marla Kiger Contributor address; City; State; Zip Code 3300 Foothill Dr. Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 7/1/16 Clee Upchurch \$100 Contributor address; City; State; Zip Code 2112 Ann Arbor Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director, Strategy and Development Lead4Ward Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 7/2/16 Elaine and Michael Kasper \$150 Contributor address: City: State: Zip Code 4002 Balcones Drive Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See instructions)

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:____ 7/3/16 Allen Dornak \$50 City; State; Zip Code 6 Contributor address; 222 West Ave, #2701 Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) anesthesiologist Mednax Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 7/14/16 Amy Ehrlich \$250 Contributor address; City; State; Zip Code 3500 Scenic Hills Drive Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) self-employed real estate Full name of contributor Date __ out-of-state PAC (ID#:____ Amount of contribution (\$) 7/14/16 Hannah Neill \$100 City; State; Zip Code Contributor address: 4612 Travis Country Cir. Austin, TX 78735 Employer (See Instructions) Principal occupation / Job title (See Instructions) CPA self-employed Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ 7/14/16 Annemarie Read \$25 Contributor address; City; State; Zip Code 8925 Towana Trail Austin, TX 78736 Principal occupation / Job title (See Instructions) Employer (See Instructions) 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Amber Elenz 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ 7/14/16 Nancy Nesbitt \$100 6 Contributor address; City; State; Zip Code 3502 Taylors Drive Austin, TX 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:__ Date Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) 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: 1		
2 FILER NAME Amber Elenz			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$		
5 Date 8/1/16	6 Full name of contributor		8 Amount of Contribution \$\frac{9}{\text{ln-kind contribution}}\$ \$1,000 website development Check if travel outside of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) ity volunteer	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)	Amount of . In-kind contribution Contribution \$, description		
Contributor address; City; State; Zip Code		de			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contrlbu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	ls a child, law firm of parent(s) (If any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Objectedolder/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)

Credit Card Payment	The instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Amber Elenz	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
7/1/16	Raise the Money, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$7.8 5	P.O. Box 26466 Little	Rock, AR 72221		
8	(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	Accounting/Banking	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
7/3/16	Raise the Money, Inc.			
Amount (\$)	Payee address; City; State; Zlp Code			
\$10.30	P.O. Box 26466 Little	Rock, AR 72221		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held			
Date	Payee name			
7/14/16	Raise the Money, Inc.			
Amount (\$) \$24.27	Payee address; City; State; Zip Code P.O. Box 26466 Little	Rock, AR 72221		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Accounting/Banking	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

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Amber Elenz	3 Filer ID (Ethics Commission Filers)			
4 Date 9/15/16	5 Payee name Travis County Democratic Party				
6 Amount (\$)	7 Payee address; City; State; Zlp Code				
\$500.00	1500 E 4th St, Aust	in, TX, 78702			
8	Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.				
PURPOSE OF	Contributions/Donations Check if Austin, TX, officeholder living expense				
EXPENDITURE	Made By Candidate				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
9/28/16	Amber Elenz				
Amount (\$)	Payee address; City; State; Zip Code				
\$251.85	1900 Elton Ln. Aust	in, TX 78703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense			
	Credit Card Reimbursement				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held OH				
Date	Payee name				
9/28/16	Arati Singh				
Amount (\$)	Payee address; City; State; Zip Code				
\$34.62	8101 Cobblestone Dr. Aus	stin, TX 78735			
	Category (See Calegories listed at the top of this schedule) Solicitation/Fundraising	Description Check if the understate of Tayana Complete School up T			
PURPOSE OF	Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
EXPENDITURE	Credit Card Reimbursement				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made E Candidate/Officeholder/Politics		rds/Memorials Expense rvices	Printing Expension Salaries/Wages		Travel Out Of District Other (enter a category not listed above)
Candidate Cinestication Cines	_	struction Guide expiain	-		Cition (cition a satisfier)
1 Total pages Schedule F4:	2 FILER NAME	Amber Elenz			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDIT	URES CHARGED	TOACRED	IT CARD	\$ 0
5 Date 7/7/16	6 Payee name Office De	pot			
7 Amount (\$)	8 Payee address;	City; State;	Zlp Code		
\$34.62	5300 Mopa	c Expy S #10)1 Aust	in, TX 78	8749
9 TYPE OF EXPENDITURE	X Political		Non-Politica	I	
10	(a) Category (See C	ategories listed at the top of thi	s schedule)	(b) Description	n
PURPOSE				Check if	travel outside of Texas. Complete Schedule T.
OF Expenditure	Solicita	tion/Fundrai	sing	Check i	f Austin, TX, officeholder living expense
	Expense				
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 7/8/16	Payee name Wix.cor	n		-	***************************************
Amount (\$)	Payee address;	City; State;	Zip Code		
\$9.90	PO Box 40190 San Francisco, CA United States				
TYPE OF EXPENDITURE	X Political		Non-Politica	I	
	Category (See Ca	itegories listed at the top of this	s schedule)	Descriptio	n
PURPOSE				Check if	travel outside of Texas. Complete Schedule T.
OF Expenditure	Advertis	sing Expense		Check it	f Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDI	TIONAL COPIES O	F THIS SCHE	DULE AS NE	EDED

EXPENDITURES MADE BY CREDIT CARD

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 Salaring Manas (Contract Labor, Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Constilling Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Printing Expense Printing Expense Salaries/Wages/Contract Labor	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 FILERNAME Amber Elenz		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$			
5 Date 7/14/16	6 Payee name Network Solutions					
7 Amount (\$)	8 Payee address; City; State;	Zlp Code				
\$124.95	12808 Gran Bay Park	way Jacksonvill	e, Florida 32258			
9 TYPE OF EXPENDITURE	X Political	Non-Political				
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	on			
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Advertising Expense	Check	f Austin, TX, officeholder living expense			
EXI ENDITORE						
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
Amount (\$)	Payee address; City; State;	Zip Code				
TYPE OF EXPENDITURE	Political .	Non-Political				
	Category (See Categories listed at the top of thi	s schedule) Descriptio	on .			
PURPOSE		· —	travel outside of Texas. Complete Schedule T.			
OF Expenditure		Check i	f Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED			

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 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)

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule G:	2 FILER NAME Amber Elenz		3 Filer ID (Ethics Commission Filers)
4 Date 8/21/16	5 Payeename Wells Fargo Visa		
\$251.85 Reimbursement from political contributions Intended	7 Payee address; City; State; Zip Code P.O. Box 30086 Los	Angeles, CA	90030-0086
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/4	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment for Advertising expenses Candidate / Officeholder name OH		of Texas. Complete Schedule T. , officeholder living expense Office held
Date 8/23/16	Payee name Capital One Visa		
Amount (\$) \$34.62 X Reimbursement from political contributions intended	Payee address; City; State; Zlp Code PO Box 60599 City of In	dustry, CA 91	716-0599
PURPOSE OF EXPENDITURE		Check if Austin, TX	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit G/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED