

# 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 <b>MR</b> FIRST <b>EDWARD</b> MI <b>B</b>	NICKNAME <b>ED</b> LAST <b>MCCAN</b> SUFFIX	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b>  <span style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</span>  <b>JAN 14 2026</b>                  Henderson County                  Election Administration             </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>ATHENS, TX 75751</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs</b> FIRST <b>FRANKIE</b> MI <b>F</b>	NICKNAME <b>MCCAN</b> LAST <b>WED</b> SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>ATHENS, TX 75751</b>		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>08 / 01 / 2025</b> THROUGH <b>01 / 15 / 2026</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>03 / 03 / 2026</b>	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) <b>JP - PRENET 1</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

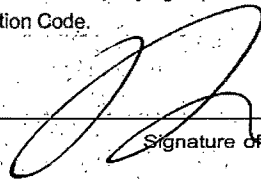
**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,150 <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 844.35
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2305 <sup>45</sup>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000 <sup>00</sup>

**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.

  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

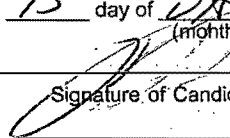
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is EDWARD MCGRAW, and my date of birth is 03-30-1976  
 My address is 124 N. PALMISTINE ST, ATHEBUS, TX 75757 HARRISON  
(street) (city) (state) (zip code) (country)  
 Executed in HARRISON County, State of TX, on the 15 day of JAN, 2026  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

# 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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,150 <sup>00</sup>
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	\$ 1,000 <sup>00</sup>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 844 <sup>35</sup>
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 <b>EDWARD MCCAIN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/12/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FORREST BODER</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address: _____ City: _____ State: _____ Zip Code <b>1 CAMP, TX 75143</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/9/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DOUGLAS CUMLAN</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>ATHENS, TX 75751</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/11/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRAAD KENNOR</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>P.O. BOX 204 ATHENS, TX 75751</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/12/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL HANNIGAN</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>P.O. BOX 2495 ATHENS, TX 75751</b>		
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

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>EDWARD E. McCAIN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/12/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WILL TRAYSON</i>	7 Amount of contribution (\$) <i>\$280.00</i>
6 Contributor address; City; State; Zip Code <i>ATTIENS TX 75751</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/12/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BLAKE WILLIAMSON</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>ATTIENS, TX 75751</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/12/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHRISTIAN PATRICK</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>WUMBLE, TX 77396</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/12/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHRIS HENSE</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>ALBDO, TX 76008</i>		
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

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 <b>EDWARD MCCAIN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/10/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DR. JESSIE RICHARDSON</b>	7 Amount of contribution (\$) <b>\$500</b>
6 Contributor address; City; State; Zip Code <b>ATHENS, TX 75751</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/10/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DENISE PALMER</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code <b>P.O. BOX 1941 ATHENS, TX 75751</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/8/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK CARROLL</b>	Amount of contribution (\$) <b>\$150<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>ATHENS, TX 75751</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/21/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TREBS WINN</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>ATHENS, TX 75751</b>		
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

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DON BONNETT</i>	7 Amount of contribution (\$) <i>\$100<sup>00</sup></i>
<i>9/12/25</i>	6 Contributor address; City; State; Zip Code <i>P.O. Box 1917 ATHENS, TX 75757</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MICHAEL MALLISON</i>	Amount of contribution (\$) <i>\$600<sup>00</sup></i>
<i>9/22/25</i>	Contributor address; City; State; Zip Code <i>ATHENS, TX 75752</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JON GARRETT</i>	Amount of contribution (\$) <i>\$200<sup>00</sup></i>
<i>9/19/25</i>	Contributor address; City; State; Zip Code <i>ATHENS, TX 75752</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOSEPHIA H. DIAMOND</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
<i>10/4/25</i>	Contributor address; City; State; Zip Code <i>ATHENS, TX 75751</i>	
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

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>EDWARD KLC DAN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/4/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PAUL BOUSON</i>	7 Amount of contribution (\$) <i>\$100<sup>00</sup></i>
	6 Contributor address; City; State; Zip Code <i>ATHENS, TX 75751</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/9/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PHILLIP SWELS</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>
	Contributor address; City; State; Zip Code <i>P.O. Box 575 MURKOFF, TX 75148</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/24/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SIMPSON RUSHING</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>
	Contributor address; City; State; Zip Code <i>ATHENS, TX 75751</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/24/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KEVIN HABIBLAHIAN</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
	Contributor address; City; State; Zip Code <i>LARVO, TX 75770</i>	
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

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>EDWARD MCCAIN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/16/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KOLLY TOWNSEND</i>	7 Amount of contribution (\$) <i>\$500</i>
6 Contributor address; City; State; Zip Code <i>ATHENS, TX 75751</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/8/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KING OR MORTON</i>	Amount of contribution (\$) <i>\$200</i>
Contributor address; City; State; Zip Code <i>PO BOX 1044 ATHENS, TX 75751</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-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.

# LOANS

# SCHEDULE E

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 E: <b>1</b>
2 FILER NAME <b>EDWARD McCAN</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>08/01/25</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>EDWARD McCAN</b>	9 Loan Amount (\$) <b>\$1,000</b>
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code <b>124. N. PALMBRINK ST ATHENS, TX 75751</b>	10 Interest rate <b>0.0%</b>
		11 Maturity date <b>03/04/24</b>
12 Principal occupation / Job title (See Instructions) <b>CONGRESSIONAL STAFFER</b>		13 Employer (See Instructions) <b>US HOUSE OF REPRESENTATIVES</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
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		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
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)

**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

**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 <b>EDWARD MCCAIN</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date <b>11/5/25</b>	5 Payee name <b>ATHENS SCREEN PRINTING</b>
--------------------------	---

6 Amount (\$) <b>1844.35</b>	7 Payee address; City; State; Zip Code <b>221 E. TYLER STREET ATHENS, TX 75751</b>
---------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>SIGNS</b>
	(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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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**