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:

OFFICE USE ONLY

Date Received

RECEIVED
11:25 Am
OCT 10 2023
BY: S Burke

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed 10/10/2023

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs | FIRST: Leslie | MI: A

NICKNAME | LAST: Martone | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: 12320 Barker Cypress Ste 600 PMB434 | APT / SUITE #: | CITY: Cypress, TX 77429 | STATE: | ZIP CODE

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (832) | PHONE NUMBER: 217-4183 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Kevin | MI: L

NICKNAME | LAST: Robertson | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 15002 Tree Arbor Lane | APT / SUITE #: | CITY: Cypress, TX 77429 | STATE: | ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE: (281) | PHONE NUMBER: 960-9358 | EXTENSION

9 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ■ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 06 / 01 / 23 THROUGH 9 / 28 / 23

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 7 / 23

ELECTION TYPE: ■ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): CFISD Board Trustee Position 3

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

- ☐ GENERAL
- ■ SPECIFIC

COMMITTEE NAME: ALL4CFISD

COMMITTEE ADDRESS: 6340 N. Eldridge Pkwy, Ste N#402, Houston, TX 77041

COMMITTEE CAMPAIGN TREASURER NAME: Daniel Arizpe

COMMITTEE CAMPAIGN TREASURER ADDRESS: 8910 English Manor Dr., Cypress, TX 77433

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	**16** Filer ID (Ethics Commission Filers)
Leslie Martone	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 862.19
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2704.09
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1781.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1923.09
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1000

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.

Leslie Martone

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC STATE OF TEXAS
JENNIFER ELLIS
My Notary ID # 10487056
Expires February 16, 2024

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Leslie Martone this the 10th day of October, 20 23, to certify which, witness my hand and seal of office.

Jennifer Ellis — Jennifer Ellis — Notary

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

Forms provided by Texas Ethics Comm s.sta **Reset Form** **Reset Page** Revised 8/17/2020

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: 3

2 FILER NAME: Leslie Martone

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor (out-of-state PAC (ID#:_____))	**7** Amount of contribution ($)
7/5/23	Jon Harris **6** Contributor address; City; State; Zip Code 16923 Tranquility Park Dr/, Cypress, TX 77429	104.42

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Owner	Harris Heat and Air

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
7/6/23	Paula Harvey Contributor address; City; State; Zip Code 16475 Hunters Trl, Montgomery, TX 77356	104.42

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP of Membership Sales	Cy-Fair Houston Chamber of Commerce

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
7/7/23	Jeff/Jan Skinner Contributor address; City; State; Zip Code 14507 Magic River Cypress, TX 77429	104.42

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
7/7/23	Ellen Elizabeth Lee Contributor address; City; State; Zip Code 6722 Ashmore Dr., Houston, TX 77069	104.42

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Asset Manager	Hudson Houston Capital

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Leslie Martone	

	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2704.09
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	SCHEDULE E: LOANS	$ 1000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1781.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 375.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	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: 3

2 FILER NAME: LESLIE MARTONE

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
7/13/23	DARCY MINGOIA	520.87
	6 Contributor address; City; State; Zip Code: 6610 Barrington Garden Houston TX 77069	
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 ($)
8/1/23	PETER POSTMA	500.00
	Contributor address; City; State; Zip Code: 14206 Marin Dr., Cypress, TX 77429	
Principal occupation / Job title (See Instructions): Retired	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
8/29/23	BOBBY COVEY	250.00
	Contributor address; City; State; Zip Code: 17110 Ledgefield, Cypress, TX 77433	
Principal occupation / Job title (See Instructions): Retired	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
8/27/23	KAREN MILLER	104.42
	Contributor address; City; State; Zip Code: 12623 Chriswood Drive, Cypress, TX 77429	
Principal occupation / Job title (See Instructions): Retired	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: 3
2 FILER NAME LESLIE MARTONE	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:______) JENNIFER PITTMAN 6 Contributor address; City; State; Zip Code 16303 Redbud Berry Lane, Cypress, TX 77433	7 Amount of contribution ($) 104.42
8 Principal occupation / Job title (See Instructions) Banker	9 Employer (See Instructions) Amegy Bank	

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)	

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)	

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:

2 FILER NAME
Leslie Martone

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS
$ 1000.00

5 Date of loan
7/3/23

7 Name of lender ☐ out-of-state PAC (ID#: _____)
Leslie Martone

9 Loan Amount ($)
1000.00

6 Is lender a financial Institution?
☐ Y ■ N

8 Lender address; City; State; Zip Code
10603 Wax Mallow Ct., Houston, TX 77095

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
President

13 Employer (See Instructions)
Cy-Fair Houston Chamber of Commerce

14 Description of Collateral
■ none

15 ✓ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ 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
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Leslie Martone	

4 Date	5 Payee name
7/11/23	Amegy Bank

6 Amount ($)	7 Payee address; City; State; Zip Code
27.00	12334 Barker Cypress, Cypress, TX 77429

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	Printing checks
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Leslie Martone	CFISD Trustee	

Date	Payee name
8/1/23	KP21 Productions

Amount ($)	Payee address; City; State; Zip Code
750.00	13615 Danbury Run Lane Houston TX 77041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting Expense	Consultant Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Leslie Martone	CFISD Trustee	

Date	Payee name
8/15/23	ALL4CFISD

Amount ($)	Payee address; City; State; Zip Code
250.00	6340 N. Eldridge Pkwy, Ste N #402, Houston, TX 77041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Contributions/Donations made by candidate	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Leslie Martone	CFISD Trustee	

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
3	Leslie Martone				

4 Date	5 Payee name			
8/31/23	Amegy Bank			

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
2.00	12334 Barker Cypress,	Cypress	TX	77429

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting / Banking	Bank Fees
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Leslie Martone	CFISD Trustee	

Date	Payee name			
9/11/23	KP21 Productions			

Amount ($)	Payee address;	City;	State;	Zip Code
375.00	[redacted] 13615 Danbury Run Lane	Houston, TX		77041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting Expense	Consultant Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Leslie Martone	CFISD Trustee	

Date	Payee name			
9/18/23	KP21 Productions			

Amount ($)	Payee address;	City;	State;	Zip Code
375.00	13615 Danbury Run Lane	Houston	TX	77041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting Expense	Consultant Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Leslie Martone	CFISD Trustee	

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME: Leslie Martone	3 Filer ID (Ethics Commission Filers)
4 Date: 9/29/23	5 Payee name: Amegy Bank	
6 Amount ($): 2.00	7 Payee address; City; State; Zip Code: 12334 Barker Cypress, Cypress TX 77429	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Accounting/Banking	(b) Description: Bank Fees
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Leslie Martone	Office sought: CFISD Trustee — 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
	Check if travel outside of Texas. Complete Schedule T.	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	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Leslie Martone	

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	$

5 Date	6 Payee name
10/17/23	KP21 Productions

7 Amount ($)	8 Payee address;	City;	State;	Zip Code
375.00	13015 Danbury Run Dr	Houston	TX	77041

9 TYPE OF EXPENDITURE

☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Consulting expense	Consultant Fee

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
Leslie Martone	CFISD Trustee	

Date	Payee name

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

TYPE OF EXPENDITURE

☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check 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