

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 FIRST MI <i>Mrs. Marissa</i> NICKNAME LAST SUFFIX <i>Bryce</i>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4916 Carrotwood Dr Fort Worth, TX 76244</i>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>((817)) 841-9934</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MRS / MRS / MR FIRST MI <i>Mr. Jonathan</i> NICKNAME LAST SUFFIX <i>Bryce</i>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4916 Carrotwood Dr Fort Worth, TX 76244</i>	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(682) 231-2344</i>		
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 Month Day Year <i>01 / 01 / 2025</i> THROUGH <i>03 / 24 / 2025</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 03 / 2025</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <i>local</i> <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Keller ISD Trustee Place 1</i>	
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**

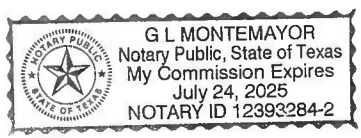
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Marissa Bryce		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,222.27
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,419.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,222.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Marissa Bryce
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Marissa Bryce this the 24 day of March

25, to certify which, witnesses my hand and seal of office.

G L Montemayor Gaye Lynne Montemayor 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Marissa Bryce</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,222.27
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	\$ 3,419.97
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

p. 4

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: 1 of 4
2 FILER NAME Marissa Bryce		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marissa Bryce	7 Amount of contribution (\$) \$60.00
6 Contributor address; City; State; Zip Code 4916 Carrotwood Dr Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bret Dawkins	Amount of contribution (\$) \$2,530.00
Contributor address; City; State; Zip Code 3718 Old Charlotte Pike Franklin, TN 37069		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Gallagher	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 12804 Outlook Ave Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Beadle	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4108 Twin Creek Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) Envoy Airlines

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

p. 5

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 of 4
2 FILER NAME Marissa Bryce		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Christensen	7 Amount of contribution (\$) \$ 312.65
6 Contributor address; City; State; Zip Code 7045 Buffalo Cross Trail Fort Worth, TX 76120		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh Ruzic	Amount of contribution (\$) \$ 21.13
Contributor address; City; State; Zip Code 4913 Carrotwood Dr Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Wood	Amount of contribution (\$) \$ 21.13
Contributor address; City; State; Zip Code 4837 Crumbcake Dr Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maritza Molldrem	Amount of contribution (\$) \$ 52.37
Contributor address; City; State; Zip Code 1221 Shadow Woods Ct Keller, TX 76262		
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

p. 6

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 of 4
2 FILER NAME Marissa Bryce		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddie Smith	7 Amount of contribution (\$) \$52.37
6 Contributor address; City; State; Zip Code 4905 Carrotwood Dr Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angel De La Cruz	Amount of contribution (\$) \$10.72
Contributor address; City; State; Zip Code 8205 Woods Lane North Richland Hills, TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Walker	Amount of contribution (\$) \$21.13
Contributor address; City; State; Zip Code 5333 Rush Creek Ct Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerry Ray	Amount of contribution (\$) \$104.42
Contributor address; City; State; Zip Code 181 S Tailwind Blanco, TX 78606		
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

p.7

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: 4 of 4
2 FILER NAME <i>Marissa Bryce</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/13/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Christensen</i>	7 Amount of contribution (\$) <i>\$ 729.10</i>
6 Contributor address; City; State; Zip Code <i>7045 Buffalo Cross Trail Fort Worth, TX 76120</i>		
8 Principal occupation / Job title (See Instructions) <i>Flight Instructor</i>		9 Employer (See Instructions) <i>Flight Safety</i>
Date <i>3/10/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kandis Franklin</i>	Amount of contribution (\$) <i>\$ 26.34</i>
Contributor address; City; State; Zip Code <i>5112 Bay View Drive Fort Worth, TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/11/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lori Fuller</i>	Amount of contribution (\$) <i>\$ 52.37</i>
Contributor address; City; State; Zip Code <i>4220 Waterstone Road Keller, TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/19/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen Brennan</i>	Amount of contribution (\$) <i>\$ 208.54</i>
Contributor address; City; State; Zip Code <i>809 Bodega Bay Dr Keller, TX 76248</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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
p. 8

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: 1 of 3	2 FILER NAME Marissa Bryce	3 Filer ID (Ethics Commission Filers)
--------------------------------------	-------------------------------	---------------------------------------

4 Date 2/7/2025	5 Payee name Network Solutions, LLC
--------------------	--

6 Amount (\$) \$39.75	7 Payee address; City; State; Zip Code 605 Huntman Park Dr Herndon, VA 20170
--------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 2/7 - Website Domain 3/7 - SSL Certification 3/13 - Email Hosting
	(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/O/H	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/14/2025	Payee name OutPost 36 Texas BBQ
-------------------	------------------------------------

Amount (\$) \$44.70	Payee address; City; State; Zip Code 1801 Main Street Keller, TX 76248
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Campaign Kick-off Event
	<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/O/H	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/18/2025	Payee name Genie Rocket
-------------------	----------------------------

Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 8376 Davis Blvd Suite 250 North Richland Hills, TX 76182
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Video Production
	<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/O/H	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

p. 9

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: <i>2 of 3</i>	2 FILER NAME <i>Marissa Bryce</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/19/2025</i>	5 Payee name <i>Squarespace, Inc.</i>	
6 Amount (\$) <i>\$235.38</i>	7 Payee address; City; State; Zip Code <i>225 Varick Street, 12th Floor New York, NY 10014</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Website Hosting</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

Date <i>3/21/2025</i>	Payee name <i>Edgerton Strategies, LLC</i>	
Amount (\$) <i>\$595.38</i>	Payee address; City; State; Zip Code <i>1540 Keller Parkway #108-402 Keller, TX 76248</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising / Printing Expense</i>	Description <i>Palm Cards</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

Date <i>3/24/2025</i>	Payee name <i>Meta Platforms, Inc.</i>	
Amount (\$) <i>\$24.95</i>	Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park, CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Facebook Ads</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

p. 10

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: <i>3 of 3</i>	2 FILER NAME <i>Marissa Bryce</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/24/2025</i>	5 Payee name <i>Rebel Idealist Inc</i>	
6 Amount (\$) <i>\$53.58</i>	7 Payee address; City; State; Zip Code <i>1520 Belle View Blvd #4106 Alexandria, VA 22307</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Processing Fees for Donorbox</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>3/24/2025</i>	Payee name <i>Stripe, Inc.</i>	
Amount (\$) <i>\$56.23</i>	Payee address; City; State; Zip Code <i>354 Oyster Point Blvd South San Francisco, CA 94080</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Processing Fees through Donorbox</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	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