

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

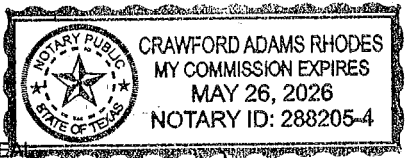
15 C/OH NAME <u>Alejandro Esquivel Jr</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>26,373.²⁴</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Alejandro Esquivel Jr
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Alejandro Esquivel Jr this the 15th day of January, 2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *[Signature]* Printed name of officer administering oath: CRAWFORD ADAMS RHODES Title of officer administering oath: Notary Public

OR

(2) Unsworn Declaration

My name is Alejandro Esquivel Jr and my date of birth is 02-02-1975
 My address is 541 N. Caylor St, Euless, Tx 75022 USA
 Executed in Maverick County, State of Texas, on the 15 day of January, 2026
 Signature of Candidate/Officeholder (Declarant): *[Signature]*

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Alejandro Esquivel *↓*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
3.	<input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>N/A</i>
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ <i>N/A</i>
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>N/A</i>
7.	<input checked="" type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>N/A</i>
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>26,373.²⁹</i>
10.	<input checked="" type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>N/A</i>
11.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>N/A</i>

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Alejandro Esquivel Sr	3 Filer ID (Ethics Commission Filers)
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4 Date 11-11-2025	5 Payee name Alicia Ibrahim
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6 Amount (\$) 4,500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 2120 POINT LENA Eagle Pass TX 78852 <input checked="" type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) salaries/wages/contract labor	(b) Description Campaign Manager
	(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 Alejandro Esquivel	Office sought Maverick County Precinct 4 Commissioner	Office held
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Date 11-14-2025	Payee name 830 Signs LLC
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Amount (\$) 2,000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 437 Quarry St. Eagle Pass TX 78852 <input checked="" type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description 4x8 signs 18x24 4x4 push cards
	<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 Alejandro Esquivel	Office sought Maverick County Precinct 4 Commissioner	Office held
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Date 11-15-2025	Payee name Primary Account Maverick
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Amount (\$) 750 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1299 Suite A Medicine St Eagle Pass TX 78852 <input checked="" type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Registration Fees
	<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 Alejandro Esquivel	Office sought Maverick County Precinct 4 Commissioner	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Advertising Expense | <input type="checkbox"/> Event Expense | <input type="checkbox"/> Loan Repayment/Reimbursement | <input type="checkbox"/> Solicitation/Fundraising Expense |
| <input type="checkbox"/> Accounting/Banking | <input type="checkbox"/> Fees | <input type="checkbox"/> Office Overhead/Rental Expense | <input type="checkbox"/> Transportation Equipment & Related Expense |
| <input type="checkbox"/> Consulting Expense | <input type="checkbox"/> Food/Beverage Expense | <input type="checkbox"/> Polling Expense | <input type="checkbox"/> Travel In District |
| <input type="checkbox"/> Contributions/Donations Made By | <input type="checkbox"/> Gift/Awards/Memorials Expense | <input type="checkbox"/> Printing Expense | <input type="checkbox"/> Travel Out Of District |
| <input type="checkbox"/> Candidate/Officeholder/Political Committee | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Salaries/Wages/Contract Labor | <input type="checkbox"/> Other (enter a category not listed above) |
| <input type="checkbox"/> Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 6	2 FILER NAME Alejandro Esquivel	3 Filer ID (Ethics Commission Filers)
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4 Date 11-18-2025	5 Payee name Maverick County Democrats Party
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6 Amount (\$) ⁰⁰ 200. <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1299 S. Medine St. Eagle Pass TX 78852 <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations	(b) Description Democrat Party Donation
	(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 Alejandro Esquivel	Office sought Maverick County Precinct 4 Commissioner	Office held Commissioner
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Date 11-21-2025	Payee name Alcia Ibrahim
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Amount (\$) ⁰⁰ 805. <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2120 Point Long Eagle Pass TX 78852 <input checked="" type="checkbox"/> Check if individual's residence address.
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Thanksgiving Dinner For Campaign Supporters
	<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 Alejandro Esquivel	Office sought Maverick County Precinct 4 Commissioner	Office held Commissioner
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Date 12-02-2025	Payee name Federico D. Remos Garcia
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Amount (\$) ⁰⁰ 1,500. <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 959 Medine St Suite 5 Eagle Pass TX 78852 <input checked="" type="checkbox"/> Check if individual's residence address.
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10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description News Media
	<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 Alejandro Esquivel	Office sought Maverick County Precinct 4 Commissioner	Office held Commissioner
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 3 of 6	2 FILER NAME Alejandro Espinal	3 Filer ID (Ethics Commission Filers)
4 Date 12-13-2025	5 Payee name 830 Sisus LLC	
6 Amount (\$) 4,000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 437 Quarry Eagle Pass TX 78852 City: Eagle Pass State: TX Zip Code: 78852 <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Sisus 4x8 18x24 4x4 Push-coils
	(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 Alejandro Espinal	Office sought McCombs County Pct 4 Comm. Sec.
Date 12-16-2025	Payee name 830 Sisus LLC	
Amount (\$) 2,446 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 437 Quarry & Eagle Pass TX 78852 City: Eagle Pass State: TX Zip Code: 78852 <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Sisus 4x8 18x24 4x4 Push coils
	<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 Alejandro Espinal	Office sought McCombs County Pct 4 Comm. Sec.
Date 12-22-2025	Payee name The News Concom	
Amount (\$) 400 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2931 Del Rio Blvd Eagle Pass TX 78852 City: Eagle Pass State: TX Zip Code: 78852 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description News paper media/marketing
	<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 Alejandro Espinal	Office sought McCombs County Pct 4 Comm. Sec.

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: 4 of 6	2 FILER NAME Alejandro Esquivel	3 Filer ID (Ethics Commission Filers)
4 Date 12-22-2025	5 Payee name Federico R Ramos	
6 Amount (\$) ^{cc} 400	7 Payee address; 959 Medina st ste 5 City: Eagle Pass TX Zip Code 78852	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense	(b) Description social media Advertis
	<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 Alejandro Esquivel	Office sought / Office held Maverick County Pct 4 Commission
Date 12-26-2025	Payee name Jose Antonio Rodriguez	
Amount (\$) ^{cc} 500	Payee address; City: Eagle Pass TX State: TX Zip Code 78852	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/wages/contract labor	Description Assist in setting up for materials to be installed.
	<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 Alejandro Esquivel	Office sought / Office held Maverick County Pct 4 Commission
Date 12-31-2025	Payee name H. E. B	
Amount (\$) ^{cc} 5,694	Payee address; 2135 E. Main St. City: Eagle Pass TX State: TX Zip Code 78852	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Paid for January 6, 2026 Event "Rosca de Reyes"
	<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 Alejandro Esquivel	Office sought / Office held Maverick Co. Pct 4 Commission

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: 5 of 6	2 FILER NAME Alejandro Esquivel	3 Filer ID (Ethics Commission Filers)
4 Date 01-12-2026	5 Payee name Federico D Pinos	
6 Amount (\$) 1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 959 Medina St City: Eagle Pass TX Zip Code 78852 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense	(b) Description social media Advertisment
	(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: Alejandro Esquivel Office sought: Maverick County Pet 4 Commissioner Office held:	
Date: 01-12-2026	Payee name: Mario E. Martinez Global News	
Amount (\$) 1,000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: P.O Box 4483 City: Eagle Pass TX Zip Code 78852 <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisng Expense	Description social media Advertising
	<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: Alejandro Esquivel Office sought: Maverick County Pet 4 Commissioner Office held:	
Date: 01-12-2026	Payee name: Jiffy Shirts.com	
Amount (\$) 602.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1000 N. West St Ste 1200 City: Wilmington, DE Zip Code 19801 <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description shirts / sweat shirts / Fleece
	<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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: 6 of 6	2 FILER NAME: Alejandro Esquivel	3 Filer ID (Ethics Commission Filers)
4 Date: 01-12-2026	5 Payee name: Jiffy Shirts.com	
6 Amount (\$): 325.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1000 N West St Ste. 100 Wilmington DE. 19801 City: Wilmington DE. State: DE. Zip Code: 19801 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printing Expense	(b) Description: Shirts/Sweaters/Fleece
	(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: Alejandro Esquivel Office sought: Mounck County Pd 4 commiss Office held:	
Date: 01-13-2026	Payee name: Alicia Ibrahim	
Amount (\$): 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2120 Lona Point East Pass TX 78852 City: East Pass TX State: TX Zip Code: 78852 <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food/Beverage	Description: Food for Supporters.
	<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:	Payee name:	
Amount (\$):	Payee address; _____ City; _____ State; _____ Zip Code _____	
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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