

# 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 FIRST MI  
MRS. SUSAN  
NICKNAME LAST SUFFIX  
Kroll Euton

OFFICE USE ONLY

Date Received  
**RECEIVED**  
**MAR 31 2026**  
BY: \_\_\_\_\_

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
1014 Klare Ave, Rosenberg Tx 77471

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(713) 725-0246

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
MR. TROYCE  
NICKNAME LAST SUFFIX  
Bennett

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
1217 Law Ct, Rosenberg, Tx 77471

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(281) 341-1817

9 REPORT TYPE

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

10 PERIOD  
COVERED

Month Day Year Month Day Year

01 / 01 / 2026 THROUGH 3 / 23 / 2026

11 ELECTION

ELECTION DATE

Month Day Year  
05 / 02 / 2026

ELECTION TYPE

Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MAYOR

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

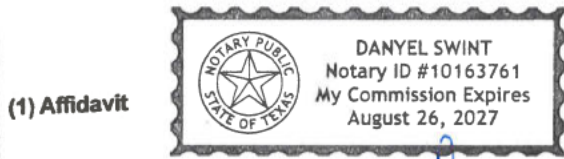
FORM C/OH  
COVER SHEET PG 2

|  |   |  |
|--|---|--|
| 15 C/OH NAME<br><b>SUSAN KROLL EUTON</b> |   | 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) | \$ 220 <sup>00</sup>                   |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1420.00                             |
| EXPENDITURE TOTALS                       | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0                                   |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 982.83                              |
| CONTRIBUTION BALANCE                     | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1042.48                             |
| OUTSTANDING LOAN TOTALS                  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0                                   |

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.

*Susan Euton*  
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Susan Euton* this the 31 day of March, 2026, to certify which, witness my hand and seal of office.

*Danyel Swint* Printed name of officer administering oath  
*Danyel Swint* Title of officer administering oath  
City Secretary

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<br><i>Susan Kroll Euton</i> |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |  | SUBTOTAL<br>AMOUNT                     |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ <i>1200<sup>00</sup></i>            |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | SCHEDULE E: LOANS  | \$                                     |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ <i>982,83</i>                       |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ <i>964,86</i>                       |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ <i>400,00</i>                       |
| 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:<br>1                              |
| 2 FILER NAME<br><b>SUSAN KROLL EUTON</b>                  |  | 3 Filer ID (Ethics Commission Filers)                        |
| 4 Date<br><b>2/20/26</b>                                  | 5 Full name of contributor<br><b>Sydney + Irene Niemeyer</b><br>out-of-state PAC (ID#: _____)<br>6 Contributor address: _____<br>City: <b>Rosenberg TX</b> State: _____ Zip Code: <b>77471</b> | 7 Amount of contribution (\$)<br><b>\$ 1000<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                                |
| Date<br><b>3/2/26</b>                                     | Full name of contributor<br><b>JOE + DORIS GURECKY</b><br>out-of-state PAC (ID#: _____)<br>Contributor address: _____<br>City: <b>Rosenberg TX</b> State: _____ Zip Code: <b>77471</b>         | Amount of contribution (\$)<br><b>\$ 200.00</b>              |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                                  |
| Date  | Full name of contributor<br>out-of-state PAC (ID#: _____)<br>Contributor address: _____<br>City: _____ State: _____ Zip Code: _____  | Amount of contribution (\$)                                  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                                  |
| Date  | Full name of contributor<br>out-of-state PAC (ID#: _____)<br>Contributor address: _____<br>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.

# 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1: 1                          | <b>2</b> FILER NAME<br>SUSAN KROLL EULTON  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>3-5-26                                      | <b>5</b> Payee name<br>CAPITAL ONE CREDIT CARD   |  |
| <b>6</b> Amount (\$)<br>614.86                               | <b>7</b> Payee address; City; State; Zip Code<br>PO BOX 60519 CITY OF INDUSTRY, CA 91716-0519  |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Credit Card Payment   | <b>(b)</b> Description<br>SIGNS              |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| <b>Date</b><br>3-4-26  | <b>Payee name</b><br>Bank of America Credit Card   |  |
| <b>Amount (\$)</b><br>350 <sup>00</sup>                      | <b>Payee address; City; State; Zip Code</b><br>PO Box 15796 WILMINGTON DE 19806-5796   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | <b>Category</b> (See Categories listed at the top of this schedule)<br>Credit Card Payment   | <b>Description</b><br>Program Sponsor        |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name  | Office sought Office held                    |
| <b>Date</b><br>2-28-26                                       | <b>Payee name</b><br>Direct Checks Unlimited Sales Inc   |  |
| <b>Amount (\$)</b><br>17.97                                  | <b>Payee address; City; State; Zip Code</b><br>Lockbox 1345 PO Box 70345 Philadelphia, PA 19176-0345   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | <b>Category</b> (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANK   | <b>Description</b><br>fee for checks         |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name  | Office sought Office held                    |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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            | 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)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|  |   |  |   |
|--|---|--|---|
| <b>1 TOTAL PAGES SCHEDULE F4:</b>  | 2   | <b>2 FILER NAME</b><br>SUSAN KROLL EUTON                                       | <b>3 FILER ID (Ethics Commission Filers)</b>  |
| <b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>   |   |  | \$ 0  |
| <b>5 CREDIT CARD ISSUE</b>   | Name of financial institution<br>CAPITAL ONE  |  |   |
| <b>6 PAYMENT</b>   | (a) Amount Charged<br>\$ 614.86   | (b) Date Expenditure Charged<br>2-20-26  | (c) Date(s) Credit Card Issuer Paid<br>3-5-26 |
| <b>7 PAYEE</b>   | (a) Payee name<br>HOUSTON SIGN CO   | (b) Payee address; City, State, Zip Code<br>5801 Chimney Rock Rd Hou, TX 77081 |   |
| <b>8 PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   |  | (b) Description<br>Signs                      |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |
| <b>9 Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name   | Office Sought  | Office Held                                   |
| <b>PAYMENT</b>   | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged   | (c) Date(s) Credit Card Issuer Paid           |
| <b>PAYEE</b>   | (a) Payee name  | (b) Payee address; City, State, Zip Code                                       |   |
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (a) Category (See Categories listed at the top of this schedule)  |  | (b) Description                               |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name   | Office Sought  | Office Held                                   |
| <b>PAYMENT</b>   | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged   | (c) Date(s) Credit Card Issuer Paid           |
| <b>PAYEE</b>   | (a) Payee name  | (b) Payee address; City, State, Zip Code                                       |   |
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (a) Category (See Categories listed at the top of this schedule)  |  | (b) Description                               |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name   | Office Sought  | Office Held                                   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### 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  
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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|  |   |   |   |             |  |
|--|---|---|---|-------------|--|
| <b>1 TOTAL PAGES SCHEDULE F4:</b>  | 2   | <b>2 FILER NAME</b>   | SUSAN KROLL EUTON   |             | <b>3 FILER ID (Ethics Commission Filers)</b> |
| <b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>   |   |   |   |             | \$ 0   |
| <b>5 CREDIT CARD ISSUER</b>  | Name of financial institution<br>BANK of America  |   |   |             |  |
| <b>6 PAYMENT</b>   | (a) Amount Charged<br>\$ 350.00   | (b) Date Expenditure Charged<br>2/25/2026                                 | (c) Date(s) Credit Card Issuer Paid<br>3-4-26                             |             |  |
| <b>7 PAYEE</b>   | (a) Payee name<br>Rosenberg RAILROAD  | (b) Payee address; City, State, Zip Code<br>1921 Ave F Rosenberg TX 77471 |   |             |  |
| <b>8 PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense |   | (b) Description<br>Program Sponsor  |             |  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |  |
| <b>9 Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name   |   | Office Sought   | Office Held |  |
| <b>PAYMENT</b>   | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged  | (c) Date(s) Credit Card Issuer Paid                                       |             |  |
| <b>PAYEE</b>   | (a) Payee name  | (b) Payee address; City, State, Zip Code                                  |   |             |  |
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (a) Category (See Categories listed at the top of this schedule)                        |   | (b) Description   |             |  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name   |   | Office Sought   | Office Held |  |
| <b>PAYMENT</b>   | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged  | (c) Date(s) Credit Card Issuer Paid                                       |             |  |
| <b>PAYEE</b>   | (a) Payee name  | (b) Payee address; City, State, Zip Code                                  |   |             |  |
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (a) Category (See Categories listed at the top of this schedule)                        |   | (b) Description   |             |  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name   |   | Office Sought   | Office Held |  |

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)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| 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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |
- The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br>SUSAN KROLL EYTON   | <b>3</b> Filer ID (Ethics Commission Filers)        |
| <b>4</b> Date<br>2/25/26   | <b>5</b> Payee name<br>Rosenberg Railroad Museum   |   |
| <b>6</b> Amount (\$)<br>400.00<br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address;<br>1921 Ave F  | City: Rosenberg TX      State:      Zip Code: 77471 |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br>4 Meal Tickets for Gab    |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| <b>9</b> 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought      Office held                      |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED