

# 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 MR. AUSTIN COBB				10	
				OFFICE USE ONLY	
				Date Received	
				RECEIVED IN CITY CLERKS OFFICE 12/6/2024 Time 11:20 AM By [Signature]	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS 3603 CEDAR ELM WICHITA FALLS, TX 76308 Change of Address				Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE (940) 781-5698				Receipt #	Amount \$
6 CAMPAIN TREASURER NAME MR. JOSHUA WHITTIKER				Date Processed	Date Imaged
7 CAMPAIN TREASURER ADDRESS 4505 TOBAGO WICHITA FALLS, TX 76308 (Residence or Business)				STATE ZIP CODE	
8 CAMPAIN TREASURER PHONE (940) 781-6123				EXTENSION	
9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit				<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED 10 / 26 / 24				Month Day Year 12 / 4 / 24	
11 ELECTION 12 / 14 / 24				ELECTION DATE Month Day Year ELECTION TYPE Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description General <input type="checkbox"/> Special	
12 OFFICE				OFFICE HELD (if any)	
				13 OFFICE SOUGHT (if known) WICHITA FALLS CITY COUNCIL AT LARGE	
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.	
Additional Pages		COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL	COMMITTEE NAME Wichita Falls Fire PAC		
		<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS PO box 4642 Wichita Falls, Tx 76308		
			COMMITTEE CAMPAIGN TREASURER NAME Clay McCarthy		
			COMMITTEE CAMPAIGN TREASURER ADDRESS 1209 Oakhurst Dr. Wichita Falls, TX 76302		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

16 C/OH NAME AUSTIN A COBB		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS  EXPENDITURE TOTALS  CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 45,344.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,395.38
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,416.64
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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 **AUSTIN A COBB** and my date of birth is **10/10/1990**

My address is 3603 CEDAR ELM WICHITA FALLS TX 76308 USA

Executed in **WICHITA** County, State of **TEXAS** on the **5TH** day of **DECEMBER**, **2024**

**Signature of Candidate/Officeholder (Declarant)**

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <b>AUSTIN A COBB</b>	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,850.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 31,494.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,395.38
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 14,110.81
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: <b>3</b>
<b>2 FILER NAME</b> <b>AUSTIN A. COBB</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b>  <b>11/06/2024</b>	<b>5 Full name of contributor</b>  <b>CAMERON AND HEATHER CREEMENS</b>	<b>6 Contributor address;</b>  <b>WICHITA FALLS, TX 76308</b>	<b>7 Amount of contribution (\$)</b>  <b>5,000.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b>  <b>11/14/2024</b>	<b>Full name of contributor</b>  <b>MAX VORDENBAUM</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>  <b>500.00</b>
<b>Contributor address;</b>  <b>WICHITA FALLS, TX 76308</b>		<b>City; State; Zip Code</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  <b>11/13/2024</b>	<b>Full name of contributor</b>  <b>JANE SPEARS CARNES</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>  <b>2,000.00</b>
<b>Contributor address;</b>  <b>WICHITA FALLS, TX 76308</b>		<b>City; State; Zip Code</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  <b>11/10/2024</b>	<b>Full name of contributor</b>  <b>DEBBIE GUSTAFSON</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>  <b>2,000.00</b>
<b>Contributor address;</b>  <b>WICHITA FALLS, TX 76308</b>		<b>City; State; Zip Code</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

**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: <b>3</b>
<b>2 FILER NAME</b> <b>AUSTIN A. COBB</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b>  <b>11/12/2024</b>	<b>5 Full name of contributor</b>  <b>DONNA LONG</b>	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b>  <b>100.00</b>
	<b>6 Contributor address;</b>  [REDACTED] <b>WICHITA FALLS, TX 76301</b>	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b>  <b>11/21/2024</b>	<b>Full name of contributor</b>  <b>WICHITA FALLS POLICE OFFICERS ASSOCIATION</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
	<b>Contributor address;</b>  [REDACTED] <b>WICHITA FALLS, TX 76306</b>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  <b>11/23/2024</b>	<b>Full name of contributor</b>  <b>ROBBIE MARTIN</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
	<b>Contributor address;</b>  [REDACTED] <b>WICHITA FALLS, TX 76308</b>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  <b>11/15/2024</b>	<b>Full name of contributor</b>  <b>STEPHEN SANTELLANA</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
	<b>Contributor address;</b>  [REDACTED] <b>WICHITA FALLS, TX 76308</b>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <b>3</b>
<b>2 FILER NAME</b> <b>AUSTIN A. COBB</b>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> <b>11/14/2024</b>	<b>5 Full name of contributor</b> <b>DAVID TREY KIMBELL</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> <b>250.00</b>
	<b>6 Contributor address:</b> [REDACTED]	City; State; Zip Code [REDACTED]	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <b>11/12/2024</b>	<b>Full name of contributor</b> <b>WILLIAM STREICH</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>500.00</b>
	<b>Contributor address:</b> [REDACTED]	City; State; Zip Code [REDACTED]	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <b>11/10/2024</b>	<b>Full name of contributor</b> <b>DUSTIN CLINE</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>500.00</b>
	<b>Contributor address:</b> [REDACTED]	City; State; Zip Code [REDACTED]	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address:</b>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: 2
<b>2 FILER NAME</b> <b>AUSTIN A. COBB</b>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		<b>\$ 31,494</b>
<b>5 Date</b>  11/14/2024	<b>6 Full name of contributor</b>  <b>DONNA JONES</b>	<b>8 Amount of Contribution \$</b>  <b>300.00</b>
	<b>7 Contributor address;</b>  <b>3005 LANSING BLVD #126, WICHITA FALLS, TX 76309</b>	<b>9 In-kind contribution description</b>  <b>ADVERTISING EXPENSE</b>
<small>Check if travel outside of Texas. Complete Schedule T.</small>		
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b> <b>BUSINESS OWNER</b>		<b>11 Employer (FOR NON-JUDICIAL) (See Instructions)</b> <b>GII AD GROUP</b>
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>		<b>13 Contributor's job title (FOR JUDICIAL) (See Instructions)</b>
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		
<b>Date</b>  12/02/2024	<b>Full name of contributor</b>  <b>COLT WEST</b>	<b>Amount of Contribution \$</b>  <b>450.00</b>
	<b>Contributor address;</b>  <b>4245 KEMP BLVD WICHITA FALLS, TX 76308</b>	<b>In-kind contribution description</b>  <b>ADVERTISING EXPENSE</b>
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b> <b>BUSINESS OWNER</b>		<b>Employer (FOR NON-JUDICIAL) (See Instructions)</b> <b>CRANE-WEST</b>
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: 2
<b>2 FILER NAME</b> <b>AUSTIN A. COBB</b>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		<b>\$ 31,494</b>
<b>5 Date</b>  12/02/2024	<b>6 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#:  WICHITA FALLS PROFESSIONAL FIREFIGHTERS	<b>8 Amount of Contribution \$</b> 30,744.00  <b>9 In-kind contribution description</b> ADVERTISING EXPENSE  Check if travel outside of Texas. Complete Schedule T.
	<b>7 Contributor address:</b> City: State: Zip Code  6923 INDIANA AVENUE PMB 292 LUBBOCK, TX 79413	

<b>10 Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See Instructions)	<b>11 Employer (FOR NON-JUDICIAL)</b> (See Instructions)
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>	<b>13 Contributor's job title (FOR JUDICIAL)</b> (See Instructions)
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>	<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>

<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City; State; Zip Code	<b>Amount of Contribution \$</b>	<b>In-kind contribution description</b>

Check if travel outside of Texas. Complete Schedule T.

<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See Instructions)  AFTER A WHILE By Jorge Luis Borges (revised and copyrighted by Veronica Shoffstall) After a while you learn the subtle difference between holding	<b>Employer (FOR NON-JUDICIAL)</b> (See Instructions)
<b>Contributor's principal occupation (FOR JUDICIAL)</b>	<b>Contributor's job title (FOR JUDICIAL)</b> (See Instructions)
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>	<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>	

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# 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: 1	2 FILER NAME AUSTIN A. COBB	3 Filer ID (Ethics Commission Filers)	
4 Date 11/14/2024	5 Payee name GII AD GROUP		
6 Amount (\$) 1,299.00	7 Payee address; 3005 LANSING BLVD #126 WICHITA FALLS, TX 76309	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN MAILERS	
	(c) Check if travel outside of Texas. Complete Schedule T. 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 12/03/2024	Payee name PAYPAL INC		
Amount (\$) 96.38	Payee address; 2211 NORTH 1ST ST SAN JOSE, CA 95131	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PAYPAL FEES	
	Check if travel outside of Texas. Complete Schedule T. 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	
	Check if travel outside of Texas. Complete Schedule T. 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

# 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: 1	2 FILER NAME AUSTIN A. COBB	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 725.77		\$ 14,110.18	
5 Date 11/04/2024	6 Payee name HOEGGER COMMUNICATIONS		
7 Amount (\$) 13,384.41	8 Payee address: 901 INDIANA AVENUE WICHITA FALLS, TX 76301	City:      State:      Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description MARKETING AND SOCIAL MEDIA	
	(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 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/03/2024	Payee name ACTION PRINTING		
Amount (\$) 13,384.41	Payee address: 2407 82ND ST LUBBOCK, TX 79423	City:	State:      Zip Code
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description WALK LIST / Marketing	
	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			