

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
Cover Sheet pg 1

The C/OH Instruction Guide explains how to complete this form.

1. ACCOUNT #
(Ethics Commission filers)

2. Total Pages Filed:

11

3. CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mr

FIRST

Jerry

MI

R

NICKNAME

LAST

Allen

SUFFIX

OFFICE USE ONLY

Date Received

4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS
C Change of Address

Address/PO BOX; APT / SUITE #;

9426 Dartcrest

CITY;

Dallas TX 75238

STATE;

ZIP CODE

Date Hand-delivered or Date Postmarked

5. CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(214)

PHONE NUMBER

349 7518

EXTENSION

Receipt #

Amount

6. CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr

FIRST

Phil

MI

R

NICKNAME

LAST

Allen

SUFFIX

Date Processed

Date Imaged

7. CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

9723 Maplehill

APT / SUITE #;

CITY;

Dallas TX 75238

STATE;

ZIP CODE

8. CAMPAIGN TREASURER PHONE

AREA CODE

(214)

PHONE NUMBER

348 1918

EXTENSION

9. REPORT TYPE

January 15

10. PERIOD COVERED

7/1/2009

THROUGH

12/31/2009

11. ELECTION

ELECTION DATE

ELECTION TYPE

NA

12. OFFICE

OFFICE HELD (if any)

Dallas City Councilman - District 10

13. OFFICE SOUGHT (if known)

Council District 10

14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
C additional pages

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

NAME

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Mr Jerry R Allen	16 ACCOUNT #(Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) C additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate/officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.**	
	COMMITTEE TYPE	COMMITTEE NAME
	C GENERAL	COMMITTEE ADDRESS
	C SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9325.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3466.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8540.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10000.00

19 AFFIDAVIT

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.

ELECTRONICALLY CERTIFIED

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Jerry R Allen, this the 7th day of January, 20 10, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 1 of 5	
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 07/03/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Ann Johnstone 6 Contributor address; City; State; Zip Code 5940 Waggoner Dallas, TX 75230	7 Amount of Contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Glendenning Contributor address; City; State; Zip Code 2200 ROSS AVE. Suite 2200 DALLAS, TX 75201	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Goss Contributor address; City; State; Zip Code 10210 N. Central Expressway Suite 500 Dallas, TX 75231	Amount of Contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas Ralston Contributor address; City; State; Zip Code P.O. Box 29188 DALLAS, TX 75229	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Political Action Committee of Winstead PC Contributor address; City; State; Zip Code 1201 Elm St. Suite 5400 Dallas, TX 75270	Amount of Contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 2 of 5	
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 07/03/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary McDermott Cook	7 Amount of Contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10840 Strait Ln. Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Baker	Amount of Contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9928 Spirehaven Dallas, TX 75238		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Hsueh	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6815 Bert Lane Dallas, TX 75240		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caren Prothro	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3929 Potomac Avenue Dallas, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Scovell	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6322 De Loache Dallas, TX 75225		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 3 of 5	
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 07/03/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Schenkel	7 Amount of Contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2515 McKinney Suite 1200 Dallas, TX 75201		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs Ronald Steinhart	Amount of Contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 25 Robledo Dallas, TX 75230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Hunt	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1900 North Akard Dallas, TX 75201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Associates State PAC	Amount of Contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 North Bowser Richardson, TX 75081		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Hargrove	Amount of Contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 566077 DALLAS, TX 75356		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 4 of 5	
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 08/03/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Hollingsworth	7 Amount of Contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1 Coventry Court Dallas, TX 75230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Hamilton	Amount of Contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 251 S Garfield St. Suite F Denver, CO 80209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson & Elkins Texas PAC	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2001 Ross Ave. Suite 3700 Dallas, TX 75201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Rogers	Amount of Contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16251 Dallas Parkway Addison, TX 75001		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Walker L.L.P. PAC	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 901 Main Suite 6000 Dallas, TX 75202		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 5 of 5	
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/16/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Andres 6 Contributor address; City; State; Zip Code 2800 N. Henderson Ave. Suite 200 Dallas, TX 75206	7 Amount of Contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apartment Association of Greater Dallas PAC Contributor address; City; State; Zip Code 4230 LBJ Frwy. Suite 140 Dallas, TX 75244	Amount of Contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Hallam Contributor address; City; State; Zip Code 5330 S. Dentwood Dr. Dallas, TX 75220	Amount of Contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice Nye Contributor address; City; State; Zip Code 12211 Creek Forest Dallas, TX 75230	Amount of Contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
1 of 4

2 FILER NAME

Mr Jerry R Allen

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/01/2009

5 Payee name

Exchange Club of Lake Highlands

7 Amount
(\$)

250.00

6 Payee address; City; State; Zip Code

Dallas, TX 75382

P.O. Box 823725

8 Purpose of payment (See instructions regarding type of information required.)

Fourth of July Parade Donation for Best Float awards

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

09/11/2009

Payee name

Lake Highlands Womens League

Amount
(\$)

250.00

Payee address; City; State; Zip Code

Dallas, TX 75238

P.O. Box 38011

Purpose of payment (See instructions regarding type of information required.)

Donation to annual Tour of Homes

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/02/2009

Payee name

Forest Meadow Junior High PTA

Amount
(\$)

150.00

Payee address; City; State; Zip Code

Dallas, TX 75243

9373 Whitehurst

Purpose of payment (See instructions regarding type of information required.)

Donation to Market in the Meadow

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

08/21/2009

Payee name

Jerry Allen

Amount
(\$)

31.30

Payee address; City; State; Zip Code

Dallas, TX 75238

9426 Dartcrest

Purpose of payment (See instructions regarding type of information required.)

Drinks for Thurgood Marshall Elementary Teacher Luncheon

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 2 of 4
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/09/2009	5 Payee name Lake Highlands Area Choir Booster Club 6 Payee address; City; State; Zip Code 9449 Church Road Dallas, TX 75238	7 Amount (\$) 160.00
8 Purpose of payment (See instructions regarding type of information required.) Ad in Espree Program (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/15/2009	Payee name Lake Highlands Junior Womens League Payee address; City; State; Zip Code P.O. Box 38225 Dallas, TX 75238	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required.) Donation to Run the Highlands (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/03/2009	Payee name Lake Highlands Wildcat Club Payee address; City; State; Zip Code 9449 Church Road Dallas, TX 75238	Amount (\$) 450.00
Purpose of payment (See instructions regarding type of information required.) Senior Class Officer Ad (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/14/2009	Payee name Funding Raising Solutions Payee address; City; State; Zip Code 1500 Jackson Suite 817 Dallas, TX 75201	Amount (\$) 1000.00
Purpose of payment (See instructions regarding type of information required.) Fund raising (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 3 of 4
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)
4 Date 08/17/2009	5 Payee name Gaytha Davis 6 Payee address; City; State; Zip Code 1500 Marilla Suite 5FS Dallas, TX 75201	7 Amount (\$) 148.94
8 Purpose of payment (See instructions regarding type of information required.) Willie B Johnson Senior Christmas Program Gifts (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/21/2009	Payee name Subway Payee address; City; State; Zip Code 9730 Abrams Suite 109 Dallas, TX 75243	Amount (\$) 155.88
Purpose of payment (See instructions regarding type of information required.) Appreciation lunch for Thurgood Marshall Elementary School Teachers (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/31/2009	Payee name Capital Grille Payee address; City; State; Zip Code 500 Crescent Ct. Suite 135 Dallas, TX 75201	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Donation of Gift Card to the Ebby Halliday Auction (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/23/2009	Payee name Moss Haven Elementary PTA Payee address; City; State; Zip Code 9202 Moss Farm Dallas, TX 75243	Amount (\$) 200.00
Purpose of payment (See instructions regarding type of information required.) Donation to Annual Auction (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
4 of 4

2 FILER NAME

Mr Jerry R Allen

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/15/2009

5 Payee name

Mark Rice

7 Amount (\$)

320.00

6 Payee address; City; State; Zip Code

10348 White Rock Circle Dallas, TX 75238

8 Purpose of payment (See instructions regarding type of information required.)

To purchase 16 of Mr. Rice's book on the history of Dallas to be used as Christmas presents
(If travel outside of Texas, complete Schedule T)

9 ** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED