

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:** **33**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
 SUSAN D.
 NICKNAME LAST SUFFIX
 REED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
 PO Box 120098, San Antonio, Tx 78212
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (210) 822-3416

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 Mrs. Barbara
 NICKNAME LAST SUFFIX
 Banker

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 230 Geddington, San Antonio, Tx 78249
 (residence or business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (210) 492-4022

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 \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
 7 / 1 / 2012 THROUGH 12 / 31 / 2012

11 ELECTION
 ELECTION DATE: Month Day Year
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE
 OFFICE HELD (if any)
 Bexar County Criminal District Attorney

13 OFFICE SOUGHT (if known)

OFFICE USE ONLY

Date Received: **2013 JAN - 7 PM 1:47**

Date Hand-delivered for Postmarked: **2013 JAN - 7 PM 1:47**

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

FILED IN MY OFFICE
 JACQUELYN F. GALLAGHER
 ELECTIONS ADMINISTRATOR
 BEXAR COUNTY

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Susan D. Reed

15 ACCOUNT # (Ethics Commission Filers)

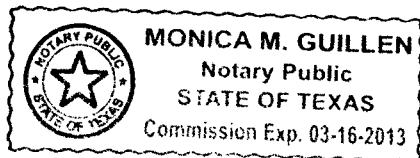
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ no fundraising
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ no fundraising
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,568.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 126,354.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Susan D. Reed

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan D. Reed., this the 7th day of January, 20 13, to certify which, witness my hand and seal of office.

Monica Guillen

Signature of officer administering oath

monica Guillen

Printed name of officer administering oath

Notary

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	
2 FILER NAME SUSAN D. REED		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) no fundraising activity this reporting period	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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.

PLEGGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 FILER NAME Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) N/A	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0000000
5 Date of loan	7 Name of lender n/a <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 23		2 FILER NAME Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/12		5 Payee name OfficeMax			
6 Amount (\$) 64.17		7 Payee address; City; State; Zip Code 255 E. Basse Rd., Suite 1510, San Antonio, Tx 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead/rental exp.		(b) Description (If travel outside of Texas, complete Schedule T) office supplies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/2/12		Payee name Public Storage			
Amount (\$) 60		Payee address; City; State; Zip Code 555 W. Sunset Rd, San Antonio, Tx 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental expense		Description (If travel outside of Texas, complete Schedule T) storage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/2/12		Payee name USPS Global Express Mail			
Amount (\$) 10.85		Payee address; City; State; Zip Code 1735 N Lynn St, 2nd Flr, Arlington VA 22209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/6/12		Payee name USPS Global Express Mail			
Amount (\$) 4.90		Payee address; City; State; Zip Code 1735 N Lynn St, 2nd Flr, Arlington VA 22209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/10/12		5 Payee name Amtrack .com			
6 Amount (\$) 27.00		7 Payee address; City; State; Zip Code 60 Massachusetts Ave NE, Washington DC 20002			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel Out of District		(b) Description (If travel outside of Texas, complete Schedule T) train ticket attending conference	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/10/12		Payee name Herff Travel Agency billed by Airlines Rprting Corptaf			
Amount (\$) 40.00		Payee address; City; State; Zip Code 3000 Wilson Vlvd, Arlington Va			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) travel outside district		Description (If travel outside of Texas, complete Schedule T) travel agency fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/10/12		Payee name DELTA AIRLINES			
Amount (\$) 460.71		Payee address; City; State; Zip Code Atlanta Airport, Atlanta GA 30320			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) travel outside district		Description (If travel outside of Texas, complete Schedule T) attend conference	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/10/12		Payee name USPS			
Amount (\$) 21.79		Payee address; City; State; Zip Code 1 Post Office Drive, San Antonio, Tx 78284			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office overhead/Rental expense		Description (If travel outside of Texas, complete Schedule T) postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Susan D. Reed	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/14/12	5 Payee name Credit Secure
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6 Amount (\$) 15.93	7 Payee address; City; State; Zip Code 535 Anton Blvd #100, Costa Mesa Ca 92628
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Credit card securitly
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/16/12	Payee name AT&T Data
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Amount (\$) 15.09	Payee address; City; State; Zip Code 12525 Cingular Way, Alpharetta , GA 30004
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) communication/data
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/16/12	Payee name San Antonio Express News
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Amount (\$) 26.76	Payee address; City; State; Zip Code 301 Ave. E, San Antonio, Tx 78205
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Exp.	Description (If travel outside of Texas, complete Schedule T) newspaper subscription
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/18/12	Payee name AT&T Easycharge Cons SW
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Amount (\$) 278.89	Payee address; City; State; Zip Code 208 S Akard St, Ste 110, Dallas, Tx 75202
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead/rental exp.	Description (If travel outside of Texas, complete Schedule T) cellular service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Susan D. Reed	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/21/12	5 Payee name OfficeMax
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6 Amount (\$) 79.96	7 Payee address; City; State; Zip Code 255 E. Basse, Suite 1510, San Antonio, Tx 78209
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office overhead/rental exp.	(b) Description (If travel outside of Texas, complete Schedule T) office supplies
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/22	Payee name Bravo Bravo
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Amount (\$) 55.28	Payee address; City; State; Zip Code 20 E Main St, Mystic CT 06355
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/beverage expense	Description (If travel outside of Texas, complete Schedule T) meal @ NDAA Conference
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/22/12	Payee name Delta Airlines
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Amount (\$) 25	Payee address; City; State; Zip Code Dep 680 1030 Delta Blvd, Atlanta Ga 30354
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) travel outside district	Description (If travel outside of Texas, complete Schedule T) baggage fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/24/12	Payee name Amtrack
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Amount (\$) 27.00	Payee address; City; State; Zip Code 60 Massachusetts Ave NE, Washington, DC. 20002
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) travel outside district	Description (If travel outside of Texas, complete Schedule T) train ticket attending conference
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED