

BEXAR COUNTY ELECTIONS DEPARTMENT

**Jacquelyn F. Callanen
ELECTIONS ADMINISTRATOR**

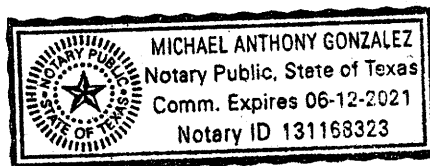
January 17, 2018

This serves as notice that the Bexar County Elections Department was closed Tuesday, January 16, 2018 due to inclement weather. C&E reports submitted today will be deemed to meet the statutory deadline for filing.

Jacquelyn F. Callanen

Jacquelyn F. Callanen
Elections Administrator

Mahela Gomez
Technical Support Specialist



January 17, 2018

FILED IN MY OFFICE
JACQUELYN F. CALLANEN
ELECTIONS ADMINISTRATOR
2018 JAN 17 PM 5:03
BEXAR COUNTY

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Paul	MI
	NICKNAME	LAST Elizondo	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 3451 W. Woodlawn	APT / SUITE #;	CITY; STATE; ZIP CODE San Antonio TX 78228
	AREA CODE (210)	PHONE NUMBER 433-2012	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Mr.	FIRST Pete	MI
	NICKNAME	LAST Van de Putte	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	(Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1616 W. Mulberry San Antonio TX 78201		
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 227-5038	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month / Day / Year Month / Day / Year 07 / 01 / 2017 THROUGH 12 / 31 / 2017		
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 2018		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE	OFFICE HELD (if any) County Commissioner pct 2	13 OFFICE SOUGHT (if known) County Commissioner pct. 2

OFFICE USE ONLY

Date Received
2018 JAN 17 PM 5:03

BEXAR COUNTY

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Paul Elizondo

15 Filer ID (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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 31,750.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 32,035.83

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

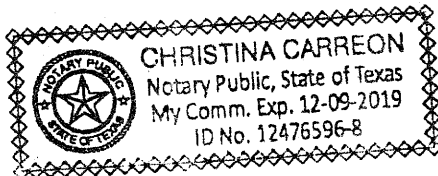
\$ 560,664.81

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Paul Elizondo
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Paul Elizondo, this the 17

day of JAN, 2018, to certify which, witness my hand and seal of office.

Christina Carreon
Signature of officer administering oath

Christina Carreon
Printed name of officer administering oath

Christina Carreon Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Paul Elizondo		3 Filer ID (Ethics Commission Filers)
4 Date 12-06-2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belmarez, Edwardo	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 5419 Pearl Pass San Antonio, TX 78222		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 12-06-2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krauskoff, Steven	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 13151 N.Hunters Cir San Antonio, TX 78230		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12-20-2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbanczyk, Ronald D.	Amount of contribution (\$) 15,000.00
Contributor address; City; State; Zip Code 26226 Hwy 46 West Spring Branch, TX 78070		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12-05-2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biemacks, Patrick	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 801 E. Quincy St. San Antonio, TX 78215		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Paul Elizondo		3 Filer ID (Ethics Commission Filers)
4 Date 12-05-2017	5 Full name of contributor Tobin Equity Real Estate <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 5150 Broadway Ste. 300 San Antonio, TX 78204		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-20-2017	Full name of contributor Lucas, Raymond Contributor address; City; State; Zip Code 323 Twisted Wood San Antonio, TX 78216 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-07-2017	Full name of contributor Naiser, Derek Contributor address; City; State; Zip Code 104 Summer Glen Boerne, TX 78006 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09-17-2017	Full name of contributor Johnson, Brenda Vickrey Contributor address; City; State; Zip Code 12940 Country Pkwy San Antonio, TX 78216 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12-06-2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Goef 6 Contributor address; City; State; Zip Code 232 W. Itermosa San Antonio, TX 78212	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-06-2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westheimer, Michael Contributor address; City; State; Zip Code 317Lexington San Antonio, TX 78215	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-06-2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archer, John C. Contributor address; City; State; Zip Code 2364Normandy Grace New Braunfels, TX 78130	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-06-2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross, Edward A. Contributor address; City; State; Zip Code 2 Laurel Place San Antonio, TX 78209	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1:	2 FILER NAME Paul Elizondo	3 Filer ID (Ethics Commission Filers)
4 Date 08-22-2017	5 Payee name AFL-CIO	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 9502 Computer Dr. San Antonio, TX 78229	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Table & Ad	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 08-23-2017	Payee name Bexar County Democratic Party	
Amount (\$) 600.00	Payee address; City; State; Zip Code 3000 IH 10 West San Antonio, TX 78291	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Annual Dues	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 08-23-2018	Payee name 3-D Screen Printing	
Amount (\$) 5,266.36	Payee address; City; State; Zip Code 8015 2 nd St. Sommerset, TX 78069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1:	2 FILER NAME Paul Elizondo	3 Filer ID (Ethics Commission Filers)
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4 Date 09-13-2017	5 Payee name Avenida Guadalupe Assn.
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1313 Guadalupe, ste 100 San Antonio, TX 78207
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Parade Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09-19-2017	Payee name Annie's List
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Amount (\$) 500.00	Payee address; City; State; Zip Code P.O. Box 303277 Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AD	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10-26-2017	Payee name 3-D Screen Printing
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Amount (\$) 2,091.28	Payee address; City; State; Zip Code 8015 2 nd St. Sommerset, TX 78069
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1:	2 FILER NAME Paul Elizondo	3 Filer ID (Ethics Commission Filers)
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4 Date 10-27-2017	5 Payee name Avenida Guadalupe Assn.
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code Joe Posada 615 Ceralvo San Antonio, TX 78207
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event music	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10-27-2017	Payee name St. Mary Magdalen Coro
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Amount (\$) 500.00	Payee address; City; State; Zip Code 1700 Clower San Antonio, TX 78201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10-30-2017	Payee name The Rose Boutique
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Amount (\$) 63.87	Payee address; City; State; Zip Code 955 Cincinnati San Antonio, TX 78201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Flowers for constituent funeral	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1:	2 FILER NAME Paul Elizondo	3 Filer ID (Ethics Commission Filers)
4 Date 10-05-2017	5 Payee name Election Support Services	
6 Amount (\$) 6727.50	7 Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 782332	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign coordinator	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11-09-2017	Payee name Elections Support Services	
Amount (\$) 14,036.82	Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Coordinator	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11-15-2017	Payee name Bexar County Democratic Party	
Amount (\$) 1,250.00	Payee address; City; State; Zip Code 3000 IH 10 West San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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