

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

10

3 COMMITTEE NAME

Defending Public Money for Public Good

OFFICE USE ONLY

Date Received

FILED IN MY OFFICE
MICHELE CARP
ELECTIONS ADMINISTRATOR
2025 OCT 27 PM 4:33
BEXAR COUNTY

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

PO Box 171164 SA TX 78217

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

Michael

C

NICKNAME

LAST

SUFFIX

Phillips

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5227 Wildflower Dr. SA TX 78228

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

PO Box 171164 SA TX 78217

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 254-0745

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Exceeded Modified Reporting Limit

☐ July 15

☒ 8th day before election

☐ Dissolution Report (Attached PAC-FR)

☐ Runoff

☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

Month Day Year

10 / 07 / 2025 THROUGH

10 / 27 / 2025

11 ELECTION

ELECTION DATE

Month Day Year

11 / 04 / 2025

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other

☒ General

☐ Special

Description _____

GO TO PAGE 2

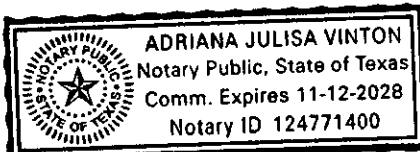
SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME <u>Defending Public Money for Public Good</u>		13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) ☐ SUPPORT (Candidate or Measure) ☒ OPPOSE (Candidate or Measure) ☐ ASSIST (Officeholder)	☐ CANDIDATE ☐ OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	☒ MEASURE	BALLOT IDENTIFICATION / # <u>Proposition B</u>
		ELECTION DATE Month Day Year <u>11 / 04 / 2025</u>
		DESCRIPTION <u>Use of \$311 Million on Spurs Arena Project Marvel</u>

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$18,980
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 209,420.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 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.



Michael C Phillips
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Charles Phillips, this the 27 day of October, 2025, to certify which, witness my hand and seal of office.

[Signature] Adriana Julisa Vinton Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,980
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,000
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☒ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 15,000
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	☐ SCHEDULE E: LOANS	\$
8.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 209,620.49
9.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	☐ 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: 3
2 FILER NAME Michael C. Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael C. Phillips 6 Contributor address; City; State; Zip Code 5227 Wildflower Dr SA TX 78228	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Belinda Gonzalez Contributor address; City; State; Zip Code 13915 Amber Crest SA TX 78249	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Paul McKay Contributor address; City; State; Zip Code 4220 Albermarle St NW WA DC 20016	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) XXXXXXXXXXXX Contributor address; City; State; Zip Code XXXXXXXXXX	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.		

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:
2 FILER NAME Michael C. Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Bisbey	7 Amount of contribution (\$) 1,350.00
6 Contributor address; City; State; Zip Code 901 NE Loop Ste 415 SA TX 78209		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/20/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gabriel Botero	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2124 Rembrandt Hill SA TX 78256		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) May Fernandez	Amount of contribution (\$) 130.00
Contributor address; City; State; Zip Code 655 Leigh St. SA TX 78210		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$ 2,000

9 In-kind contribution
description

2,000

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3. Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount
of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date _____

Full name of pledgor ☐ out-of-state PAC (ID#:

Amount
of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See instructions)

Employer (See Instructions)

Date _____

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address;	City;	State;	Zip Code
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☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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 C1: 1
2 FILER NAME Michael C. Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/25	5 Corporation / Labor Organization name Metro Alliance 6 Corporation / Labor Organization address; City; State; Zip Code 2018 Ave B Suite 200 SA TX 77215	7 Amount of contribution (\$) 15,000.00
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

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 C2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of Contribution \$ ☐ Check if travel outside of Texas. Complete Schedule T.	8 In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ ☐ Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ ☐ Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ ☐ Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ ☐ Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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 Michael C. Phillips	3 Filer ID (Ethics Commission Filers)
4 Date 10/07/25	5 Payee name 3-D Signs	
6 Amount (\$) 2,257.01	7 Payee address; City; State; Zip Code 7986 1st St. Somerset TX 78069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs, Palm Cards
	(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 10/09/25	Payee name Fose + McKay	
Amount (\$) 57,500.00	Payee address; City; State; Zip Code 1801 E Camelback Rd. Ste 300 Phoenix AZ 85016	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	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		
Date 10/09/25	Payee name Frost Bank	
Amount (\$) 30.00	Payee address; City; State; Zip Code 111 W Houston SIA TX 78205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Wire Fee
	☐ 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
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.

1 Total pages Schedule F2:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$	
5 Date		6 Payee name			
7 Amount (\$)		8 Payee address;		City;	State; Zip Code
9 TYPE OF EXPENDITURE		☐ Political ☐ Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(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		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
TYPE OF EXPENDITURE		☐ Political ☐ Non-Political			
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 ONLY 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

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:		2 FILER NAME Michael C Phillips		3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/25		5 Payee name Fose + McKay			
6 Amount (\$) 63,480.65		7 Payee address;		City;	State; Zip Code
		1801 E Camelback Rd. Ste 300		Phoenix	AZ 85014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Consulting Expense				
		(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 10/10/25		Payee name Frost Bank			
Amount (\$) 30.00		Payee address;		City;	State; Zip Code
		111 W Houston		SA	TX 78205
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Fees		Wire Fee		
		☐ 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 10/17/25		Payee name Fose + McKay			
Amount (\$) 84,420.65		Payee address;		City;	State; Zip Code
		1801 E Camelback Rd. Ste 300		Phoenix	AZ 85014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Consulting Expense				
		☐ 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

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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:	2 FILER NAME Michael C. Phillips		3 Filer ID (Ethics Commission Filers)	
4 Date 10/17/25	5 Payee name Frost Bank			
6 Amount (\$) 30.00	7 Payee address; 111 W Houston		City; SA	State; TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Wire fee	
	(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 10/23/25	Payee name 3-D Signs			
Amount (\$) 1,872.18	Payee address; 7986 1st St.		City; Somerset	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Signs, Palm Cards	
	☐ 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 _____			

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