

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: <div style="font-size: 24pt; text-align: center;">9</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST MI <div style="text-align: center; font-size: 18pt;">Derek Scott</div> <hr style="border: 0; border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18pt;">Townsend Sr.</div>	OFFICE USE ONLY Date Received <div style="font-size: 18pt;">4/12/12</div> <div style="font-size: 18pt;">3:18 PM</div> <hr/> Date Hand-delivered or Postmarked <div style="font-size: 18pt;">4/12/12</div> <hr/> Receipt # Amount <hr/> Date Processed <div style="font-size: 18pt;">4/12/12</div> <hr/> Date Imaged <div style="font-size: 18pt;">4/12/12</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 18pt;">30618 William Juergens Drive</div> <div style="font-size: 18pt;">Tomball, Texas 77375</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 18pt;">(281) 357-1561</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST MI <div style="text-align: center; font-size: 18pt;">Lisa S.</div> <hr style="border: 0; border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18pt;">Townsend</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 18pt;">30618 William Juergens Drive</div> <div style="font-size: 18pt;">Tomball, Texas 77375</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 18pt;">(281) 357-1561</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 <div style="font-size: 18pt;">01 / 18 / 12 THROUGH 4 / 02 / 12</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 18pt;">5 / 12 / 12</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 18pt;">Council Position 4</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 18pt;">Council Position 4</div>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Derek Scott Townsend Sr **15 ACCOUNT # (Ethics Commission Filers)**

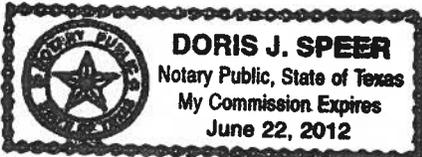
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

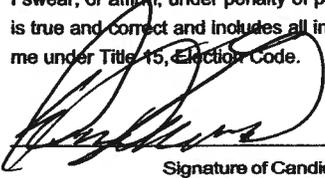
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 325.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,475.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 88.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,942.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,282.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

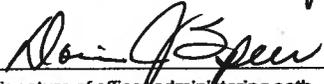
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.




Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Derek Townsend, this the 5th day of April, 2012, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Doris J. Speer
Printed name of officer administering oath

City Secretary
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:	
2 FILER NAME Derek Scott Townsend Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-06-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ed Archer	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8215 Hayden Cove Drive Tomball, Texas 77375		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-10-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rodney Hutson	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9431 Rosie Lane, Suite 100 Magnolia, Texas 77354		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-15-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sharon Sumner	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12321 Zion Road Tomball, TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-15-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) William Sumner	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12321 Zion Road Tomball, Texas 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-15-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Grace Handlay	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 21820 East Yaupon Tomball, Texas 77377		(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Derek Scott Townsend Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-23-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Neil Thomas Breaux 6 Contributor address; City; State; Zip Code 1502 Rudolph Road Tomball, Texas 77375	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-23-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Carla Falco Contributor address; City; State; Zip Code 27102 Broadford Magnolia, Texas 77355	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-23-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Leslie Lagerquist Contributor address; City; State; Zip Code 30711 William Juergens Drive Tomball, Texas 77375	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-23-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Travis Whitaker Contributor address; City; State; Zip Code 404 Baker Drive Tomball, Texas 77375	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-23-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Fred Schroeder Contributor address; City; State; Zip Code 31331 Bearing Star Lane Tomball, Texas 77375	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
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:	
2 FILER NAME Derek Scott Townsend Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-23-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack Ripley	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 14134 Castor Street Tomball, Texas 77375		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-23-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Webb	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1523 Tomball, TEXAS 77377		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-23-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judith Wilson	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 506 North Pecan Drive Tomball, Texas 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-24-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sharon Finger	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13215 Lost Creek Road Tomball, Texas 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-06-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Townsend	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 30618 Wm. Juergens Drive Tomball, Texas 77375		(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:	
2 FILER NAME Derek Scott Townsend Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-08-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keith Boudoin	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 300 Epps Tomball, Texas 77375		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-10-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cheryle Lapsley	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1419 Green Tree Drive Tomball, Texas 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-12-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Everett Nicol Jr.	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 30602 William Juergens Blvd Tomball, Texas 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-12-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roy Lackey	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 31530 Capella Circle Tomball, Texas 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-13-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Wood	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 28227 Camille Drive Tomball, Texas		(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:

2 FILER NAME

Derek Scott Townsend Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-16-12

5 Full name of contributor out-of-state PAC (ID# _____)

Leo Corley

6 Contributor address; City; State; Zip Code

12031 Echo Canyon
Tomball, Texas 77377

7 Amount of contribution (\$)

\$ 500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-18-12

Full name of contributor out-of-state PAC (ID# _____)

James Geer

Contributor address; City; State; Zip Code

13315 Evergreen Drive
Tomball, Texas 77375

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-18-12

Full name of contributor out-of-state PAC (ID# _____)

Patty Geer

Contributor address; City; State; Zip Code

13315 Evergreen Drive
Tomball, Texas 77375

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-08-12

Full name of contributor out-of-state PAC (ID# _____)

Republican Party of Texas

Contributor address; City; State; Zip Code

1108 Lavaca Street #500
Austin, Texas 78701

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

Access to
Voter Vault
data.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

(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 SCHEDULE AS NEEDED

If contributor 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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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	2 FILER NAME Derek Scott Townsend Sr.	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-------------------------------------------------	----------------------------------------

4 Date 2-07-12	5 Payee name D and K Photography
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6 Amount (\$) \$162.38	7 Payee address; City; State; Zip Code 11014 Olde Mint House Lane Tomball, Texas 77375
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other Photography Expense	(b) Description (If travel outside of Texas, complete Schedule T) Digital photo files for use on campaign literature
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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 2-23-12	Payee name Alphagraphics
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Amount (\$) \$318.89	Payee address; City; State; Zip Code 5041 FM 2920 Spring, Texas 77388
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) 1,000 campaign push cards
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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 2-23-12	Payee name Nona's Italian Grill
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Amount (\$) \$275.00	Payee address; City; State; Zip Code 1025 Alma Street Tomball, Texas 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Kick off Dinner/Fundraisers
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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 3-10-12	Payee name Alphagraphics
------------------------	------------------------------------

Amount (\$) \$286.42	Payee address; City; State; Zip Code 5041 FM 2920 Spring, Texas 77388
--------------------------------	---------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) 1,000 campaign push cards
------------------------	-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

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

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 Candidate/Officeholder/Political Committee |
| Event Expense | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Derek Scott Townsend Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3-14-12	5 Payee name Signtex Imaging, LP
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6 Amount (\$) \$ 811.88	7 Payee address; City; State; Zip Code 1225 Alma Street, Suite c Tomball, Texas 77375
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Signs & Stakes
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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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

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
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

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
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED