Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 1 of 14

OFFICE USE ONLY

Date Received: 2012 JAN 17 PM 12:40

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Enrique | MI: O.
NICKNAME | LAST: Maldonado | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 4308 N. McColl Rd. McAllen, TX 78504

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 668-7114 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Gilbert | MI:
NICKNAME | LAST: Maldonado | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 4308 N. McColl Rd. McAllen, TX 78504

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 624-5910 | EXTENSION

9 REPORT TYPE

- [XX] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 07 / 01 / 2011 THROUGH 12 / 31 / 2011

11 ELECTION

ELECTION DATE: Month / Day / Year: 03 / 14 / 2014

ELECTION TYPE: [XX] Primary [ ] Runoff [ ] General [ ] Special

12 OFFICE

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): County Court At Law Number 8

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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: N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

15 C/OH NAME: Enrique Omar Maldonado

16 ACCOUNT # (Ethics Commission Filers):

17 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
- [ ] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

- [ ] additional pages

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)	$ -0-
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,500.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3,401.92
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
GINNA ALVAREZ
My Commission Expires
May 27, 2012

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 Enrique Omar Maldonado, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Ginna Alvarez: Print name of officer administering oath | Notary Public: Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 3 of 14

2 FILER NAME Enrique Omar Maldonado

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
08/01/11	Dimas Xavier De Leon 1617 East McIntyre, Edinburg, TX 78539		$395.00

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ 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)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ 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)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J): 4 of 14

2 FILER NAME Enrique Omar Maldonado

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) N/A 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) N/A Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) N/A Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J): 5 of 14

2 FILER NAME: Enrique Omar Maldonado

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#:_____) N/A

8 Lender address: City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

☐ none

18 GUARANTOR INFORMATION

☐ not applicable

19 Name of guarantor N/A

20 Guarantor address; City; State; Zip Code

21 Amount Guaranteed ($)

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 14	2 FILER NAME Enrique Omar Maldonado	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/18/2011	5 Payee name Mike Carrera	
6 Amount ($) $1,500.00	7 Payee address; City; State; Zip Code 3406 West Alberta, Edinburg, TX 78540	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name N/A	
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 N/A	
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 N/A	
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7 of 14	2 FILER NAME Enrique Omar Maldonado	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name N/A	
6 Amount ($) ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name N/A	
Amount ($) ☐ Reimbursement from political contributions intended	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)
Date	Payee name N/A	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name N/A	
Amount ($) ☐ Reimbursement from political contributions intended	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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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	Polling Expense	Travel Out Of District	
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 H: 8 of 14	2 FILER NAME Enrique Omar Maldonado	3 ACCOUNT # (Ethics Commission Filers)
4 Date N/A	5 Business name N/A	
6 Amount ($) N/A	7 Business address; City; State; Zip Code N/A	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) N/A	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business 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	Business name	
Amount ($)	Business 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	Business name	
Amount ($)	Business 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 9 of 14	2 FILER NAME Enrique Omar Maldonado	3 ACCOUNT # (Ethics Commission Filers)
4 Date N/A	5 Payee name N/A	
6 Amount ($) N/A	7 Payee address; City; State; Zip Code N/A	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) N/A	(b) Description (See instructions regarding type of information required.)
Date	Payee name N/A	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name N/A	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name N/A	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 10 of 14

2 FILER NAME: Enrique Omar Maldonado

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
	N/A	
Date	Payor name: N/A Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name: N/A Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name: N/A Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name: N/A Payor address; City; State; Zip Code Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L: 11 of 14

2 FILER NAME Enrique Omar Maldonado

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION	4 Name of lender N/A 5 Lender address; City; State; Zip Code
GUARANTOR INFORMATION ☐ not applicable	6 Name of guarantor N/A 7 Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender N/A Lender address; City; State; Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor N/A Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender N/A Lender address; City; State; Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor N/A Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender N/A Lender address; City; State; Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor N/A Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS VALUED AT $500 OR MORE

SCHEDULE **M**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M: 12 of 14

2 FILER NAME: Enrique Omar Maldonado

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset: N/A

Description of Asset: N/A

Description of Asset: N/A

Description of Asset: N/A

Description of Asset: N/A

Description of Asset: N/A

Description of Asset: N/A

Description of Asset: N/A

Description of Asset: N/A

Description of Asset: N/A

Description of Asset: N/A

Description of Asset: N/A

Description of Asset: N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 13 of 14

2 FILER NAME: Enrique Omar Maldonado

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: Xavier De Leon *Political Ad*

5 Contribution / Expenditure reported on:

- [XX] Schedule A
- [ ] Schedule B
- [ ] Schedule C
- [ ] Schedule D
- [ ] Schedule F
- [ ] Schedule G
- [ ] Schedule H
- [ ] Schedule N
- [ ] COH-UC
- [ ] COH-T
- [ ] PAC-C
- [ ] PAC-E

6 Dates of travel: N/A

7 Name of person(s) traveling: N/A

8 Departure city or name of departure location: N/A

9 Destination city or name of destination location: N/A

10 Means of transportation: N/A

11 Purpose of travel (including name of conference, seminar, or other event): N/A

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee:

Contribution / Expenditure reported on:

- [ ] Schedule A
- [ ] Schedule B
- [ ] Schedule C
- [ ] Schedule D
- [ ] Schedule F
- [ ] Schedule G
- [ ] Schedule H
- [ ] Schedule N
- [ ] COH-UC
- [ ] COH-T
- [ ] PAC-C
- [ ] PAC-E

Dates of travel:

Name of person(s) traveling:

Departure city or name of departure location:

Destination city or name of destination location:

Means of transportation:

Purpose of travel (including name of conference, seminar, or other event):

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee:

Contribution / Expenditure reported on:

- [ ] Schedule A
- [ ] Schedule B
- [ ] Schedule C
- [ ] Schedule D
- [ ] Schedule F
- [ ] Schedule G
- [ ] Schedule H
- [ ] Schedule N
- [ ] COH-UC
- [ ] COH-T
- [ ] PAC-C
- [ ] PAC-E

Dates of travel:

Name of person(s) traveling:

Departure city or name of departure location:

Destination city or name of destination location:

Means of transportation:

Purpose of travel (including name of conference, seminar, or other event):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED