Tex s Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# 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:

**OFFICE USE ONLY**

Date Received: RECEIVED APR 25 2014 2:27 pm

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**
MS / MRS / MR: "Tency" FIRST: Hortencia MI:
NICKNAME: LAST: Martinez SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
☐ change of address
ADDRESS / PO BOX: 1210 APT / SUITE #: Colony Drive CITY: Pharr STATE: Tx ZIP CODE: 78577

**5 CANDIDATE/ OFFICEHOLDER PHONE**
AREA CODE: (956) PHONE NUMBER: 566-7436 EXTENSION:

**6 CAMPAIGN TREASURER NAME**
MS / MRS / MR: FIRST: Gavino MI:
NICKNAME: LAST: Garza SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS** (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 713 Sonia Circle APT / SUITE #: Alamo, CITY: Texas STATE: 78577 ZIP CODE:

**8 CAMPAIGN TREASURER PHONE**
AREA CODE: (956) PHONE NUMBER: 784-0337 EXTENSION:

**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: 2 / 24 / 2014 THROUGH Month / Day / Year: 3 / 4 / 2014

**11 ELECTION**
ELECTION DATE Month / Day / Year: 03 / 4 / 2014
ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

**12 OFFICE**
OFFICE HELD (if any): N/A

**13** OFFICE SOUGHT (if known): Justice of the Peace Pct. 2, Pl. 2

GO TO PAGE 2

Tex › Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**
**COVER SHEET PG 2**

**14** C/OH NAME

**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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME: N/A

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) | $ 847.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ |
| | 4. **TOTAL POLITICAL EXPENDITURES** | $ 213.14 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ |

**18** AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
LYDIA M. VILLA
Notary Public
STATE OF TEXAS
My Comm. Exp. 01-10-2015

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.

Hortencia Martinez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lydia M. Villa, this the 22nd day of April, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

Tex Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

**The Instruction Guide explains how to complete this form.**
**•• Complete only if "Report Type" on page 1 is marked "Final Report" ••**

1 C/OH NAME

Hortencia "Tency" Martinez

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Hortencia "Tency" Martinez

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**•• Complete A & B below *only* if you are not an officeholder. ••**

A. CAMPAIGN FUNDS

Check only one:

☑ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☑ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Hortencia "Tency" Martinez

Signature of Candidate

5 OFFICEHOLDER

**•• Complete this section *only* if you are an officeholder ••**

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: Hortencia "Tency" Martinez

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) |
|---|---|---|---|
| 3/1/2014 | Rodolfo Garza<br>421 E. Kelly Pharr, TX. 78577 | $200 month for March 2014 | Rent for Headquarters (Partial) |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Retired

10 Employer (See Instructions):

| 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) |
|---|---|---|---|
| 2/18/2014 | Omelia Alanis<br>702 E. Helmer<br>Pharr, Tx. 78577 | $30.00 | Food/Beverage Expense |

(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 ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/19/2014 | Josefina Rios<br>2613 Elmira Ave.<br>McAllen, Tx. 78503 | $55.00 | Food/Beverage Expense |

(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 ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/20/14 | Orfelinda Salinas<br>702 E. Helmer<br>Pharr, Tx. 78577 | $28.00 | Food/Beverage Expense |

(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 ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/21/14 | Margarita Salinas<br>1226 S. Orchid<br>Pharr, Tx. 78577 | $35.00 | Food/Beverage Expense |

(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 foradditional 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: 4

2 FILER NAME: Hortencia "Tency" Martinez

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) | 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|---|---|---|---|---|
| 2/22/14 | Rudy Garza, Sr.<br>421 E. Kelly<br>Pharr, TX. 78577 | $32.00 | Food/Beverage Expense | | |
| 2/23/14 | Hortensia Garza<br>421 E. Kelly<br>Pharr, TX. 78577 | $40.00 | Food/Beverage Expense | | |
| 2/24/14 | Andres Narvaez<br>1010 S. Huisache Rd.<br>Pharr, TX. 78577 | $35.00 | Food/Beverage Expense | | |
| 2/25/14 | Diana Narvaez<br>1010 S. Huisache Rd.<br>Pharr, TX. 78577 | $42.00 | Food/Beverage Expense | | |
| 2/26/14 | Olga Navarro<br>1302 Sonora<br>Mission, TX. 78572 | $38.00 | Food/Beverage Expense | | |

(If travel outside of Texas, complete Schedule T)

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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: 4

2 FILER NAME: Hortencia "Tency" Martinez

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) | 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|---|---|---|---|---|
| 2/27/14 | Hermelio Alanis<br>702 E. Helmer<br>Pharr, TX. 78577 | $33.00 | Food/Beverage Expense | | |
| 2/28/14 | Omelia Alanis<br>702 E. Helmer<br>Pharr, TX. 78577 | $26.00 | Food/Beverage Expense | | |
| 3/4/14 | Hortensia Garza<br>421 E. Kelly<br>Pharr, TX. 78577 | $28.00 | Food/Beverage Expense | | |
| 2/21/14 | Andy Narvaez<br>1010 Huisache Rd.<br>Pharr, TX. 78577 | $19.00 | Printing Expense | | |
| 2/23/14 | Diana Narvaez<br>1010 Huisache Rd.<br>Pharr, TX. 78577 | $26.00 | Printing Expense | | |

(If travel outside of Texas, complete Schedule T)

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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: 4

2 FILER NAME: Hortencia "Tency" Martinez

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) |
|---|---|---|---|
| 2/28/2014 | Rudy Garza, Sr.<br>421 E. Kelly<br>Pharr, TX. 78577 | $80.00 | (If travel outside of Texas, complete Schedule T) |

| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|---|
| Retired | |

| 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) |
|---|---|---|---|
| 2/28/2014 | Hortensia Garza<br>421 E. Kelly<br>Pharr, TX. 78577 | $60.00 | (If travel outside of Texas, complete Schedule T) |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | |

| 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) |

| 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 ($) | 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 ☐ 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) |
|---|---|
| | |

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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 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 F: 2

2 FILER NAME: Hortencia "Tency" Martinez

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 2/28/2014

5 Payee name: Pacer Printing

6 Amount ($): 70.36

7 Payee address; City; State; Zip Code: 300 East Exp. 83 Pharr, TX. 78577

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): Sample Ballots for Voting

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Hortencia Martinez

Office sought: Justice of the Peace Pct. 2 Pl. 2

Office held:

---

Date: 2/28/2014

Payee name: U.S. Mail & more

Amount ($): 27.06

Payee address; City; State; Zip Code: 1001 South 10th St. McAllen, TX. 78501

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising Expense

Description (If travel outside of Texas, complete Schedule T): Flyers for Early Voting

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Hortencia Martinez

Office sought: Justice of the Peace Pct. 2 Pl. 2

Office held:

---

Date: 3/6/2014

Payee name: Olga Navarro

Amount ($): 50.00

Payee address; City; State; Zip Code: 1302 Sonora Mission, TX. 78572

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising Expense

Description (If travel outside of Texas, complete Schedule T): Signage - Signs Placed

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Hortencia Martinez

Office sought: Justice of the Peace Pct. 2 Pl. 2

Office held:

---

Date: 3/3/2014

Payee name: Tejas Restaurant

Amount ($): 17.43

Payee address; City; State; Zip Code: 1308 Maco Drive Pharr, TX. 78577

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Food Expense

Description (If travel outside of Texas, complete Schedule T): Breakfast for working crew

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Hortencia Martinez

Office sought: Justice of the Peace Pct. 2 Pl. 2

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 | 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 F: 2 | 2 FILER NAME Hortencia "Tency" Martinez | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 3/4/2014 | 5 Payee name Recuerdos Cafe Restaurant | |
| 6 Amount ($) 48.29 | 7 Payee address; City; State; Zip Code 321 South Cage Blvd. Pharr, TX. 78577 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food Expense | (b) Description (If travel outside of Texas, complete Schedule T) Dinner for Team Helpers Election Day |
| 9 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 |

| | | |
|---|---|---|
| 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**

# 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: | 2 FILER NAME Hortencia Martinez | 3 ACCOUNT # (Ethics Commission Filers) |

| | | |
|---|---|---|
| 4 Date 3/4/2014 | 5 Payee name Recuerdos Cafe | |
| 6 Amount ($) 100.00 ☑ Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 321 South Cage Pharr, Tx. 78577 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food Expense | (b) Description (If travel outside of Texas, complete Schedule T) Dinner-Campaign Team on Election Day |
| Date 3/3/2014 | Payee name Stripes 9647 | |
| Amount ($) 33.64 ☑ Reimbursement from political contributions intended | Payee address; City; State; Zip Code 720 Bicentennial McAllen, TX. 78501 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Travel in District | Description (If travel outside of Texas, complete Schedule T) Gas for Vehicle |
| Date 2/19/14 | Payee name New Element | |
| Amount ($) 129.90 ☑ Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6608 South Rio's St. Pharr, TX. 78577 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) Full Color Cards |
| Date | Payee name | |
| Amount ($) ☐ 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