CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY Guadalupe Co Florting
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Joel W. NICKNAME LAST Hicks	MI 	FEB -4 2022
4 ORIGINAL REPORT TYPE	30th day before election 15th	eeded modified reporting	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed
5 ORIGINAL PERIOD COVERED	11/ 19 / 21	Month Day Year 12 / 31 / 21	Date Imaged
Those entries have been del	date for the original report was to end 12/31 leted on this report and filed on the correct ' removed from F-4 as it is not considered a	- however information pertaining to expenses of 1/31/22 C/OH. All numbers in the report reflect credit card. The classification of all expenses in	the changes to the ending date. The
Semiannual mislead or to Other report date I learne	o misrepre-sent the information of ts: I swear, or affirm, that I am fil	ing this corrected report not later the	an the 14th business day after the
(1) Affidavit	Please co	Signature of Candi	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify			day of,
Signature of officer administ	tering oath Printed name	e of officer administering oath	Title of officer administering oath
(2) Unsworn Declarate My name isJoel W. Hi My address is203 Lam Executed in Guadalupe	nar Street (street)	, on the day of February	x , 78108 , Guadalupe . (state) (zip code) (country) uary , 20 22 .
Remember To Att	ach Any Part Of The Campaign	/ /	Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3	CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. Joel	мі W	OFFICE USE ONLY	
	NAME	nickname last Hicks	SUFFIX	Date Received	
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 203 Lamar Street, Cibolo, Te			
5	CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER (210) 255-0546	EXTENSION	Date Hand-delivered or Date Postmarked	
6	CAMPAIGN	(210) 255-0546 MS / MRS / MR FIRST	MI	Receipt # Amount \$	
	TREASURER NAME	Mrs Kara	R SUFFIX	Date Processed	
		Latimer		Date Imaged	
	CAMPAIGN TREASURER ADDRESS Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); AP		STATE; ZIP CODE	
	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 748-5567	EXTENSION		
9	REPORT TYPE	January 15 30th day befor	Eveneded Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10	PERIOD COVERED	Month Day Year 11 / 19 / 21	THROUGH 12	Day Year / 31 / 21	
11	ELECTION	Month Day Year Gen	ELECTION TYPE nary Runoff Other Description neral Special		
12	OFFICE	OFFICE HELD (if any) Cibolo City Council District	13 OFFICE SOUGHT (if known Commissioner Pr		
14	NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDIT CONSENT. CANDIDATES AND OFFICEHOLDERS ARE R COMMITTEE TYPE COMMITTEE NAME			
	Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN	I TREASURER NAME		
		COMMITTEE CAMPAIG	N TREASURER ADDRESS		
F	GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Joel W. Hicks		16 File	er ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	2,168.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and co	orrect and in	cludes all information
	Signature of Ca	indidate	or Officeho	lder
	Please complete either option below	v:		
(1) Affidavit				
NOTARY STAMP/SEAL				
	before me by this the		_ day of _	,
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ring oath Printed name of officer administering oath		Title of office	cer administering oath
	OR			
(2) Unsworn Declaration				
My name is Joel W. Hid	, and my date of birth is	13 Au	ugust 1968 78108	Guadalupe
My address is 203 Lama	(-:4-)	x state)	(zip code)	(country)
Executed in Guadalupe	(Street)	ary	20 22 Vear	1
	Signature of Candi	idate/Off	ficeholder (D	eclarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Joel W. Hicks		20 Filer ID (Ethics Con	nmissi	on Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			•	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITIC	AL CONTRIBUTIONS		\$	1,000.00
2. SCHEDULE A2: NON-MONETARY (IN	-KIND) POLITICAL CONTRIBUTIONS		\$	398.36
3. SCHEDULE B: PLEDGED CONTRIBU	TIONS		\$	
4. SCHEDULE E: LOANS	4. SCHEDULE E: LOANS			
5. SCHEDULE F1: POLITICAL EXPEND	DITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	1,000.00
6. SCHEDULE F2: UNPAID INCURRED	OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INV	ESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURES MA	ADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPEND	TURES MADE FROM PERSONAL FUNI	DS	\$	769.91
10. SCHEDULE H: PAYMENT MADE FRO	OM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPE	NDITURES MADE FROM POLITICAL COM	TRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS TO FILER	, GAINS, REFUNDS, AND CONTRIBUTION	ONS RETURNED	\$	

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 comple	te this form.	1 Total pages Schedule A1:
Joel W. Hic	ks		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-s Linebarger Goggan Blair & Samp	tate PAC (ID#:)	7 Amount of contribution (\$)
12/28/2021	6 Contributor address; City; PO box 17428, Austin,	State; Zip Code , Tx 78760	1,000.00
8 Principal occur Attorney	pation / Job title (See Instructions)	9 Employer (See Instruction Linebarger Goggan	Blair & Sampson, LLP
Date	Full name of contributor out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		tate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			NEEDED.
1	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS	NCEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
Joel W. H			3 Filer ID (Ethics Co	3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00			
5 Date	6 Full name of contributor			9 In-kind contribution description		
12/17/2021	7 Contributor address; City; State;	Zip Code	398.36	campaign signs		
	553 Tolle Road, Cibolo, Texas 7810	08	Check if travel outsi	lide of Texas. Complete Schedule T.		
10 Principal occ business o	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	yer (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	outor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fir	m of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code		 		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	yer (FOR NON-JUDICI	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JU	JDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law fir	m of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Manas (Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries∧\ The Instruction Guide explains how to c	/ages/Contract Labor	Other (enter a category not listed above)
4 Tatal annua Cabadula Edu			2 Files ID (Ethios Commission Filess)
1 Total pages Schedule F1: 4	2 FILER NAME Joel W. Hicks		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/09/2021	Texas Trophies		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
12.95	1718 Pat Booker Rd, Universal City,	Texas 78148	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	adv expense	name tag	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/17/2021	Texas Trophies		
Amount (\$)	Payee address;	City;	State; Zip Code
27.90	1718 Pat Booker Rd, Universal City,	Texas 78148	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	adv expense	name tag	
LAI LADITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/30/2021	Lowes		
Amount (\$)	Payee address;	City;	State; Zip Code
33.10	17280 IH-35 N, Schertz, Tx 78154		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	other	hardware	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	EDED

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

Event Expense 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Joel W. Hicks		3 Filer ID (Ethic	s Commission Filers)		
4 Date 12/21/21	5 Payee name Lowes					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
29.18	17280 IH-35 N, Schei	tz, Texas 7	78154			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	other	hardware	supplies	5		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
12/21/21	Lowes					
Amount (\$)	Payee address;	City;	State;	Zip Code		
19.46	17280 IH-35 N Schertz,	Texas				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	other	hardware supplies				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
12/21/21	1st Source Digital					
Amount (\$)	Payee address;	City;	State;	Zip Code		
216.50	4390 E. FM 1518, Selma, Tx	78154				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	ad expense	signs				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Joel W. Hicks		3 Filer ID (Ethics	Commission Filers)
4 Date 12/17/21	^{5 Payee name} 1st Source Digital			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
499.69	4390 E. FM 1518, Se	lma, Tx 78	108	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	add expense	signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/01/21	1st Source Digital			
Amount (\$)	Payee address;	City;	State;	Zip Code
43.30	4390 E. FM 1518, Selma,	Tx 78108		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	add expense	signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/10/21	1st Source Digital			
Amount (\$)	Payee address;	City;	State;	Zip Code
69.28	4390 E. FM 1518, Selma,	Tx 78108		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	add expense	signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a category not lis	sted above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Comm	nission Filers)
4 Date	5 Payee name			
12/21/21	Lowes	Cit.:	State: Zin	Codo
6 Amount (\$) 29.18	17280 IH-35N, Schertz, Tx 78	City; 3154	State; Zip	Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	other	hardware		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expens	е
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	held
Date	Payee name			
12/21/21	Lowes			
Amount (\$)	Payee address;	City;	State; Zip	Code
19.46	17280 IH-35N, Schertz, Tx	x 78154		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	other	hardware	e	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expens	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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expens	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.	(J)	
1 Total pages Schedule G:	2 FILER NAME Joel W. Hicks		3 Filer ID (Ethics (Commission Filers)
4 Date 11/23/2021	5 Payee name Guadalupe GOP			
6 Amount (\$) 750.00 Reimbursement from political contributions intended	7 Payee address; 221 CJ Jones Cove, Cibolo, Texas	City; 78108	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (c) Check if travel outside of Texas. Complete Schedule T.		andidate filling 1	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
Date 12/17/2021	Payee name 1st Source Digital			
Amount (\$) 19.91 Reimbursement from political contributions intended	Payee address; 4390 E. FM 1518, Selma, Tx 78154	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	(Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
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	n, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED	40