

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. Mr. FIRST Brent MI NICKNAME LAST SUFFIX Chesney	OFFICE USE ONLY FILED FOR RECORD Date Received AT M JAN 15 2014 DIANA T. BARRERA Clerk of the Court, Tarrant County, Texas By <i>[Signature]</i> Deputy Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 250 Cape May Corpus Christi, TX 78412 <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 334-1253		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. FIRST Ashley MI NICKNAME LAST SUFFIX Chesney		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 250 Cape May, Corpus Christi, TX 78412		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 334-1253		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 THROUGH Month Day Year 7 / 1 / 2013 12 / 31 / 2013		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 3 / 4 / 13		
12 OFFICE	OFFICE HELD (if any) Judge, Treces Conty Court at Law #5	OFFICE SOUGHT (if known) Treces Conty Commissioner Precinct 4	

GO TO PAGE 2

2014-036

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Brent Chesney **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.

GENERAL **SPECIFIC**

additional pages

COMMITTEE TYPE: GENERAL SPECIFIC

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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,013.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5821.24
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.

Brent Chesney
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brent Chesney, this the 14th day of January, 20 14, to certify which witness my hand and seal of office.

Brinda Jones Brinda Jones
 Signature of officer administering oath Print name of officer administering oath

BRINDA JONES
 Notary Public
 STATE OF TEXAS
 My Comm. Exp. 06-08-2015
 Title of officer administering oath

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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| 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 FILER NAME <i>Brent Chesney</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7-17-13</i>	5 Payee name <i>Steve Ray</i>
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6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>2816 N. 19th Street, Aledo, TX 76708</i>
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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)
	<i>Consulting expense</i>	<i>advice: consultation</i>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-23-13</i>	Payee name <i>El Tejano</i>
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Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>2505 Sarita, Corpus Christi, TX</i>
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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)
	<i>Advertising expense</i>	<i>ad in magazine</i>

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-15-13</i>	Payee name <i>Brent Chesney</i>
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Amount (\$) <i>1,000</i>	Payee address; City; State; Zip Code <i>250 Cape May, Corpus Christi, TX 78412</i>
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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)
	<i>Mileage, Travel in Dist. Food</i>	<i>reimbursements for one year of each in category</i>

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-20-13</i>	Payee name <i>Poster Angels of South Texas</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 18863 Corpus Christi, TX 78480 *</i>
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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)
	<i>Contributions/Donation</i>	<i>Donation</i>

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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 FILER NAME Brent Chesney	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8-27-13	5 Payee name Podge Island Bus. Assoc.
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 14493 SPFO, CC, TX 78418
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event expense	(b) Description (If travel outside of Texas, complete Schedule T) Sponsorship of event
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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 9-10-13	Payee name Steve Ray : Associates
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Amount (\$) 750.00	Payee address; City; State; Zip Code 2816 N 19th - K/Neico TX 76708
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling expense	Description (If travel outside of Texas, complete Schedule T) Poll-judicial (portion)
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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 9-18-13	Payee name 12 Interactive
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Amount (\$) 162.38	Payee address; City; State; Zip Code 6317 Herwick, CC, TX 78417
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Email blasts
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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 10-16-13	Payee name 12 Interactive
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Amount (\$) 81.19	Payee address; City; State; Zip Code 6317 Herwick, CC, TX 78417
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Email blasts
------------------------	-----------------------------------------------------------------------------	-------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
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1 Total pages Schedule F:	2 FILER NAME Brent Chesney	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-17-13	5 Payee name Steve Ray Associates
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6 Amount (\$) 1,000	7 Payee address; City; State; Zip Code 2816 N 19th, Amarillo, TX 76708
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling expense	(b) Description (If travel outside of Texas, complete Schedule T) Judicial poll (partisan)
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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 11-20-13	Payee name Piedra Island Pous. Association
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Amount (\$) 295.00	Payee address; City; State; Zip Code 14493 S PLO, CC, TX 78418
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Holiday ad
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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 11-21-13	Payee name Roelia Tamez (Toys R US) El Tejaro
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Amount (\$) 75.00	Payee address; City; State; Zip Code 2505 Santa, CC, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Donation for child's art contest
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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 11-22-13	Payee name 12 Interactive
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Amount (\$) 81.19	Payee address; City; State; Zip Code 6317 Herwick, CC, TX 78417
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Email blasts
------------------------	-----------------------------------------------------------------------------	-------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 |
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| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

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1 Total pages Schedule F:	2 FILER NAME <i>Brent Chesney</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>Dec. 2013</i>	5 Payee name <i>Record Star</i>	
6 Amount (\$) <i>240.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 1610 Alice, TX 78333 400 E. Main Street, Alice, TX 78333</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Holiday Ad</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>Dec. 2013</i>	Payee name <i>Corpus Christi Police Officers Assoc.</i>	
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>3122 Leopard, CC, TX 78408</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food cost. Christmas party</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12-4-13</i>	Payee name <i>Foster Angels of South Texas</i>	
Amount (\$) <i>1,500</i>	Payee address; City; State; Zip Code <i>P.O. Box 18863 Corpus Christi, TX 78480 *</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Donation for foster children</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12-20-13</i>	Payee name <i>Island Moon</i>	
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>15201 SPID, CC, Texas 78418 #248</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>holiday ad</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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

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1 Total pages Schedule F:	2 FILER NAME <i>Brent Chesney</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12-20-13</i>	5 Payee name <i>Record Star</i>
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6 Amount (\$) <i>29.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 1610, Alice, TX 78333 400 E. Main, Alice, TX 78333</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Holiday ad</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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** - no office. P.O. Box is only address*