

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| The C/OH Instruction Guide explains how to complete this form |  | 1 Filer ID(Ethics Commission filers)        | 2 Total pages filed                |
| 3 CANDIDATE / OFFICEHOLDER NAME                               | MS/MRS/MR  | FIRST                                       | MI                                 |
|   | Mr.  | John  | Christian Bullitt                  |
|   |  | NICKNAME                                    | SUFFIX                             |
|   |  | LaRue                                       |                                    |
| <b>OFFICE USE ONLY</b>  |  |   |                                    |
|   |  | Date Received                               |                                    |
|   |  | 10/26/2015                                  |                                    |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                    | ADDRESS / PO BOX;  |   | APT/SUITE #; CITY; STATE; ZIP CODE |
|   | 3314 Branard<br>16<br>Houston TX 77098   |   |                                    |
|   |  | Date Hand-delivered or Date Postmarked      |                                    |
|   |  |   |                                    |
| 5 CANDIDATE / OFFICEHOLDER PHONE                              | AREA CODE  | PHONE NUMBER                                | EXTENSION                          |
|   | (202)  | 487-9269                                    |                                    |
| 6 CAMPAIGN TREASURER NAME                                     | MS/MRS/MR  | FIRST                                       | MI                                 |
|   | Ms.  | Angela                                      | M.                                 |
|   |  | NICKNAME                                    | SUFFIX                             |
|   |  | Gutierrez                                   |                                    |
|   |  | Receipt #                                   | Amount                             |
|   |  | Date Processed                              |                                    |
|   |  | Date Imaged                                 |                                    |
|   |  |   |                                    |
| 7 CAMPAIGN TREASURER ADDRESS (Residence)                      | STREET ADDRESS (No PO Box Please);   |   | APT/SUITE #; CITY; STATE; ZIP CODE |
|   | 6617 Avenue J<br>Houston TX 77011  |   |                                    |
| 8 CAMPAIGN TREASURER PHONE                                    | AREA CODE  | PHONE NUMBER                                | EXTENSION                          |
|   | (713)  | 380-0182                                    |                                    |
| 9 REPORT TYPE   | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit                           |   |                                    |
|   | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only) |   |                                    |
| 10 PERIOD COVERED   | Month  | Day   | Year                               |
|   | 9/28/2015  |   | THROUGH                            |
|   |  | Month                                       | Day                                |
|   |  | 10/24/2015                                  |                                    |
| 11 ELECTION   | ELECTION DATE  |   | ELECTION TYPE                      |
|   | Month  | Day   | Year                               |
| 11/3/2015   |  | <input type="checkbox"/> Primary            | <input type="checkbox"/> Runoff    |
|   |  | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special   |
| 12 OFFICE   | OFFICE HELD (if any)   |   | 13 OFFICE SOUGHT (if known)        |
|   |  |   | City Council - At Large Position 3 |

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

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

14 FILER NAME John Christian Bullitt LaRue

15 Filer ID (Ethics Commission Filers)

|  |   |                                      |
|--|---|--------------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> additional pages | 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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> 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 | \$0.00     |
|                         | 2 | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$150.00   |
| EXPENDITURE TOTALS      | 3 | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$230.25   |
|                         | 4 | TOTAL POLITICAL EXPENDITURES   | \$3,812.03 |
| CONTRIBUTION BALANCE    | 5 | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$5,211.44 |
| OUTSTANDING LOAN TOTALS | 6 | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$0.00     |

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.

John C.B. LaRue

---

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3**

|  |  |  |
|--|--|--|
| 19 FILER NAME John Christian Bullitt LaRue |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS                      |  | SUBTOTAL                               |
| NAME OF SCHEDULE                           |  | AMOUNT                                 |
| 1.   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | 150                                    |
| 2.   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | 0                                      |
| 3.   | SCHEDULE B: PLEDGED CONTRIBUTIONS  | 0                                      |
| 4.   | SCHEDULE E: LOANS  | 0                                      |
| 5.   | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | 3581.78                                |
| 6.   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | 0                                      |
| 7.   | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | 0                                      |
| 8.   | SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD                                    | 0                                      |
| 9.   | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | 0                                      |
| 10.  | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | 0                                      |
| 11.  | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | 0                                      |
| 12.  | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | 0                                      |

**CANDIDATE / OFFICEHOLDER REPORT:  
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH  
ADDENDUM**

C/OH NAME John Christian Bullitt LaRue

ACCOUNT # (Ethics  
Commission filers)

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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

|   |                            |
|---|----------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total Pages Schedule A1: |
|---|----------------------------|

|   |                                       |
|---|---------------------------------------|
| 2 FILER NAME John Christian Bullitt LaRue | 3 Filer ID (Ethics Commission filers) |
|---|---------------------------------------|

|   |            |  |                          |                        |   |                              |  |
|---|------------|--|--------------------------|------------------------|---|------------------------------|--|
| 4 | Date       | 5 Full name of contributor                   | <input type="checkbox"/> | out of state PAC(ID# ) | 7 | Amount of contributions (\$) |  |
|   | 10/10/2015 | Douglas Davis                                |                          |                        |   | 150.00                       |  |
|   |            | 6 Contributor address; City; State; Zip Code |                          |                        |   |                              |  |
|   |            | Houston TX 77063                             |                          |                        |   |                              |  |

|   |                                      |
|---|--------------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions)        |
| Sales   | Venetian Blind & Floor Covering Shop |

**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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:                             | <b>2</b> FILER NAME John Christian Bullitt LaRue   | <b>3</b> Filer ID (Ethics Commission filers)  |
| <b>4</b> Date<br>9/30/2015                                    | <b>5</b> Payee name<br>AbOUT Publications  |   |
| <b>6</b> Amount (\$)<br>50.00                                 | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 667626<br><br>Houston TX 77266 |   |
| <b>8 PURPOSE OF EXPENDITURE</b>                               | (a) Category<br><br>Advertising Expense  | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Magazine Ad |
| <b>9</b> Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held   |

|   |   |  |
|---|---|--|
| <b>4</b> Date<br>10/1/2015                                    | <b>5</b> Payee name<br>Harris County Democratic Party   |  |
| <b>6</b> Amount (\$)<br>2,500.00                              | <b>7</b> Payee address; City; State; Zip Code<br>1445 N. Loop West, Suite 110<br><br>Houston TX 77008 |  |
| <b>8 PURPOSE OF EXPENDITURE</b>                               | (a) Category<br><br>Contributions/Donations Made By Candidate/Officeholder/Political Committee        | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Harris County Democratic Party Johnson, Rayburn, Richards Dinner Sponsorship |
| <b>9</b> Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name   | office sought office held  |

|                                 |   |                 |
|---------------------------------|---|-----------------|
| <b>4</b> Date<br>10/1/2015      | <b>5</b> Payee name<br>Human Rights Campaign  |                 |
| <b>6</b> Amount (\$)<br>350.00  | <b>7</b> Payee address; City; State; Zip Code<br>1640 Rhode Island Ave. NW<br><br>Washington DC 20036 |                 |
| <b>8 PURPOSE OF EXPENDITURE</b> | (a) Category  | (b) Description |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

|  |  |   |                                       |
|--|--|---|---------------------------------------|
| 1 Total pages Schedule F1:                             | 2 FILER NAME John Christian Bullitt LaRue                                  |   | 3 Filer ID (Ethics Commission filers) |
|  | Contributions/Donations Made By Candidate/Officeholder/Political Committee | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense | Bowling for HERO sponsorship          |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought   | office held                           |

|  |  |   |             |
|--|--|---|-------------|
| 4 Date<br>10/13/2015                                   | 5 Payee name<br>University of Houston Democrats  |   |             |
| 6 Amount (\$)<br>100.00                                | 7 Payee address; City; State; Zip Code<br>4100 University Drive<br><br>Houston TX 77004        |   |             |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event sponsorship |             |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought   | office held |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

|                                   |  |  |
|-----------------------------------|--|--|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME John Christian Bullitt LaRue   | <b>3</b> Filer ID (Ethics Commission filers)   |
| <b>4</b> Date<br>10/14/2015       | <b>5</b> Payee name<br>Facebook  |  |
| <b>6</b> Amount (\$)<br>50.04     | <b>7</b> Payee address; City; State; Zip Code<br>1601 Willow Road<br><br>Menlo Park CA 94025                             |  |
| <b>8 PURPOSE OF EXPENDITURE</b>   | (a) Category<br><br>Advertising Expense  | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Facebook Ads |
|                                   | <b>9</b> Complete ONLY if direct expendituree to benefit C/OH<br>Candidate / Officeholder name office sought office held |  |

|                                 |  |  |
|---------------------------------|--|--|
| <b>4</b> Date<br>10/15/2015     | <b>5</b> Payee name<br>2 Day Postcards   |  |
| <b>6</b> Amount (\$)<br>139.64  | <b>7</b> Payee address; City; State; Zip Code<br>621 Richmond Ave.<br><br>Houston TX 77006                               |  |
| <b>8 PURPOSE OF EXPENDITURE</b> | (a) Category<br><br>Printing Expense   | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing |
|                                 | <b>9</b> Complete ONLY if direct expendituree to benefit C/OH<br>Candidate / Officeholder name office sought office held |  |

|                                 |  |                 |
|---------------------------------|--|-----------------|
| <b>4</b> Date<br>10/15/2015     | <b>5</b> Payee name<br>Best Friends  |                 |
| <b>6</b> Amount (\$)<br>90.00   | <b>7</b> Payee address; City; State; Zip Code<br>5001 Angel Canyon Rd.<br><br>Kanab UT 84741 |                 |
| <b>8 PURPOSE OF EXPENDITURE</b> | (a) Category   | (b) Description |



**POLITICAL EXPENDITURES  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

The Instruction Guide explains how to complete this form.

|  |  |                          |  |
|--|--|--------------------------|--|
| 1 Total pages Schedule F1:                             | 2 FILER NAME John Christian Bullitt LaRue                                  |                          | 3 Filer ID (Ethics Commission filers)  |
|  | Contributions/Donations Made By Candidate/Officeholder/Political Committee | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsorship of Strut Your Mutt Event |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought            | office held  |

|                         |   |  |  |
|-------------------------|---|--|--|
| 4 Date<br>10/19/2015    | 5 Payee name<br>Palace Lanes  |  |  |
| 6 Amount (\$)<br>102.10 | 7 Payee address; City; State; Zip Code<br>4191 Bellaire Blvd.<br><br>Houston TX 77025 |  |  |

|                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category<br><br>Food/Beverage Expense | <input type="checkbox"/> | (b) Description<br><br>Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bowling for HERO event |
|--------------------------|---|--------------------------|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |
|--|-------------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

|   |   |  |                                       |
|---|---|--|---------------------------------------|
| 1 Total pages Schedule F1:                                | 2 FILER NAME John Christian Bullitt LaRue   |  | 3 Filer ID (Ethics Commission filers) |
| 4 Date<br><br>10/22/2015                                  | 5 Payee name<br><br>Houston Unites  |  |                                       |
| 6 Amount (\$)<br><br>200.00                               | 7 Payee address; City; State; Zip Code<br><br>1500 McGowen St.<br>Suite 130<br>Houston TX 77004         |  |                                       |
| 8 PURPOSE OF EXPENDITURE                                  | (a) Category<br><br>Contributions/Donations<br>Made By<br>Candidate/Officeholder/Political<br>Committee | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Donation to Houston Unites |                                       |
| 9 Complete ONLY if direct<br>expendituree to benefit C/OH | Candidate / Officeholder name office sought office held   |  |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**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

**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.

\_\_\_\_\_  
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.

\_\_\_\_\_  
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

**CANDIDATE / OFFICEHOLDER  
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC  
COVER SHEET PG 1**

|  |   |  |  |
|--|---|--|--|
| The C/OH-UC Instruction Guide explains how to complete this form                 |   | 1 ACCOUNT # (Ethics Commission filers) |  |
| 2 CANDIDATE / OFFICEHOLDER NAME  | MS/MRS/MR   | FIRST                                  | MI   |
|  | -----   |  |  |
|  | NICKNAME  | LAST                                   | SUFFIX                                     |
| <b>OFFICE USED ONLY</b>  |   |  |  |
| Date Received  |   |  |  |
| 3 CANDIDATE / OFFICEHOLDER ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT/ SUITE #; CITY;   |  | STATE; ZIP CODE                            |
|  | Date Hand-delivered or Date Postmarked  |  |  |
| 4 REPORT TYPE  | <input type="checkbox"/> Annual   |  | <input type="checkbox"/> Final Disposition |
|  | Receipt #   |  | Amount                                     |
| 5 PERIOD COVERED   | Month Day Year  |  | Month Day Year                             |
|  | <b>THROUGH</b>  |  |  |
| Date Processed   |   |  |  |
| Date Imaged  |   |  |  |
| 6 TOTALS   | 1 . TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.                          |  | \$   |
|  | 2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR. |  | \$   |

7 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.

John C.B. LaRue  
\_\_\_\_\_  
Signature Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS  
EXPENDITURES**

**FORM C/OH-UC  
PG 2**

|  |  |   |
|--|--|---|
| 8 C/OH NAME ,  |  | 9 ACCOUNT # (Ethics Commission filers)  |
| 10 Date  | 11 Payee name<br><br>-----<br>12 Payee address; City; State; Zip Code; | 13 Amount (\$)  |
| 14 Purpose of expenditure<br><br>(If travel outside of Texas, complete schedule T) (See Instruction Guide) |  | 15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>   |  |   |