CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The second secon				
The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MS, Anne NICKNAME LAST LOVENTZEN	MI	Data Received 1:10 P M OCT 2 8 2014	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER	ADDRESS / POBOX; APT / SUITE #; CITY; 3002 E5 QUALL SPR CORPUS CHRISTI, TX AREA CODE PHONE NUMBER	STATE; ZIP CODE	County Court, Nueces County, Texas Date Hand delivered or Postmarked Receipt # Amount Date Processed	
PHONE 6 CAMPAIGN TREASURER NAME	(361) 290-2511 MS: FIRST MS: Velma NICKNAME LAST Arellano	MI 	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#, 6806 SAHARIA DI CORPUS CHRISTI, T	CITY; STATE; 2. 78412	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 533-6093	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 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 7 THROUGH	Month Day 10/25/	Year 2-014	
11 ELECTION	ELECTION DATE Day Year Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IFKNOWN)	lounty District Clerk	
	GOTOPAGE2 2014-156			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

THIS NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THE CAMBAIR OF SOME OFFICE FOR SOME AND SOME OF POLITICAL COMMITTEES TO SUPPORT THE CAMBAIR OFFICE FOR SOME AND SOME OFFICE FOR SOME AND SOME OFFICE FOR SOME	14 C/OH NAME ∧			
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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) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING CONTRIBUTION GLOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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. APPLIA REYES Notary Public, State of Texas My Commission Expires June 10, 2018 Signature of Candidate or OfficeIndeter APPLIA AREY STAMP / SEAL ABOVE Sworm to and subscribed before me, by the said AREA CASA REGARD AREA CASA REGARD	additional pages	,	COMMITTEE CAMPAIGN TREASURER NAME	
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3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 4. TOTAL POLITICAL EXPENDITURES \$ 2,196,89 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 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. APRINA REVES My Commission Expires June 10, 2018 Signature of Candidate or Office Indicated April 10, 2018 Sworn to and subscribed before me, by the said April 10, 2018 APRIL NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said April 10, 2018 APRIL NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said April 10, 2018 APRIL NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said April 10, 2018 APRIL NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said April 10, 2018 APRIL NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said April 10, 2018 APRIL NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said April 10, 2018 APRIL NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said April 10, 2018 APRIL NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said April 10, 2018 APRIL NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said April 10, 2018 APRIL NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said April 10, 2018		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,565.00		
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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. APRINA REYES Notary Public, State of Texas My Commission Expites June 10, 2018 Signature of Candidate or Office holder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said And		3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ -0-		
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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. APRINA REYES Notary Public, State of Texas My Commission Expites June 10, 2018 Signature of Candidate or Office holder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said And		4. TOTAL POLITICAL EXPENDITURES \$ 2,796,89		
ISWEAR, 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. APRINA REYES My Commission Expires June 10, 2018 APRIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said APRIX NOTARY STAMP / SEAL ABOVE APRIX NOTARY S	BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4,888,11		
ADRINA REVES Notary Public, State of Texas My Commission Expires June 10, 2018 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said day of October, 20 14, to certify which, witness my hand and seal of office.				THE \$
Sworn to and subscribed before me, by the said Anne Location , this the day of October , 20 14 , to certify which, witness my hand and seal of office. Advisor Reges Location Location , this the	ADRINA REYES Notary Public, State of Texas My Commission Expires June 10, 2018 is true and correct and includes all information required to be reported by me under Title 15, Election Code.			
day of October, 20 14, to certify which, witness my hand and seal of office. Advise Reges				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
Anne	Lorentzen		- *	£.
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
/ 1	Jon Knight		contribution (\$)	description (if applicable)
10/8/2014	Tom Knight 6 Contributor address; City; State; Zip Code 1202 South bay		500.00	
	Corpus Christi, TX -	18412	(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		or rexus, complete ochedule 1)
Bus	iness Owner	10 Employer (eee)		
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Robert E. Parker Contributor address; City; State; Zip Code P.O. Box 9609		contribution (\$)	description (if applicable)
9/26/2011	Contributor address; City; State; Zip Code			
100/2014	1.0,130x 9609	(10	500.00	
	Corpus Christi, 1X	78469		
		/- /- /- /- /- /- /- /- /- /- /- /- /- /		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
ř	Carla Daggett		contribution (\$)	description (if applicable)
9/26/2014	Carla Daggett Contributor address; City; State; Zip Code 605 Monette		250,00	[[
	Corpus Christi, It		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Military and the second second second second	LEGAL SECRETHKY		CHARLES TO THE STATE OF THE STA	P-V
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
1 - 1 - 0	NESTOR PRADERIO Contributor address; City; State; Zip Code 817 AYERS		contribution (\$)	description (if applicable)
9 26 2014	Contributor address; City; State; Zip Code		200.00	
1 1	817 AYELLS	TOLIOL	200.00	
	CORPUS CHRISTI, TX	18404		* 8
		The second secon		of Texas, complete Schedule T)
Principal occup	PSYCHIA TRIST M.D.	Employer (See I	instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
. 1	ALICIA CUELLAR		contribution (\$)	description (if applicable)
a 12/0/2014	Contributor address; City; State; Zip Code		_	
-1/20/20/1	4.0.130x 7608	-011/7	200.00	
	CORPUS CHRISTI, TX	78461		
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	

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: 3		
2 FILER NAME ANNE LORENTZEN			3 ACCOUNT # (E	thics Commission Filers)	
4 Date	Full name of contributor out-of-state PAC (ID#:_ ROSEMARY GRULKE)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/9/2014	6 Contributor address; City: State. Zip Code 5642 LIPES BLUC CORJUS CHRISTI, TX	78414	100.00		
	<u> </u>	. , , , ,	(If travel outside of	of Texas, complete Schedule T)	
9 Principal occup	pation / dob title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1921/2014	Contributor address; City; State; Zip Code P.O. BOX 3814	x 78463	50.00		
	CORPUS CARISTIN.		(If travel outside o	of Texas, complete Schedule T)	
Principal occup	BUSINESS OWNER	Employer (See I			
Date	Full name of contributor Out-of-state PAC (ID#_	1	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/21/2014	Contributor address; City; State; Zip Code 8002 UILLE FRANCI-CORPUS CHRISTIIT	X 78414	100.00	 	
Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)	
1 mopal occup	validity 305 title (Gee instructions)	Employer (See I	ristructions)		
Date	Full name of contributor out-of-state PAC (ID#_DAVIDE KELLY		Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/21/2014	Contributor address; City; State; Zip Code 6321 KRISTIN DK CORPUS CHRISTI, TX	78414	100.00		
		n"	the state of the s	of Texas, complete Schedule T)	
Principal occup	pation Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/21/2014	Contributor address; City: State; Zip Code	78403	200.00		
	COKHOSCHKISIIII	000	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions) Y COMMISSIONER	Employer (See I			

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:	
2 FILER NAME	ANNE LORENTZEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ RNNA WALLER)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/21/2014	6 Contributor address; City; State; Zip Code HOO MANN ST., STE.	700	150.00	
	CORPUS CHRISTI, TX 7	8401	(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or rexas, complete scriedule 1)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/21/2014	Contributor address; City; State; Zip Code		200.00	
٠,	CORPUS CHRISTI, TX 7	8414	i	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		, i
Date	STEPHEN P. CARRIGE	1H	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/21/2014	Contributor address; City: State; Zip Code 719 5.5HORELINE, ST CORPUS CHRISTI, TX	E.200 18401	2500.00	-
		(0 10 .	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation (Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_DELIA QUISENBERR)	ſ	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/21/2014	Contributor address; City; State; Zip Code 5245 OCEAN DRIVE CORPUS CHRISTI, TX	18412	250.00	
Principal occur	pation,/ Job title (See Instructions)			of Texas, complete Schedule T)
1 Tillopal occup	M, D,	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	49 8 8 8 80 80 8 8 8 8 8 8 8 8 8 8 8 8 8	. 1	
			i	N
Principal as-	potion / Job title (Coe Instance)			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
National Control of the Control of t				

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

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES F Gift/Awards/Memorials Expense Salaries/Wages/Con Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of Distri Printing Expense Office Overhead/Re The Instruction Guide explains how to c	tract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ntal Expense OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	Anne LORENTZE 5 Payee name	N I	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
22.62	4038 S. PORT AUC	nue 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) The Strain S	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date / 0 / 1 4 / 1 4	A3H Consulting		
Amount (\$)	Payee address; City; State; Zip Code	BIVO	
3,000,00	Corpus Christi, TX	78401	
PURPOSE OF EXPENDITURE	Category See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Redio Ad Spots purches Schedule T) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date 9/30/14	Payee name ATAT Services	E.	
Amount (\$) 63.38	Payee address; City; State; Zip Code. P.O. BOX 537/04 Allanta GA 303	\$53	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead Rental Expense	Description (If travel outside of Texas, complete Schedule T) Campa an Phone Check if Austin TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date / 7 / 1 4	Payee name, P. 2ZG		
Amount (\$)	Payee address; City; State; Zip Code		
25,94	Corpus Christi	78412	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food and Beyerage	Description (If travel outside of Texas, complete Schedule T) To de purchased to phone Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
Laurence and the second			

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES I Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of Distr Printing Expense Office Overhead/Re	ntract Labor Loan sing Expense Trans Contr ict Ca ental Expense OTHE	Repayment/Reimbursement sportation Equipment & Related Expense ributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME ANNE LORENTZE	N	3 ACCOUNT # (Ethics Commission Filers)
4 Date / 1 / 1 4	5 Payee name Postmaster - Gulf	way Pos	st Office
6 Amount (\$) 49.00	7 Payee address; City; State; Zip Code 1345 Crescent	78412	,
8 PURPOSE OF EXPENDITURE	(a) Category (see categories listed at the top of this schedule) Office Overhead	_ Stan	el outside of Texas, complete Schedule T) NP 3
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 9 12-8/14	Payee name World	+5/Bra	92
87.85	Payee address; City; State; Zip Code' The Compus Christi, T	X 78411	•
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Truckrental	el outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 3 1 +	Payee name Liells Fargo Ba	nk	
Amount (\$)	Payee address: City: State Zip Code State Pless Corpus Unist TX	t. 78411	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) accounting Banking	ACH Ban	vel outside of Texas, complete Schedule T) K TEX TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	o en	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T) TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

Austin, Texas 78711-2070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services Solic Food/Beverage Expense Trave Polling Expense Trave	ries/Wages/Contract Labor itation/Fundraising Expense el In District el Out Of District	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	Printing Expense Offic The Instruction Guide expla	e Overhead/Rental Expense ains how to complete this	OTHER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
Ì	Anne Lorenta	Len		
4 Date 10/21/14	Dos Comales		11	
6 Amount (\$) 5746; 66 Reimbursement from political contributions intended	7 Payee address; City; State; 2 927 N. Water, Corpus Christ,	TX 78401		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s	se Room	tion (If travel outside of Texas, complete Schedule T) Rental application (If travel outside of Texas, complete Schedule T) Let the travel outside of Texas, complete Schedule T) Let the travel outside of Texas, complete Schedule T) Let the travel outside of Texas, complete Schedule T) Let the travel outside of Texas, complete Schedule T) Let the travel outside of Texas, complete Schedule T) Let the travel outside of Texas, complete Schedule T)	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
Reimbursement from political contributions intended		d a	-	
PURPOSE OF	Category (See categories listed at the top of this s	schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)	
EXPENDITURE		Che	ck if Austin, TX, officeholder living expense	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
Reimbursement from political contributions intended	2º	1 E		
PURPOSE OF	Category (See categories listed at the top of this	schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)	
EXPENDITURE		Che	ck if Austin, TX, officeholder living expense	
Date	Payee name		3	
Amount (\$)	Payee address; City; State;	Zip Code		
Reimbursement from political contributions intended		and the second s		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this	schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)	
		Che	ck if Austin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				