

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: **12**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Steven	MI E	OFFICE USE ONLY FILED FOR RECORD Date Received: AT 4:13 o'clock P M	
	NICKNAME	LAST Greenwell	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; P. O. Box 613	APT / SUITE #;	CITY; Hallettsville TX	STATE; TX	ZIP CODE 77964
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 798-4975	EXTENSION	Date Hand-delivered or Date Postmarked	
	6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Shelly	MI M	Receipt #
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 198 County Road 200	APT / SUITE #;	CITY; Hallettsville	STATE; TX	ZIP CODE 77964
	8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 868-7110	EXTENSION	Amount \$
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	3	5	24	<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) frmr J. P. Pct. #1		13 OFFICE SOUGHT (if known) Lavaca County Sheriff		
14 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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Steven E. Greenwell		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 360.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,827.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 453.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,809.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

Steven E. Greenwell
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by Steven E. Greenwell this the 26th day of February

20 24 to certify which, witness my hand and seal of office.

Connie B. Janak Connie B. Janak Clerk of Court
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Steven E. Greenwell		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,500.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,967.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 417.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 35.72
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Steven E. Greenwell		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Wayne Faircloth 6 Contributor address; City; State; Zip Code 2526 CR 250 Schulenburg TX 78956	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Lavaca Co. Commissioner		9 Employer (See Instructions) Lavaca County, TX
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: _____) Barbara Koehn Contributor address; City; State; Zip Code 749 CR 244 Hallettsville TX 77964	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: _____) James T. Fenner Contributor address; City; State; Zip Code 206 FM 2616 Hallettsville TX 77964	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Petroleum Landman		Employer (See Instructions) Self
Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Becky Burger Contributor address; City; State; Zip Code 349 Private Rd. 2006 Schulenburg TX 78956	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Geologist and Contractor		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Steven E. Greenwell		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Carl Hobbs 6 Contributor address; City; State; Zip Code 2217FM 957 Hallettsville TX 77964	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired Prosecutor (ADA)		9 Employer (See Instructions) Self
Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Anthony Bludau Contributor address; City; State; Zip Code 3155 FM 340 Hallettsville TX 77964	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Commercial Construction		Employer (See Instructions) Self- Bludau Fabrication
Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Dorothy Miculka Contributor address; City; State; Zip Code 303 S. Ave. E Shiner TX 77984	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Mary Lee Burger Contributor address; City; State; Zip Code 2296 US Hwy 77 N Hallettsville TX 77964	Amount of contribution (\$) 100.00
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 for additional reporting requirements.		

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 complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Steven E. Greenwell		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Elrose Migl	7 Amount of contribution (\$) 75.00
6 Contributor address; City; State; Zip Code P. o. BOX 423 Hallettsville TX 77964		
8 Principal occupation / Job title (See Instructions) Retired Rancher/Feed Mill Owner		9 Employer (See Instructions) Self
Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: _____) Mark Schneider	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 798 CR 198 Hallettsville TX 77964		
Principal occupation / Job title (See Instructions) retired Chemical Plant employee		Employer (See Instructions) Self
Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: _____) H. Kent Twinning	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 10038 Bayou Glen Rd. Houston TX 77042		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Daryl DeBoard	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code P. O. Box 8 Sweet Home, TX 77987		
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 for additional reporting requirements.

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 complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

Steven E. Greenwell

3 Filer ID (Ethics Commission Filers)

4 Date

02/06/2024

5 Full name of contributor

Carl Herbst

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State; Zip Code

8105 FM 318 Hallettsville TX 77964

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

02/15/2024

Full name of contributor

J. E. Freytag

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State; Zip Code

P.O. Box 296 Moulton TX 77975

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2024

Full name of contributor

Tracy & Frank Nieto

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State; Zip Code

P.O. Box 398 Moulton TX 77975

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2024

Full name of contributor

Wayne Faircloth

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

2526 CR 250 Schulenburg TX 78956

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 for additional reporting requirements.

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 complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Steven E. Greenwell

3 Filer ID (Ethics Commission Filers)

4 Date

02/15/2004

5 Full name of contributor

Junior Cholupka

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

704 Arnim St. Moulton TX 77975

8 Principal occupation / Job title (See Instructions)

Painter

9 Employer (See Instructions)

Self

Date

02/20/2024

Full name of contributor

Robert Greenwell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

Rt. 1 Box 102 Gonzales TX 78629

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2024

Full name of contributor

James Fenner

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

503 E. 4th St. Hallettsville TX 77964

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2024

Full name of contributor

Ronald Berkenhoff

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2944 CR 260 Moulton TX 77975

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 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Steven E. Greenwell		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 02/08/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Baker	8 Amount of Contribution \$ 550.00	9 In-kind contribution description Blase's Hall Rental
7 Contributor address; City; State; Zip Code Hallettsville TX 77964		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired airline pilot/manager of Hville airport		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Patrick Leonard	Amount of Contribution \$ 1,077.00	In-kind contribution description food Preparation of meal for meet and greet
Contributor address; City; State; Zip Code 2321 Coteau Rogaire Hwy Arnaudville LA 70512-0000		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Health and Safety Director		Employer (FOR NON-JUDICIAL)(See Instructions) TAIF Environmental LLC	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2
2 FILER NAME Steven E. Greenwell		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00
5 Date 02/20/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Peters	8 Amount of Contribution \$ 340.00
7 Contributor address; City; State; Zip Code 1244 CR 332 Shiner TX 77984		9 In-kind contribution description Hall Rental Advertising, refreshments
<small>Check if travel outside of Texas. Complete Schedule T.</small>		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Director of Engineering		11 Employer (FOR NON-JUDICIAL)(See Instructions) Simpson LLC
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Steven E. Greenwell	3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2024	5 Payee name Blase's Hall	
6 Amount (\$) 267.50	7 Payee address; City; State; Zip Code 4228 US Hwy 90-A West Hallettsville TX 77964	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Bar Invoice
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/16/2024	Payee name George's Place	
Amount (\$) 150.00	Payee address; City; State; Zip Code 700 S. Lancaster Moulton TX 77975	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Bar Invoice
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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, TX, officeholder living expense	
Complete <u>ONLY</u> 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: /	2 FILER NAME Steven E. Greenwell	3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2024	5 Payee name Dollar General	
6 Amount (\$) 35.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Texana St. Hallettsville TX 77964	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description wooden stakes for mounting large signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED