

# 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:  11
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>  </u> FIRST <u>  </u> MI <u>  </u> <u>Dorian</u> <u>  </u> M <u>  </u> NICKNAME <u>  </u> LAST <u>  </u> SUFFIX <u>  </u> <u>Chavez</u>	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>504 Clover Flat Road.</u> <u>Cedar Park, TX 78613.</u>	Date Received  <div style="text-align: right; color: red;">JUL 15 2020 PM 2:56</div>  <div style="text-align: right; color: blue;">LMB</div>	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(818) 632-0231</u>	Date Hand-delivered or Date Postmarked <u>Hand-delivered</u>	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <u>  </u> FIRST <u>  </u> MI <u>  </u> <u>Claudia</u> <u>  </u> <u>  </u> NICKNAME <u>  </u> LAST <u>  </u> SUFFIX <u>  </u> <u>Chavez</u>	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>same as office holder</u>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(818) 314-4253</u>		
<b>9</b> 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month      Day      Year      Month      Day      Year <u>1</u> / <u>1</u> / <u>2020</u> THROUGH <u>6</u> / <u>30</u> / <u>2020</u>		
<b>11</b> ELECTION	ELECTION DATE Month      Day      Year <u>11</u> / <u>3</u> / <u>2020</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <u>Cedar Park City Council Place 6</u>	<b>13</b> OFFICE SOUGHT (if known) <u>Cedar Park City Council Place 6</u>	

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# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Dorian M Chavez</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,875
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 700
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,347.67
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 3

2 FILER NAME

Dorian M Chavez

3 Filer ID (Ethics Commission Filers)

4 Date

1-14-2020

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Katherine J. Kelton

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City;

State;

Zip Code

3008 Rio Verde Drive  
Leander TX 78641

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-9-2020

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mark Boffending

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

2601 Saddle Blanket Place  
Leander TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-2020

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robert Emmons

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

12 Copper Beech Ct  
West Bridgewater MA 02379

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-26-20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Hulyne Christopher

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

2520 Peterson Drive  
Cedar Park, TX 78613

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 3

2 FILER NAME

Dorian M. Chavez

3 Filer ID (Ethics Commission Filers)

4 Date

3-3-2020

5 Full name of contributor

Trey Hensley

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

319 Bandstand LN  
Cedar Park TX 78613

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-1-2020

Full name of contributor

Tim Kelly

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.00

Contributor address;

1727 Warwick Way  
Cedar Park TX 78613

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-2-2020

Full name of contributor

Jay Ordway

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 1000.00

Contributor address;

406 Almos Drive  
Leander TX 78641

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-2020

Full name of contributor

Tony Eades

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.00

Contributor address;

2402 Hobart Dr.  
Cedar Park TX 78613

City;

State;

Zip Code

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
3 of 3

2 FILER NAME  
Dorian M Chavez

3 Filer ID (Ethics Commission Filers)

4 Date  
6/7/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Laurence Estill

7 Amount of contribution (\$)  
\$25.00

6 Contributor address; City; State; Zip Code  
1205 Rambling Trail  
Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Dorian M Chavez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 700.00

5 Date of loan: 10/27/19  
7 Name of lender:  out-of-state PAC (ID#: \_\_\_\_\_ )  
Dorian M. Chavez

9 Loan Amount (\$)  
700.00

6 Is lender a financial Institution? Y  N  
8 Lender address; City; State; Zip Code  
504 Clover Flat Road  
Cedar Park TX 78613.

10 Interest rate  
0  
11 Maturity date  
N/A

12 Principal occupation / Job title (See Instructions)  
Regional Account Executive

13 Employer (See Instructions)  
Micronova

14 Description of Collateral  
 none

15  Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial Institution? Y N  
Lender address; City; State; Zip Code

Interest rate  
Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION  
Name of guarantor  
Guarantor address; City; State; Zip Code  
 not applicable

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: 1 of 4	<b>2</b> FILER NAME Dorian M Chavez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/17/2020	<b>5</b> Payee name City of Cedar Park	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address: Cedar Park City Hall 450 Cypress Creek Road, Cedar Park TX 78613 City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign Filing Fees	
	<b>(b)</b> Description	
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/27/2020	Payee name EIG Blue host.	
Amount (\$) \$105.34	Payee address: 10 Corporate Drive Suite # 300 Burlington, MA 01803 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Website Host.	
	Description Campaign Website.	
<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 1/27/2020	Payee name The Home Depot.	
Amount (\$) 65.51	Payee address: 2700 E. Whitestone Blvd. Cedar Park, TX, 78613 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	
	Description Campaign Hardware for Campaign Signs (Large)	
<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		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME Dorian Chavez	3 Filer ID (Ethics Commission Filers)
4 Date 1-27-2020	5 Payee name Office Max	
6 Amount (\$) 10.81	7 Payee address; City; State; Zip Code 1105 C-bar Ranch Trail Cedar Park, TX. 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Advertising Expense	(b) Description Campaign Card Holders
	(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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 1-27-2020	Payee name White Stone Brewery	
Amount (\$) 34.81	Payee address; City; State; Zip Code 601 E. Whitestone Blvd Suite 2104 Cedar Park, TX. 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Event	Description Food Beverages Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 1-31-2020	Payee name Bob Cornelious	
Amount (\$) 350.00	Payee address; City; State; Zip Code 12600 Avery Ranch Blvd #. 737 Cedar Park, TX. 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Reimbursement Event Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 4	2 FILER NAME Dorian M Chavez	3 Filer ID (Ethics Commission Filers)
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4 Date 2/10/2020	5 Payee name EIG Bluehost
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6 Amount (\$) 78.20	7 Payee address; 10 Corporate Drive Suite #300 Burlington, MA 01803	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Website Host	(b) Description Campaign Website
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/12/20	Payee name Cedar Park Chamber
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Amount (\$) 250.00	Payee address; 1460 E. White Stone Blvd. Cedar Park, TX 78613	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cedar Park Chamber Membership Fees	Description Membership
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-26-2020	Payee name Pinpoint Action
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Amount (\$) 1,768.93	Payee address; 280 Wekiva Spring Road Longwood, Florida 98779	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Advertising	Description Printing, Signs, Advertisement
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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 MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## 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: 4 of 4	2 FILER NAME Dorian M Chavez	3 Filer ID (Ethics Commission Filers)
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4 Date 3-10-2020	5 Payee name Office Max
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6 Amount (\$) 40.04	7 Payee address; 1105 C-bar Ranch Trail Cedar Park, TX, 78613.	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Campaign Expense	(b) Description Campaign Materials
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-11-2020	Payee name Freda's Seafood Grille
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Amount (\$) 7.31	Payee address; 10903 Pecan Park Blvd Austin, TX, 78750	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Event	Description Food Beverage Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-02-2020	Payee name Vistago Print LLC
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Amount (\$) 586.72	Payee address; 6706 Lohman Ford Lago Vista, TX 78645	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Advertisement	Description Large Campaign Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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