

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 Mr. | FIRST Chris | MI | OFFICE USE ONLY Date Received REC'D FEB 24 2026 <i>delivered</i> 12:03 PM Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged |
| | NICKNAME | LAST Sowell | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| | [REDACTED] | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | ([REDACTED]) [REDACTED] | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Todd | MI | |
| | NICKNAME | LAST Langston | SUFFIX | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| | (Residence or Business) [REDACTED] | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | ([REDACTED]) [REDACTED] | | | |
| 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 | |
| | 01 | 23 | 2026 | |
| THROUGH | | Month | Day | |
| THROUGH | | 02 | 21 | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month | Day | Year | |
| 03 / 03 / 2026 | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) | |
| | County Commissioner Pct. #2 | | County Commissioner Pct. #2 | |
| 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. | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| <input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS | | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|--|--|---|
| 19 FILER NAME Chris Sowell | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 10,450.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 6,803.71 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |

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:

2 FILER NAME

Chris Sowell

3 Filer ID (Ethics Commission Filers)

4 Date

02/06/2026

5 Full name of contributor

Logan Green

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

7 Amount of contribution (\$)

5,000.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/03/2026

Full name of contributor

Tres Oaks Cattle

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

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/2026

Full name of contributor

Robert Counts

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

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/2026

Full name of contributor

Mark Briggs

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

Amount of contribution (\$)

5,000.00

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.

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: | 2 FILER NAME Chris Sowell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/22/2026 | 5 Payee name Zeffy | |
| 6 Amount (\$) 1,350.00 | 7 Payee address; City; State; Zip Code [REDACTED] [REDACTED] | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Billboard |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | | |
|--|---|--------------------|-------------|
| Date 01/28/2026 | Payee name KOGT | | |
| Amount (\$) 500.00 | Payee address; City; State; Zip Code [REDACTED] [REDACTED] | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Ads | |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| | Candidate / Officeholder name | Office sought | Office held |

| | | | |
|--|---|--------------------|-------------|
| Date 01/28/2026 | Payee name Record Newspaper | | |
| Amount (\$) 412.00 | Payee address; City; State; Zip Code [REDACTED] [REDACTED] | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Ads | |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | | |
| 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

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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: | 2 FILER NAME Chris Sowell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/03/2026 | 5 Payee name Crawfish Hole | |
| 6 Amount (\$) 87.58 | 7 Payee address; City; State; Zip Code 405 Parkside Place Bridge City, Tx 77611 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food Expense | (b) Description |
| | (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 02/03/2026 | Payee name Record Newspaper | | |
| Amount (\$) 824.00 | Payee address; City; State; Zip Code [REDACTED] [REDACTED] | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Ads | |
| | 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 02/14/2026 | Payee name Dominion | | |
| Amount (\$) 636.68 | Payee address; City; State; Zip Code [REDACTED] [REDACTED] | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description T-Shirts | |
| | 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 |

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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: | 2 FILER NAME Chris Sowell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/14/2026 | 5 Payee name Gina Maninno | |
| 6 Amount (\$) 300.00 | 7 Payee address; City; State; Zip Code [REDACTED] | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation | (b) Description St. Henry Church |
| | (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 02/16/2026 | Payee name Record Newspaper | |
| Amount (\$) 824.00 | Payee address; City; State; Zip Code [REDACTED] <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Ads |
| | <small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/17/2026 | Payee name Domino's | |
| Amount (\$) 74.62 | Payee address; City; State; Zip Code [REDACTED] <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food Expense | Description |
| | <small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small> | |
| 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

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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 | | | |

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| | | |
|------------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Chris Sowell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/16/2026 | 5 Payee name M&D Supply | |
| 6 Amount (\$) 21.00 | 7 Payee address; City; State; Zip Code [REDACTED] | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertsing | (b) Description Zip-Ties |
| | (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 02/19/2026 | Payee name Leslie's |
| Amount (\$) 72.48 | Payee address; City; State; Zip Code [REDACTED] |
| Check if individual's residence address. | |

| | | |
|-------------------------------|---|--------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food Expense | 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 |
|--|-------------------------------|---------------|-------------|

| | |
|--|--|
| Date 02/20/2026 | Payee name Scott Barnes |
| Amount (\$) 150.00 | Payee address; City; State; Zip Code [REDACTED] |
| Check if individual's residence address. | |

| | | |
|-------------------------------|---|--------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | 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 |
|--|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 FILER NAME Chris Sowell | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|-------------------------------------|--|

| | |
|-----------------------------|-----------------------------------|
| 4 Date 01/29/2026 | 5 Payee name Danwal Inc |
|-----------------------------|-----------------------------------|

| | | | | |
|--------------------------------------|--|-------|--------|----------|
| 6 Amount (\$) 1,123.58 | 7 Payee address; [REDACTED] [REDACTED] | City; | State; | Zip Code |
|--------------------------------------|--|-------|--------|----------|

| | | |
|--|---|-------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Signs |
| | (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 01/30/2026 | Payee name Lucy's Cafe |
| Amount (\$) 22.41 | Payee address; [REDACTED] [REDACTED] [REDACTED] |
| | City; State; Zip Code |
| | Check if individual's residence address. |

| | | |
|-------------------------------|--|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food Expense | 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 |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------------|--|
| Date 01/31/2026 | Payee name M&D Supply |
| Amount (\$) 266.85 | Payee address; [REDACTED] [REDACTED] [REDACTED] |
| | City; State; Zip Code |
| | Check if individual's residence address. |

| | | |
|-------------------------------|--|-----------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description T-Post |
| | 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 |
|--|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: | 2 FILER NAME Chris Sowell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/21/2026 | 5 Payee name Wal-Mart | |
| 6 Amount (\$) 138.51 | 7 Payee address; | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description |
| | (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 | 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 |
| 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 |
|--|-------------------------------|---------------|-------------|

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