

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

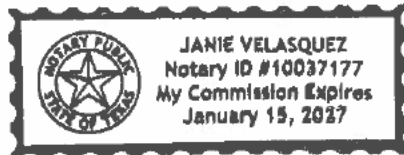
15 C/OH NAME Martha A Davila		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,917.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,609.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000.00

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Martha A. Davila this the 24th day of April

2026, to certify which, witness my hand and seal of office.

Janie Velasquez Janie Velasquez Notary Public
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 Martha A Davila		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 1,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,917.57
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	\$ 0.00
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:
2 FILER NAME <i>Martha Davila</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/28/26</i>	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> <i>Alan Erwin/Marisela Erwin</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>
6 Contributor address; City; State; Zip Code <i>[Redacted] Brownsville Tx 78520</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/28/26</i>	Full name of contributor <small>out-of-state PAC (ID# _____)</small> <i>Brownsville Cargo Service LLC</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Brownsville Tx 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/1/26</i>	Full name of contributor <small>out-of-state PAC (ID# _____)</small> <i>Pat Leroy Pace Jr / Mellena Elizabeth Pace</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Rancho Viejo Tx 78575</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/8/26</i>	Full name of contributor <small>out-of-state PAC (ID# _____)</small> <i>George E Gavito</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Brownsville Tx 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 <i>Martha Davila</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/13/26</i>	5 Full name of contributor out-of-state PAC (ID# _____) <i>Moshe Galonsky</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville Tx 78520</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/14/26</i>	Full name of contributor out-of-state PAC (ID# _____) <i>Harry & Elizabeth Holzman</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville Tx 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/26</i>	Full name of contributor out-of-state PAC (ID# _____) <i>Hewl. Development LLC</i>	Amount of contribution (\$) <i>\$1,500.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville Tx 78526</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) <i>Carlos Alberto Garcia/Ivett Bermea Garcia</i>	Amount of contribution (\$) <i>\$1500.00</i>
Contributor address; City; State; Zip Code <i>Brownsville Tx 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Martha Davila		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 4/7/26	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Martha Davila	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code Brownsville TX 78526	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> 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 not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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

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 <u>6</u>	2 FILER NAME <u>Martha Davila</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/31/26</u>	5 Payee name <u>VistaPrint</u>	
6 Amount (\$) <u>\$136.59</u>	7 Payee address:	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing expense</u>	(b) Description <u>advertising</u>
	(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 <u>3/31/26</u>	Payee name <u>IBC</u>	
Amount (\$) <u>\$31.82</u>	Payee address:	City: State: Zip Code <u>Brownsville TX 78521</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	Description <u>bank fees</u>
	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 <u>4/6/26</u>	Payee name <u>Tractor Supply Co.</u>	
Amount (\$) <u>\$59.43</u>	Payee address:	City: State: Zip Code <u>Brownsville TX 78520</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>sign display</u>
	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: <u>4</u>	2 FILER NAME <u>Martha Davila</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/6/26</u>	5 Payee name <u>Tractor Supply</u>	
6 Amount (\$) <u>\$148.58</u>	7 Payee address; City; State; Zip Code <u>1989 Military Hwy Brownsville Tx 78520</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description <u>sign display</u>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>4/6/26</u>	Payee name <u>Bubba's 33</u>	
Amount (\$) <u>\$200.00</u>	Payee address; City; State; Zip Code <u>2338 North Expressway 77 Brownsville Tx 78521</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>Tv Ad.</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>4/6/28</u>	Payee name <u>Vista Print</u>	
Amount (\$) <u>\$273.85</u>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>Advertising Cards</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

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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: <i>6</i>	2 FILER NAME <i>Martha Davila</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/6/24</i>	5 Payee name <i>Robocent. Com</i>	
6 Amount (\$) <i>\$500.00</i>	7 Payee address:	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Mass texting</i>
	(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 <i>4/7/26</i>	Payee name <i>Vista Print</i>	
Amount (\$) <i>\$68.17</i>	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Advertising</i>
	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 <i>4/6/26</i>	Payee name <i>Regino Villareal Lopez</i>	
Amount (\$) <i>\$496.00</i>	Payee address:	City: State: Zip Code <i>Brownsville Tx 78521</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract labor</i>	Description <i>Advertising sign placements</i>
	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

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 | Printing 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 6		2 FILER NAME Martha Davila		3 Filer ID (Ethics Commission Filers)	
4 Date 4/19/26		5 Payee name Border Press inc			
6 Amount (\$) \$2,228.47		7 Payee address: 620 E Price rd		City: Brownsville State: Tx Zip Code: 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Advertising/mail		
	(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	
Date 4/13/26		Payee name TV Pod Network Brownsville			
Amount (\$) \$250.00		Payee address:		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Tv ad		
	<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	
Date 4/13/26		Payee name Irma Pena			
Amount (\$) \$1900.00		Payee address:		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor		Description Block walking		
	<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	

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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: 6	2 FILER NAME Martha Davila	3 Filer ID (Ethics Commission Filers)
4 Date 4/15/26	5 Payee name Eduardo Aldrete	
6 Amount (\$) \$4,000.00	7 Payee address; 234 Palo Verde	City: Brownsville Tx State: Zip Code 78521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Graphic design/Social Media
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/20/26	Payee name Border Press Inc		
Amount (\$) \$1,724.66	Payee address; 620 E Pricard	City: Brownsville State: Tx Zip Code 7852	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Advertising	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 4/17/26	Payee name Irma Pena		
Amount (\$) \$1,900.00	Payee address;	City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	Description Block walking	
	Check if travel outside of Texas. Complete Schedule T. 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

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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 <i>6</i>	2 FILER NAME <i>Martha Davila</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/20/26</i>	5 Payee name <i>Sweet Co.</i>	
6 Amount (\$) <i>\$4,000.00</i>	7 Payee address: City: State: Zip Code <i>Brownville TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description <i>Consulting.</i>
	(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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