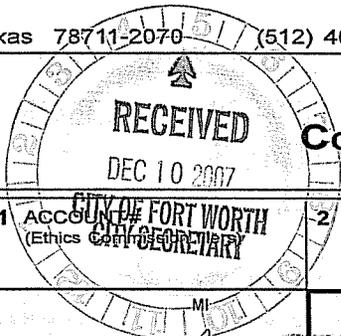


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1



The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNTING (Ethics Control)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 Mr. Juan A.
 NICKNAME LAST SUFFIX
 Rangel

OFFICE USE ONLY

Date Received

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX**

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 Change of Address
 2744 Hemphill, Ft. worth, TX 76110

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 344-8681

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 Mrs. Judy L.
 NICKNAME LAST SUFFIX
 Phillipson

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 1401 5th Avenue Fortworth, TX 76104

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 923-5234

9 REPORT TYPE

January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 10 / 30 / 07 THROUGH 12 / 10 / 07

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year
 12 / 18 / 07 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
 FW school Board - District 8 City Council, F.W. - District 9

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name
 N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code
 N/A

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Juan Rangel **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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. **

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <p style="text-align: center;"><u>N/A</u></p>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>1,850.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8,314.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>15,298.91</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,340.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

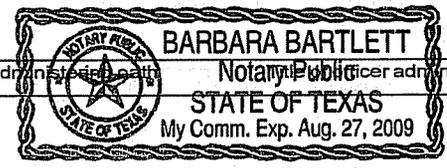
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Juan A. Rangel
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JUAN A. RANGEL, this the 10 day of December 2007, to certify which, witness my hand and seal of office.

Barbara Bartlett
Signature of officer administering oath



Printed name of officer administering oath: BARBARA BARTLETT
Notary Public, State of Texas

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 <i>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11-10-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Monticello Trinity Group Inc</i> 6 Contributor address; City; State; Zip Code <i>9112 Hwy 80W302 FW TX 76116</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FW Fire Fighters Committee for Responsible Government</i> Contributor address; City; State; Zip Code <i>417 W. Ke Ha F.W. TX 76111</i>	Amount of contribution (\$) <i>4,300.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-12-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tarrant County Credit Union</i> Contributor address; City; State; Zip Code <i>100 E weatherford, Ft. Worth TX 76106</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nelson and Esther Rodriguez</i> Contributor address; City; State; Zip Code <i>5128 Golden Ln Ft worth TX 76123</i>	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-13-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph Deheon</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.				1 Total pages Schedule B:	
2 FILER NAME				3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒					\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)		
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)		
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)		
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)		
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)		
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)		
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional 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 <i>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11-13-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>T & S Wholesale</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>950 W Rosedale - Ft. Worth TX 76104</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11-19-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger Gossan Blair & Sampson LLP</i>	Amount of contribution (\$) <i>\$1,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 17428 Austin TX 78760</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-29</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Isaac Flores</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>13318 Rock Hampton - San Antonio TX 78232</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-20-07 <i>11-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>W. M. Gardner</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1800 Park Place Fort Worth, TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-3-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Happy & Deborah Bassett</i>	Amount of contribution (\$) <i>2,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>300 Burnett - 150 Ft Worth, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional 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 <p style="text-align: center; font-size: 1.2em;">Juan Rangel</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="font-size: 1.2em;">12-6-07</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">John or Harriet Merchaca</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">3400 Winton Terrace W. Ft. Worth TX 76109</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">11-19</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Lucy Brants</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$400.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">4035 Madhu Fort Worth TX 76109</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">11-12-07</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Gabriel Acevedo</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">314 Varnum St. Washington DC</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">11-20</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Mrs. Patrick A. Reardon</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">20.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">5224 Genoa Rd. Fort Worth TX 76116</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">10-29</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Aftab Siddiqui</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">25.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">7231 Jurassic Dr. Ft. Worth, TX 76002</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional 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 <i>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11-30-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Theresa A. Meza</i>	7 Amount of contribution (\$) <i>46.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2024 Mill Creek Dr. Arl. TX 76010</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11-27</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harriet V. IABY</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3400 Peachtree Ln Arl. TX. 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-1-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Puente</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5709 Oakleaf Dr. Apt #1701 Ft Worth TX 76132</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: _____
2 FILER NAME <i>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers) _____
4 Date <i>11-20-07</i>	5 Payee name <i>Aguika Consulting</i> 6 Payee address; City; State; Zip Code <i>P.O. Box</i>	7 Amount (\$) <i>9,658.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Design, Printing, Maithouse Services</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11-23-07</i>	Payee name <i>Aguika Consulting</i> Payee address; City; State; Zip Code <i>P.O. Box</i>	Amount (\$) <i>1,528.60</i>
Purpose of payment (See instructions regarding type of information required.) <i>Direct mail Services</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Painter Communications</i> Payee address; City; State; Zip Code <i>309 Washington St. #2111 Conshohocken, Penn 19428</i>	Amount (\$) <i>\$3,300.00</i>
Purpose of payment (See instructions regarding type of information required.) <i> voter contact strategies</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>12-01</i>	Payee name <i>Home Depot</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$1135.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>posts for signs</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

LOANS **SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME Juan Rangel 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>12-01-07</u>	5 Payee name <u>Fairmount Neighborhood Association</u> 6 Payee address; City; State; Zip Code <u>Ft. Worth TX 76110</u>	7 Amount (\$) <u>\$200.00</u>
---------------------------	--	----------------------------------

8 Purpose of payment (See instructions regarding type of information required.) <u>Advertisement</u> (If travel outside of Texas, complete Schedule T)	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	--

Date <u>12-10-07</u>	Payee name <u>Candlelight Home Tour</u> Payee address; City; State; Zip Code <u>Ft. Worth TX 76110</u>	Amount (\$) <u>\$250.00</u>
-------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) <u>Advertisement</u> (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	---

Date <u>11-26-07</u>	Payee name <u>A + T</u> Payee address; City; State; Zip Code <u>PO Box 630047 Dallas TX 75263</u>	Amount (\$) <u>194.32</u>
-------------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.) <u>Campaign phones</u> (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	---

Date <u>11-30</u>	Payee name <u>Star Backs Coffee</u> Payee address; City; State; Zip Code <u>University Dr Ft. Worth TX 76110</u>	Amount (\$) <u>12.99</u>
----------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) <u>Coffee for walkers</u> (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED