

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.

Bernd

R

NICKNAME

LAST

SUFFIX

Bernie

Scheffler

OFFICE USE ONLY

OFFICIAL RECORD  
CITY SECRETARY  
FORT WORTH TEX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2260 5th Ave; Fort Worth; TX; 76110

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 401 0146

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MS

LAUREN

NICKNAME

LAST

SUFFIX

LAURIE

BATES

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2262 5th Ave; Fort Worth; TX; 76110

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 997 9858

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

1 / 18 / 2007    THROUGH    4 / 12 / 2007

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

5 / 12 / 2007

- Primary     Runoff     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council 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

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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** Bernie Scheffler **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

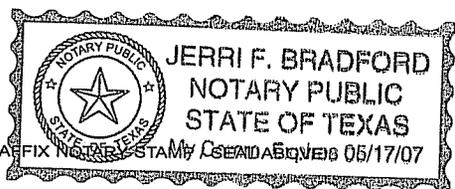
\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>1196.69</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED <u>credit card processing fees →</u>	\$ <u>24.16</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>668.90</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>503.63</u>
<b>OUTSTANDING LOAN TOTALS</b>	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.



Bernd R. Scheffler  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bernd R. Scheffler, this the 12<sup>th</sup> day of April, 2007, to certify which, witness my hand and seal of office.

Jerri F. Bradford Jerri F. Bradford Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6**

2 FILER NAME **Bernie Scheffler**

3 ACCOUNT # (Ethics Commission filers)

4 Date **2/2/2007** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**David W. Hill**

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**4336 Gorman Dr; Fort Worth, TX 76132**

**\$10**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)  
**Venture Encodings**

Date **2/2/2007** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Andrew Mans**

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**7100 Culver Ave; Fort Worth, TX 76116**

**\$50**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Engineer**

Employer (See Instructions)  
**Lockheed Martin**

Date **2/3/2007** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ric Ceron**

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**7928 Kodak Drive; Plano, TX 75025**

**\$25**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/3/2007** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Keith Hollar**

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**4805 Whistler Dr; Fort Worth; TX; 76133**

**\$25**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**CPA**

Employer (See Instructions)

Date **2/9/2007** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lonnie Burns**

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1705 Martel Ave; FW; TX 76103**

**\$100**

(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: <b>6</b>	
2 FILER NAME <i>Bernie Scheffler</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/10/2007</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kyle Carr</i>	7 Amount of contribution (\$) <i>\$33</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7500 Whitestone Ranch Rd; Bonbrook, TX 76126</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <i>Lockheed Martin</i>	
Date <i>2/10/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alice Kipple</i>	Amount of contribution (\$) <i>\$6</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4319 Bethis Dr #3; Houston, TX 77027</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Legal Assistant</i>		Employer (See Instructions) <i>City of Houston</i>	
Date <i>3/13/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles &amp; Lacy Kuykendall</i>	Amount of contribution (\$) <i>\$10</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>16400 Ledgeport Ln., Apt 305; Addison, TX 75001</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>United States Air Force</i>	
Date <i>4/2/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angela Landrum</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8200 Southwestern Blvd #1608, Dallas, TX 75206</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>event coordinator</i>		Employer (See Instructions) <i>Cain Waters &amp; Associates, P.C.</i>	
Date <i>2/12/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Billy Godfrey</i>	Amount of contribution (\$) <i>\$25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3736 6<sup>th</sup> Ave, Fort Worth, TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6**

2 FILER NAME  
**Bernie Scheffler**

3 ACCOUNT # (Ethics Commission filers)

4 Date: **1/24/2007**  
5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_):  
**Kenneth Loose**

7 Amount of contribution (\$):  
**\$25**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**1212 Barker St; Arlington, TX 76012**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):  
**Architect**

10 Employer (See Instructions):  
**Cable Hoskins**

Date: **1/25/2007**  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_):  
**Thomas Daniels**

Amount of contribution (\$):  
**\$100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**626 Larkwood Dr; San Antonio, TX 78209**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):  
**Limousine Operator**

Employer (See Instructions):  
**Rolls Royce Limousine Company**

Date: **1/25/2007**  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_):  
**Aleisha Force**

Amount of contribution (\$):  
**\$25**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1121 Beachview St; Dallas, TX 75218**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):  
**Actress**

Employer (See Instructions):  
**Self-employed**

Date: **1/25/2007**  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_):  
**Bill Baker**

Amount of contribution (\$):  
**\$100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**4405 Bombay Ct; Fort Worth; TX 76116**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):  
**Teacher**

Employer (See Instructions):  
**Fort Worth Country Day School**

Date: **2/1/2007**  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_):  
**Jim Klimchock**

Amount of contribution (\$):  
**\$100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**2211 Valleydale Dr; Arlington, TX 76013**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):  
**Retired**

Employer (See Instructions):  
**Texas Instruments**

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>6</b>	
2 FILER NAME <i>Bernie Scheffler</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/14/2007</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George McGown</i>	7 Amount of contribution (\$) <i>\$25</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>624 N. Bailey Ave; Fort Worth, TX 7607</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/15/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Palmer</i>	Amount of contribution (\$) <i>\$25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>869 Burr. Rd.; San Antonio, TX 78209</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Machine Operator</i>		Employer (See Instructions) <i>United States Postal Service</i>	
Date <i>2/18/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry Brown</i>	Amount of contribution (\$) <i>\$30</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2704 Westbrook Ave, Fort Worth, TX 76111</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/2/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kevin Buchanan</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4216 Hollow Creek Ct, Aledo, TX 76008</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/9/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kyle Wortham</i>	Amount of contribution (\$) <i>\$17.69</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>205 Wayne Dr, Aledo, TX 76008</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>6</b>	
2 FILER NAME <b>Bernie Scheffler</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/10/2007</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Harold Paul Harris</b>	7 Amount of contribution (\$) <b>\$25</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5613 Puerto Vallarta; Fort Worth, TX 76180</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/10/2007</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carvey Parker</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6314 Orchard Hill Ct; Arlington, TX 76016</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/11/2007</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Finley</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>61 Douglas Ct; East Meadow, NY 11554</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/12/2007</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Mootz</b>	Amount of contribution (\$) <b>\$40</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6302 Clear Creek; Garland, TX 75044</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/13/2007</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Titus</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1320 Washington Ave; Fort Worth, TX 76104</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>6</b>	
2 FILER NAME <b>Bernie Schoffler</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/10/2007</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James C Burger</b>	7 Amount of contribution (\$) <b>\$100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6510 Craig St, Fort Worth, TX 76112</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Owner, Eden Grove</b>		10 Employer (See Instructions) <b>Self-employed</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Bernie Scheffler

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/7/2007

5 Payee name

GoDaddy.com

6 Payee address; City; State; Zip Code

14455 N Hayden Rd, Ste 219; Scottsdale, AZ 85260

7 Amount (\$)

\$116.84

8 Purpose of payment (See instructions regarding type of information required.)

Domain Registration & web hosting  
(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

2/8/2007

Payee name

Kenneth Robison (817)735-1138

Payee address; City; State; Zip Code

Fort Worth, TX 76107

Amount (\$)

\$350

Purpose of payment (See instructions regarding type of information required.)

Photography & Web design Services  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

3/12/07

Payee name

Fort Worth National Bank

Payee address; City; State; Zip Code

701 W Magnolia Ave; Fort Worth, TX 76104

Amount (\$)

\$102

Purpose of payment (See instructions regarding type of information required.)

Money Order for CoFW Filing fee  
(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

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(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

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

**SCHEDULE H**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H: <u>1</u>
2 FILER NAME <u>Bernie Scheffler</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>2/8/2007</u>	5 Business name <u>Panther City Bicycles</u> 6 Business address; City; State; Zip Code <u>1306 W Magnolia Ave, Fort Worth, TX, 76104</u>	7 Amount (\$) <u>\$ 75<sup>90</sup></u>
8 Purpose of payment (See instructions regarding type of information required.) <u>reimbursement for business card printing</u> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Business name ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Business name ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Business name ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		