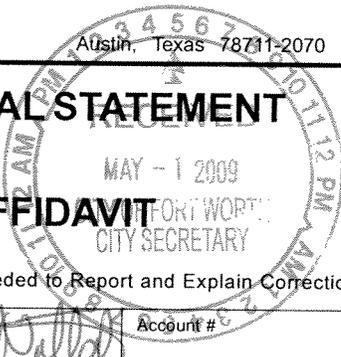


# CORRECTED FINANCIAL STATEMENT

AND

# GOOD-FAITH AFFIDAVIT



OFFICE USE ONLY	
OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX	
Receipt #	Amount
HD / PM	
Date Processed	
Date Imaged	

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last) <i>Andrew James Nothall</i>	Account #
Address (P.O. Box or Street Address, Apt. or Suite #) <i>4901 Inail Lake Dr</i>	
<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	
(City, State, Zip Code) <i>Fort Worth TX 76132</i>	

The correction(s) filed with this affidavit apply to my financial statement due in

- 2009  
 2008  
 2007  
 2006  
 2005  
 2004  
 Other \_\_\_\_\_

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

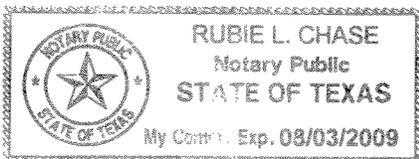
*We filed the committee report instead of the individual report.*

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*Andrew James Nothall*  
 \_\_\_\_\_  
 Signature of Filer

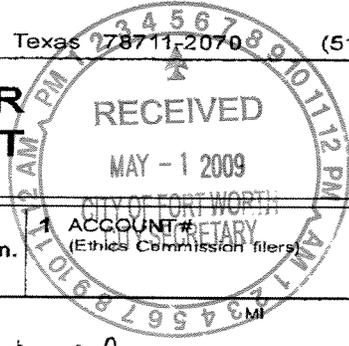


AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by *A. James Nothall* this the *1<sup>st</sup>* day of

*May* 20 *09*, to certify which, witness my hand and seal of office.

*Rubie L. Chase*                      *Rubie L. Chase*                      *Notary Public*  
 Signature of officer administering oath                      Print name of officer administering oath                      Title of officer administering oath



**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: 1

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR FIRST MI  
Mr. A. James Intall  
 NICKNAME LAST SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE  
4901 Trail Lake Drive  
Fort Worth TX  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
(817) 602 2997

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR FIRST MI  
Mrs. Kathryn Elizabeth Cole  
 NICKNAME LAST SUFFIX  
Katryn

**7 CAMPAIGN TREASURER ADDRESS**  
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE  
4001 Sundown Drive Benbrook TX 76116  
 (Residence or business)

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
(817) 313 0207

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

**10 PERIOD COVERED**  
 Month Day Year THROUGH Month Day Year  
04 / 09 / 09 04 / 30 / 09

**11 ELECTION**  
 ELECTION DATE: Month Day Year ELECTION TYPE  
05 / 09 / 09  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**  
city council place 3

**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

**OFFICE USE ONLY**

Date Received

**OFFICIAL RECORD**

**CITY SECRETARY**

**FT. WORTH, TEX**

Date Hand-delivered or Date Postmarked

Receipt #	Amount

Date Processed

Date Imaged

**GO TO PAGE 2**

05-01-09 05:00 IN

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

COMMITTEE NAME

A. James Nuttall Campaign

COMMITTEE ADDRESS

4901 Trail Lake Fort Worth TX

COMMITTEE CAMPAIGN TREASURER NAME

Kathryn Elizabeth Cole

COMMITTEE CAMPAIGN TREASURER ADDRESS

4001 Sundown Drive Benbrook TX 76116

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 440.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1164.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

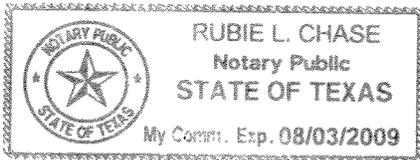
\$ 1966.00

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said A. James Nuttall, this the 1<sup>st</sup> day of May, 2009, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Rubie L. Chase  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A: <u>1</u>	
<b>2</b> FILER NAME <i>A James Nuttall</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> 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)
(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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

A James Nuttall

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: → → → → → →

\$

5 Date

040709

6 Full name of pledgor  out-of-state PAC (ID# \_\_\_\_\_)

CL Quiroga

7 Pledgor address; City; State; Zip Code

PO Box 17847 Fort Worth TX 76102

8 Amount of pledge (\$)

2500

9 In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

041109

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

Lezley Collier Lewis, Ph.D.

Pledgor address; City; State; Zip Code

1780 Massey Dr. Lewisville TX 75047

Amount of pledge (\$)

2500

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

041109

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

J. Patrick and Terri H. Gallagher

Pledgor address; City; State; Zip Code

197 Forest Bend Lane Weatherford TX 76087

Amount of pledge (\$)

20000

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

041109

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

Patricia A. Unaves

Pledgor address; City; State; Zip Code

4705 Cinnamon Hill Fort Worth TX 76133

Amount of pledge (\$)

10000

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

041109

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

S. and J. Puckle

Pledgor address; City; State; Zip Code

7100 Willis Ave. Fort Worth TX 76116

Amount of pledge (\$)

2500

In-kind description (if applicable)

(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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

2 FILER NAME: A James Nuttall 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:  $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$  \$

5 Date <u>04/20/09</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steven E. and Diane M. Baker</u>	8 Amount of pledge (\$) <u>4000</u>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <u>808 Doral Mansfield TX 76063</u>		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date <u>04/15/09</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Susan J Oberholzer and Michael Mabin</u>	Amount of pledge (\$) <u>2500</u>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <u>3901 El Campo Ave FORT WORTH TX 76107</u>		(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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

A James Nuttall

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender

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

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address;      City;      State;      Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?  
Y      N

Lender address;      City;      State;      Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;      City;      State;      Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**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: 1

2 FILER NAME A James Mittall 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>04/30/09</u>	5 Business name <u>Travis Parmer Consulting</u> 6 Business address; City; State; Zip Code <u>PO Box 11517 Fort Worth TX 76110</u>	7 Amount (\$) <u>150<sup>00</sup></u>
---------------------------	--	--

8 Purpose of payment (See instructions regarding type of information required.) <u>consulting for campaign</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 <u>04/30/09</u>	Business name <u>George Lawson</u> Business address; City; State; Zip Code	Amount (\$) <u>108<sup>00</sup></u>
-------------------------	--	--

Purpose of payment (See instructions regarding type of information required.) <u>canvassing</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 <u>04/30/09</u>	Business name <u>George Lawson</u> Business address; City; State; Zip Code	Amount (\$) <u>108<sup>00</sup></u>
-------------------------	--	--

Purpose of payment (See instructions regarding type of information required.) <u>canvassing</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 <u>04/30/09</u>	Business name <u>Kathy Lawson</u> Business address; City; State; Zip Code	Amount (\$) <u>60<sup>00</sup></u>
-------------------------	---	---------------------------------------

Purpose of payment (See instructions regarding type of information required.) <u>canvassing</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
---	--

**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>A James Nuttall</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>04/30/09</u>	5 Business name <u>Cheri Head</u>	7 Amount (\$) <u>600.00</u>
6 Business address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)  (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>04/30/09</u>	Business name <u>Big Bad Wolf Creative Design Group</u>	Amount (\$) <u>250.00</u>
Business address; City; State; Zip Code <u>1166 Country Club Lane Ste. 1 Fort Worth TX 76112</u>		
Purpose of payment (See instructions regarding type of information required.) <u>logo design</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>04/30/09</u>	Business name <u>Travis Parmer Consulting</u>	Amount (\$) <u>200.00</u>
Business address; City; State; Zip Code <u>PO Box 11517 Fort Worth TX 76110</u>		
Purpose of payment (See instructions regarding type of information required.) <u>consulting for campaign</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>04/30/09</u>	Business name <u>Georg Lawson</u>	Amount (\$) <u>96.00</u>
Business address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <u>canvassing</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

# 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: 1

2 FILER NAME

A James Nuttall

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/30/09

5 Business name

Cheri Head

7 Amount (\$)

60.00

6 Business address; City; State; Zip Code

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

Canvassing

(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

04/30/09

Business name

George Lawson

Amount (\$)

36.00

Business address; City; State; Zip Code

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

Canvassing

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

04/30/09

Business name

Tammy Winston

Amount (\$)

36.00

Business address; City; State; Zip Code

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

Canvassing

(If travel outside of Texas, complete Schedule T)

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

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)

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME

*A James Mittall*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8

Amount  
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

## SCHEDULE J

The Instruction Guide explains how to complete this form.

1 Total pages Schedule J: 1

2 FILER NAME

*A James Mittall*

3 ACCOUNT # (Ethics Commission filers)

4 Date Returned

5 Original payee name

7 Amount Returned (\$)

6 Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CREDITS (optional)

# SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

*A James Nuttall*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8 Amount (\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <i>A James Mitchell</i>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**