CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS-/-MRS-/ MR FIRST	МІ	OFFICE	USE ONLY
NAME	MUN)	SUFFIX	Date Received	***
	JANAGARAJAN		OCT O!	5 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO SHADOW GLE P215CO, TX 7503			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(972) 900-31	t04	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	М	Receipt #	Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	JANAGARAJA	J	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	550 A S S S S S S S S S S S S S S S S S S	STATE;	ZIP CODE
ADDRESS (Residence or Business)	6869 SHADOW GLEN DR			
	FRISCO, TX 750	35		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 900.340	EXTENSION		
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day aft treasurer ap (Officeholde	
	July 15 8th day before elec	etion Exceeded Modified Reporting Limit	Final Report	t (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2020	THROUGH 10	Day Year / 05 / 20	
11 ELECTION	ELECTION DATE	ELECTION TYPE	J.	
	Month Day Year ☐ Primary	Runoff Other Description Special	600 W. 200 W	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		012
		FRISCO JCP ZEUTZUET	-ROAKD).
		23912UST	- PLACE	7
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)	
MUNI	JANAG	ARAJAN	5 File ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL		Ì	
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
•		COMMITTEE CAMPAIGN TREASURER ADDRESS		
47 CONTRIBUTION	4 7074			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O	
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 95	
	4. TOTAL	POLITICAL EXPENDITURES	\$7,570.90	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ C	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	*15,000	
18 AFFIDAVIT				
Con	KRISTEN HUDSON ary Public, State of Te nm. Expires 11-01-20 Notary ID 13088392	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me	
		Signature of Cano	ingate of Officerolder	
AFFIX NOTARY STAM	P/SEALABOVE			
		by the said danagarajan Munirato certify which, witness my hand and seal of office.	this the	
/-	1	,,, nand and soul of onlos.	HR Specialist, FIS	
Signature of officer a	dministering oath	Kristen Hudson Printed name of officer administering oath	Motary Public Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	TIONS \$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$ 15,000	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLIT	ICAL CONTRIBUTIONS \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO	LITICAL CONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO	s 7,570 · 9	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	NS TO A BUSINESS OF C/OH \$	m (
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	TICAL CONTRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER	NTRIBUTIONS RETURNED \$	

LOANS		SCHEDULE E
The Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule E:
2 FILER NAME MUNI JANAGARAJAH		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 7 Name of lender out-of-state 01212020 MUNI JANAGARA 6 Is lender a financial Institution? 6869 SHADOW GLEN	State; Zip Code	9 Loan Amount (\$) 15,000 10 Interest rate
10 Pasco, Tx 750	35	VIOLE MARKET PARTIES AND
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral none	Check if personal fundaccount (See Instruction	ds were deposited into political ions)
16 GUARANTOR INFORMATION 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender Lender address; City; a financial Institution?	State; Zip Code	Interest rate
Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral none	Check if personal fund account (See Instructi	ds were deposited into political ons)
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE struction guide for additional rep	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expense and property and listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME MUNI JANAGARAJAH 5 Payan nama	ı	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08 07 2020	FIRST GRAPHIC SERVI	CES	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	229 CARVON ST	GARLAND	Tx 75040
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	97 DE
OF EXPENDITURE	SISNAISM PAISILIZARA		
Name of the last o	(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	2. AL. WA	In the
08/12/2020	DAN STRICKLIH -	STORE WALL	WHILETES TAM
Amount (\$)	Payee address;	City;	State; Zip Code
2000 Reimbursement from		FRISCO,	TX
political contributions intended		, (= 00)	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	14/4
OF EXPENDITURE	CONTRACT LABOR	BLOCK	WALKING TEAM
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/14/2020	ANTHOM PRINTING		
Amount (\$)	Payee address:	City;	State; Zip Code
Reimbursement from political contributions intended	2591 DALLAS PAPULWAY	#300, FI	215w,7x 75034
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	DEINTING EXPEN	OE.	
	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selection Mesosy/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expenses the listed phase)

Candidate/Officeholder/Politi	, intuing Experies	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete	this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2/6	MUNI JANAGARAJAN	
4 Date	5 Payee name	M MINTE VOLUTION TO A
08/15/2020	MUNI JANAGARAJAN 5 Payee name DAN STRICKLIN - BLOCK M	AFRITA VOLVIERE I PAM
6 Amount (\$)	7 Payee address;	City; State; Zip Code
Reimbursement from	Paic	78
political contributions intended	BUS	α , α
8	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
PURPOSE OF	CONTRACT LABOR	
EXPENDITURE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name Office s	ought Office held
expenditure to benefit C/OH		
Date	Payee name	
08 20 2020	JOE GONZALEZ	
Amount (\$)	Payee address;	City; State; Zip Code
500	Pesi	→
Reimbursement from political contributions	FIELL	0, 1x
intended	Category (See Categories listed at the top of this schedule) De:	scription
PURPOSE	Catagory (See Categories instead at the top of this schedule)	Live Clare
OF EXPENDITURE	CONTRACT LABOR THIS	MHHMY 4X4 SIGHS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office s	ought Office held
expenditure to benefit C/0	DH	
Dațe	Payee name DI OCIV 114.	KING VOLUTEERS THAM
08/22 2020	DAN STRUCKIN - BLOCK WAS	KING VOLUTEERS THAM
Amount (\$)	Payee address;	City: State: 7'- C-d-
\$200	, ayou addition,	City; State; Zip Code
Reimbursement from political contributions	FRIS	Co, TX
intended		, (,,
PURPOSE	Category (See Categories listed at the top of this schedule) Des	scription
OF EXPENDITURE	CONTRACT LAROP	
EXPERIME	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office s	The state of the s
Complete ONLY if direct expenditure to benefit C/OH		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	I E AS NEEDED
	AT ACTIVIDATIONAL COPIES OF THIS SCHEDO	LE AO RELDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

	The instruction Guide explains now to	complete this form.	
1 Total pages Schedule G:	MUNI JANAGARAJAN		3 Filer ID (Ethics Commission Filers)
4 Date 08 22 2020	DAN STRICKAIN - BLOCK	- WATHOUGT	VOWTERS THAM
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		FRISW,	TX
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	CONTRACT LABOR		
	(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
08 30 2020	DAN STACKLIN - BLOCK	WALKING	WAST DESTRICT
Amount (\$) \$233	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	=	Presu,	マメ
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cantra CT LABOR	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
09 06 2020	DAN STRICKLIN - BLOUK	WALKING	VOWTERU THM
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	1	Prisco	TX
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	CONTRACT SABOR		
EXI ENDITORE	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
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (enter a category not inseed above)
1 Total pages Schedule G:	2 FILER NAME MUNI TANIA GAMA JA		3 Filer ID (Ethics Commission Filers)
4 Date 09 12 2020	MUNI JANA GARAJA 5 Payee name DAN STRICKLIN - RLOCK	MALKING	MAST ERRAPHION
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		FRICIO	7×
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	CONTRACT LABOR		
9	Candidate / Officeholder name		. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolder frame	Office sought	Office held
Date	Payee name		
09/16/2020	ARST GRAPHIC SET	NICES	
Amount (\$) 852.47	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	PARST GRAPHIC SET Payee address; 229 GARVON ST	GARLAND	7x 75040
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	YOURITING PAPENIE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 09/22/2020	Payee name DAN STRICKLIN - BLOC	CK WALLEN	G VOLUNTEBLE TEAM
Amount (\$) 2-35	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		Perseo	TX TO
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITORE	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	NO. CONT. SERVICE 180	a category not listed above)
1 Total pages Schedule G: 5/6 4 Date 09/28/2020	2 FILER NAME MUNI JANAGARASIAN 5 Payee name TRACTOR SUPPLY	3 Filer ID	(Ethics Commission Filers)
6 Amount (\$) 79. Selembursement from political contributions intended	7 Payee address;	City: 7	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description MATERIALS - TE	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholde	Office held
09/29/2020	Payee name DAN STRICKLIN - BLO W Payee address;	CK STRING VOLUTEE	RS TEAM
Amount (\$)' Reimbursement from political contributions intended	Payee address;	\$5.0) •	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) COLTRA CT LARST Check if travel outside of Texas. Complete Schedule T.	Description Check if Austin, TX, officeholds	er living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 10 0 2 2 520	Payee name JESUS LOPEZ		
Amount (\$) 2-50.00 Reimbursement from political contributions intended	Payee address;	City: Sta	ate; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LATEOTZ	Description FNSTALLING LAX	24912 p
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholde Office sought	or living expense Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politic		Wages/Contract Labor Other (enter a category not list	ted above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	TOPIC MANAGEMENTALISMENT AND	3 Filer ID (Ethics Commi	ission Filers)
6/6	MUNI JANAGARAJAN	52	(28
4 Date	MUNI JANAGARAJAN 5 Payee name TRACTOR SUPPLY		
10/02/2020	TRACTOR SUPPLY		
6 Amount (\$)	7 Payee address;	City; State; Z	ip Code
Reimbursement from political contributions intended		MULINHEY TX	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	29
OF EXPENDITURE	OTHER	MATERIALS - TPOSTS	k H
	(c) 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	Payee name		
10 02 2020	YT AD SERVICE		
Amount (\$) 2000.00	Payee address;	City; State; Z	ip Code
Reimbursement from	2885 CANFORD AVE	W	
political contributions intended	GRANDVILLE, MI		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	ADVERTISING EXPENSE		
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office	held
Complete ONLY if direct expenditure to benefit C/C	ЭН		
Data	De la company		
10 0 4 2020	Payee name BLO	CK WALKING VOLUTBER,	2
	DAN THICKLIN -	TEAM	
Arriount (\$) 250,00	Payee address;	Control of the contro	Code
Reirhbursement from political contributions intended		PRISCO TX	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF	CONTRACT LABOR		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
C. L. CHIVIC disease	Candidate / Officeholder name	Office sought Office	held
Complete ONLY if direct expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	