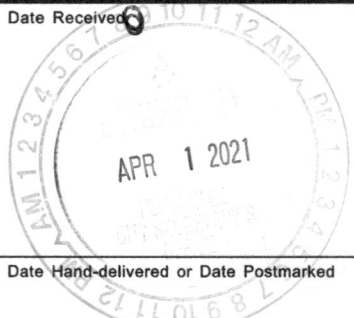


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI J.	OFFICE USE ONLY Date Received 	
	NICKNAME LAST SUFFIX		
TS GILMORE			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address	724 JUNIPER LN LEWISVILLE TX 75077		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
	(469) 322 9432		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	Receipt #	Amount \$
	NICKNAME LAST SUFFIX	Date Processed	Date Imaged
TS GILMORE			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	724 JUNIPER LN LEWISVILLE TX 75077		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(469) 322 9432		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 16 / 2021 THROUGH 3 / 22 / 2021		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	
	5 / 1 / 2021	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	LEWISVILLE City Council PL 3	LEWISVILLE Mayor	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>TJ Gilmore</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 220.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7287.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3722.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4496.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by TJ Gilmore this the 1st day of April, 2021, to certify which, witness my hand and seal of office.

[Handwritten Signature] *[Handwritten Signature]* *[Handwritten Signature]*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

TJ Gilmore

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7067.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250. ⁰⁰
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3722.63
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME TJ GILMORE		3 Filer ID (Ethics Commission Filers)
4 Date 1/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN CREE	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 3114 OVERLOOK CT HIGHLAND VILLAGE TX 75077		
8 Principal occupation / Job title (See Instructions) Developer		9 Employer (See Instructions) SELF
Date 1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVE DALLAS	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 16886 NW PONDOSA AVE BEND OR 97703		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EASTERN OREGON UNIV.
Date 1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUZANNE McLENDRE	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 13319 S AVE 4/4E YUMA AZ 85365		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACI JAKOBI	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 1488 ALSTATH LN. LOUISVILLE TX 75067		
Principal occupation / Job title (See Instructions) BUSINESS MGR		Employer (See Instructions) PLURITAN FINANCIAL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME TJ GILMORE		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY CASTAGNO	7 Amount of contribution (\$) 20.⁰⁰
6 Contributor address; City; State; Zip Code 1204 HENSLEY LN LOUISVILLE TX 75077		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATIE VOLINI	Amount of contribution (\$) 50.⁰⁰
Contributor address; City; State; Zip Code 1001 COLLEGE PKWY LOUISVILLE TX 75077		
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions) TEXAS HEALTH

Date 2/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUDRA SMOLINSKI	Amount of contribution (\$) 300.⁰⁰
Contributor address; City; State; Zip Code 1535 BARKSDALE DR LOUISVILLE TX 75077		
Principal occupation / Job title (See Instructions) REGALTON		Employer (See Instructions) SELF

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME TJ Gilmore		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANICE HATTON	7 Amount of contribution (\$) 10.⁰⁰
6 Contributor address; City; State; Zip Code 1326 JUNIPER LN LEWISVILLE TX 75077		
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) LISD
Date 3/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAIL ROBISON	Amount of contribution (\$) \$ 50.⁰⁰
Contributor address; City; State; Zip Code 408 SUMMIT DR BLADES DE 19973		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 3/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEC PAC	Amount of contribution (\$) \$ 1000.⁰⁰
Contributor address; City; State; Zip Code 15 GREENWAY PLACE STE 225 HOUSTON TX 77046		
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 (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME TJ GILMORE		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASE CORTEZ	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code 1336 PARMA DR. LEWISVILLE TX 75077		
8 Principal occupation / Job title (See Instructions) PHYSICAL TRAINER		9 Employer (See Instructions) SELF
Date 1/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELISSA BLACKSHGAR	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 1313 VERONALU LEWISVILLE TX 75077		
Principal occupation / Job title (See Instructions) DR PATIENT EXPERIENCE		Employer (See Instructions) CONFIER HEALTH
Date 1/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY RIMKO	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 1023 MONARCH DR LEWISVILLE TX 75067		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) SELF
Date 1/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TINA ULMER	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 2069 ARENA DR LEWISVILLE TX 75067		
Principal occupation / Job title (See Instructions) CUSTOMER SERVC		Employer (See Instructions) AMERICAN AIRLINES

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME TJ GILMONG		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDI BIRD	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 9710 BLANCO DR LANTANA TX 76226		
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF

Date 2/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEARRI DUNCAN	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 968 MADISON C LEXINGTON KY 40507		
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) STOKES LAW FIRM

Date 3/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CINDI CLARKE	Amount of contribution (\$) \$149.00
Contributor address; City; State; Zip Code 2013 VISTA DR LEXINGTON KY 40507		
Principal occupation / Job title (See Instructions) Homeowner		Employer (See Instructions) SELF

Date 2/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN HEIM	Amount of contribution (\$) \$15.00
Contributor address; City; State; Zip Code 426 MILTON ST LEXINGTON KY 40507		
Principal occupation / Job title (See Instructions) Acct. Mngl.		Employer (See Instructions) SGICO AGROSPACE

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME TJ Gilmore		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY ELLEN MURSA	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 1634 CARSON DR LOUISVILLE TX 75067		
8 Principal occupation / Job title (See Instructions) GRANTS		9 Employer (See Instructions) SELF
Date 2/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEX BUCK	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code 4303 GRASSY GLEN DR COUNTY TX 76208		
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) SELF
Date 2/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON WOZNY	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 2066 CAMELOT DR LOUISVILLE TX 75067		
Principal occupation / Job title (See Instructions) VP MKTG		Employer (See Instructions) HEALTHSMART
Date 2/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES COLE	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code 206 S HATCHER AVE LOUISVILLE TX 75057		
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME U Gilmore		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM MERIDITH	7 Amount of contribution (\$) \$ 10.00
6 Contributor address; City; State; Zip Code 1309 BOGARD LN LOUISVILLE TX 75077		
8 Principal occupation / Job title (See Instructions) Project Mgr		9 Employer (See Instructions) JACOBS
Date 4/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN BECK	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code 1666 N. VALLEY PKWY LOUISVILLE TX 75077		
Principal occupation / Job title (See Instructions) Project Mgr		Employer (See Instructions) JGX GROUP
Date 4/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBARA LANCKIN	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 2120 FOUNTAIN DR LOUISVILLE TX 75067		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 1/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY WEBS	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1128 BRITANNY PL LOUISVILLE TX 75077		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) KEEP LOUISVILLE BEAUTIFUL
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME TJ Gilmore		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES LAVENDER	7 Amount of contribution (\$) \$ 40.00
6 Contributor address; City; State; Zip Code 505 TEMPLE DR LOUISVILLE TX 75087		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 2/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL TOMKOVICH	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 2038 BRIARCLIFF RD LOUISVILLE TX 75067		
Principal occupation / Job title (See Instructions) PARALEGAL		Employer (See Instructions) DJ WILBURN II
Date 2/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC HUNTER	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 866 DALMALEY LN COPPER TX 75019		
Principal occupation / Job title (See Instructions) TECH MANAGER		Employer (See Instructions) ORACLE
Date 1/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD MASALTA	Amount of contribution (\$) \$ 10.00
Contributor address; City; State; Zip Code 960 VAUGHY VIEW DR LOUISVILLE TX 75067		
Principal occupation / Job title (See Instructions) RETIRED SYSTEMS ANALYST		Employer (See Instructions) AMERICAN AIRLINES
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME <i>J. Gilmore</i>		3 Filer ID (Ethics Commission Filers)
4 Date 1/21/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN SOUTHWELL	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 995 Downey & Louisville TX 75067		
8 Principal occupation / Job title (See Instructions) Developer		9 Employer (See Instructions) SELF
Date 1/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN PURCELL	Amount of contribution (\$) \$ 30.00
Contributor address; City; State; Zip Code 1602 WATERFORD DR LOUISVILLE TX 75077		
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) SELF
Date 1/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTA BROWN	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code 1205 HERSHEY LN LOUISVILLE TX 75077		
Principal occupation / Job title (See Instructions) Homeowner		Employer (See Instructions) SELF
Date 1/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FABIO TAGLIERI	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 2005 Hope Tinley Ln Louisville TX 75077		
Principal occupation / Job title (See Instructions) Barender		Employer (See Instructions) SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

TJ Gilmore

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/21

5 Full name of contributor

EDDIE HENDRIX

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City;

State;

Zip Code

1721 NIGHTINGALE DR AUBREY TX 76222

8 Principal occupation / Job title (See Instructions)

Developer

9 Employer (See Instructions)

NCR Corp

Date

4/16/21

Full name of contributor

SIGMUND EVANS JONES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

936 S. OLD ORCHARD LN LOUISVILLE TX 75067

Principal occupation / Job title (See Instructions)

FINANCE

Employer (See Instructions)

FARMERS BRANCH (CITY)

Date

4/16/21

Full name of contributor

ANDRA SMOLANSKI

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 49.00

Contributor address;

City;

State;

Zip Code

1535 BARKSDALE DR LOUISVILLE TX 75077

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

SELF

Date

4/21/21

Full name of contributor

KENT MOORE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 49.00

Contributor address;

City;

State;

Zip Code

1332 SAN ANTONIO LOUISVILLE TX 75077

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

12

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

TJ GILMORE

3 Filer ID (Ethics Commission Filers)

4 Date

1/16/21

5 Full name of contributor out-of-state PAC (ID#: _____)

JANETTA ALSBAUGH

7 Amount of contribution (\$)

\$ 20.00

6 Contributor address; City; State; Zip Code

1572 SHANNON DR LOUISVILLE TX 75071

8 Principal occupation / Job title (See Instructions)

REPORT DESK

9 Employer (See Instructions)

REGUT-A-CENTER

Date

1/16/21

Full name of contributor out-of-state PAC (ID#: _____)

BRETT DANIELS

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

2063 KAMLA DR LOUISVILLE TX 75077

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

BAYONA BECKS

Date

1/16/21

Full name of contributor out-of-state PAC (ID#: _____)

STARLA JOHNSON

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

1813 CREST HOLLOW LOUISVILLE TX 75067

Principal occupation / Job title (See Instructions)

HOMEMAKER

Employer (See Instructions)

SELF

Date

1/16/21

Full name of contributor out-of-state PAC (ID#: _____)

DEVICIA CRAFTON

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

4000 ACE LN. 257 LOUISVILLE TX 75067

Principal occupation / Job title (See Instructions)

CUSTOMER SUPPORT

Employer (See Instructions)

CHASE PAYMENT TECH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME TJ Gilmore		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUSTIN WIRPEL	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 17703 WILD BASIN SAN ANTONIO TX 78258		
8 Principal occupation / Job title (See Instructions) SALES DIRECTOR		9 Employer (See Instructions) ISOAGENT
Date 1/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN MOFFIT	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 140 SHADY OAKS LN DOUBLOAK TX 75077		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 1/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DORA WARREN	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 716 JUNIPER LN LEWISVILLE TX 75077		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 1/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON MURCHEK	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 110 CHENOKEE PATH FLOWER MOUND TX 75028		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME TJ Gilmore		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS WALLACE	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 4235 CASTLE ROCK CT IRVING TX 75038		
8 Principal occupation / Job title (See Instructions) CHIEF EXECUTIVE		9 Employer (See Instructions) N. TX COALITION
Date 3/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUG HEAD	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 201 W SOUTHWEST PKWY 12204 LEWISVILLE TX 75067		
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) SELF
Date 3/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK CURRIE	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 825 HIGH MEADOW CT LEWISVILLE TX 75077		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 3/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTINA MORGAN	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code 15 MANCHAUS ST DOUGLAS MA 01516		
Principal occupation / Job title (See Instructions) FINANCIAL SVCS.		Employer (See Instructions) SELF

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>TS Gilmore</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>3/4/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KENY BLACKALL</u>	8 Amount of Contribution \$ <u>\$250</u>	9 In-kind contribution description <u>PHOTOGRAPHS</u>
7 Contributor address; City; State; Zip Code <u>344 W. WALTERS ST LEWISVILLE TX 75057</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>PHOTOGRAPHER</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>SELF</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME T J GILMORE	3 Filer ID (Ethics Commission Filers)
4 Date 3/3/21	5 Payee name OLD TOWN SIGN CO.	
6 Amount (\$) 190.52	7 Payee address; City; State; Zip Code 112 HENRIETTA ST STE B LEWISVILLE TX 75057	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/11/21	Payee name COMMUNITY IMPACT NEWSPAPER	
Amount (\$) 250.⁰⁰	Payee address; City; State; Zip Code 3600 E. PALM VALLEY BLVD Box 3 ROUND ROCK TX 78665	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description DIGITAL ADS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/19/21	Payee name IMPRESS GRAPHICS	
Amount (\$) 611.61	Payee address; City; State; Zip Code 733 FORT WORTH DR #100 DENTON TX 76201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description DOOR HANGERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5</u>	2 FILER NAME <u>TJ GILMORE</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/22/21</u>	5 Payee name <u>PARTY CITY</u>	
6 Amount (\$) <u>98.91</u>	7 Payee address; City; State; Zip Code <u>735 HERBON PKWY LOUISVILLE TX 75057</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>	(b) Description <u>SUPPLIES & PAPER GOODS</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>3/22/21</u>	Payee name <u>AMAZON.COM</u>	
Amount (\$) <u>21.63</u>	Payee address; City; State; Zip Code <u>410 TERRY AVE NORTH, SEATTLE WA 98109</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>	Description <u>PERSONAL PROTECTIVE MASKS</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>3/20/21</u>	Payee name <u>BECKY KERBOW</u>	
Amount (\$) <u>250⁰⁰</u>	Payee address; City; State; Zip Code <u>2329 CLEARVIEW CT. LOUISVILLE TX 75056</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONSULTING EXPENSE</u>	Description <u>PLANNER</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME TJ Gilmore	3 Filer ID (Ethics Commission Filers)
4 Date 3/19/21	5 Payee name COSTCO	
6 Amount (\$) 453.85	7 Payee address; City; State; Zip Code 8900 TEHAMA RIDGE PKWY FORT WORTH TX 76177	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/19/21	Payee name PAPER SOURCE INC	
Amount (\$) 30.20	Payee address; City; State; Zip Code -1111 E SOUTHLAKE BVD #430 SOUTHLAKE TX 76092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description STATIONARY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/19/21	Payee name VISTAPRINT NETHERLANDS BV	
Amount (\$) 152.40	Payee address; City; State; Zip Code HUNSONWEG 8 VENLO THE NETHERLANDS 5928LW	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PUSHCARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME TJ GILMORE	3 Filer ID (Ethics Commission Filers)
4 Date 2/22/21	5 Payee name MICHAELS STORES	
6 Amount (\$) 16.21	7 Payee address; City; State; Zip Code 2325 S. STEMMONS FWY STE 402 LEWISVILLE TX 75067	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description ART SUPPLIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/25/21	Payee name TARGET	
Amount (\$) \$ 21.40	Payee address; City; State; Zip Code 725 HENRIAN PKWY LEWISVILLE TX 75057	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD	Description CANDY FOR MYCAR
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/1/2021	Payee name IMPRESS GRAPHICS	
Amount (\$) 1399.2	Payee address; City; State; Zip Code 733 FORT WORTH DR. #100 DENTON TX 76201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description MAILER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5</u>	2 FILER NAME <u>TJ Gilmore</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/22/21</u>	5 Payee name <u>STRIPE</u>	
6 Amount (\$) <u>226.79</u>	7 Payee address; City; State; Zip Code <u>510 TOWNSEND ST SAN FRANCISCO CA 94103</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>FEES</u>	(b) Description <u>CONTRIBUTORS BY CARD</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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