

# 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: <b>9</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>William</b>	FIRST <b>William</b>	MI <b>D</b>
	NICKNAME <b>"Bill"</b>	LAST <b>Tate</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1200 S. MAIN ST. 1000 GRAPEVINE, TEXAS 76051</b>		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <b>(214) 850-7609</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>William</b>	FIRST <b>William</b>	MI <b>S.</b>
	NICKNAME <b>"Bill"</b>	LAST <b>Tate</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1200 S. MAIN ST 1000 GRAPEVINE, TEXAS 76051</b>		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <b>(214) 850-7609</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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    THROUGH    Month Day Year <b>3 / 23 / 21    THROUGH    4 / 21 / 21</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 1 / 21</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) <b>MAYOR OF GRAPEVINE</b>		13 OFFICE SOUGHT (if known) <b>MAYOR OF GRAPEVINE</b>
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY	
Date Received  <b>APR 23 2021</b>	
1:43 JAB	
Date Hand-delivered or Date Postmarked <b>Hand</b>	
Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
- The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>3</i>	<b>2</b> FILER NAME <i>William D "Bui" Tade</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4-20-21</i>	<b>5</b> Payee name <i>Mayer Media Group</i>	
<b>6</b> Amount (\$) <i>\$ 340.96</i>	<b>7</b> Payee address; <i>312 Cheekwood Dr Sunnyvale, Texas 75182</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	<b>(b)</b> Description <i>DATABASE MARKETING</i>
	<input type="checkbox"/> <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	City; State; Zip Code
Amount (\$)	Payee address;	
<b>PURPOSE OF EXPENDITURE</b>	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	City; State; Zip Code
Amount (\$)	Payee address;	
<b>PURPOSE OF EXPENDITURE</b>	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

**15 C/OH NAME** William D "Bill" Tate **16 Filer ID (Ethics Commission Filers)**

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>920.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3100.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>NONE</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7190.44</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1150.00</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>NONE</u>

**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.

[Signature]  
Signature of Candidate or Officeholder

**Please complete either option below:**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by William D Tate this the 23rd day of April, 2021, to certify which, witness my hand and seal of office.  
Ursula Brooks Tara A Brooks Notary Public  
 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**

<b>19 FILER NAME</b> <i>William D. "Bill" Tate</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,020.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 642.39
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,190.41
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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: **2**

2 FILER NAME

**William D. "Bill" Tate**

3 Filer ID (Ethics Commission Filers)

4 Date

**3-21-21**

5 Full name of contributor

**ERIC & CASSANDRA Stober**

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

6 Contributor address;

**901 W. NORTHWEST HWY  
CORPUS CHRISTI, TX 76051**

City; State; Zip Code

7 Amount of contribution (\$)

**\$750.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4-19-21**

Full name of contributor

**Henry Billingsley**

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

Contributor address;

**122 ROUTE ST. Ste 770  
DALLAS, TEX 75201-2588**

City; State; Zip Code

Amount of contribution (\$)

**\$900.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-19-21**

Full name of contributor

**Wayne & Sunday Johnson**

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

Contributor address;

**1030 Meadow Bend Ln  
CORPUS CHRISTI, TEX 76405**

City; State; Zip Code

Amount of contribution (\$)

**\$500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-21-21**

Full name of contributor

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

Contributor address;

City;

State; Zip Code

Amount of contribution (\$)

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.

# 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: **2**

2 FILER NAME

**William D. "Bill" Tate**

3 Filer ID (Ethics Commission Filers)

4 Date

**3-25-21**

5 Full name of contributor

**Dennis & Patty Hardy**

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

6 Contributor address;

**1126 SILVER LAKE DR GRANBURY, TX 76051**

City; State; Zip Code

7 Amount of contribution (\$)

**\$200.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3-25-21**

Full name of contributor

**Dennis & Jan Leiers**

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

Contributor address;

**3509 Wind View Ct  
Granbury, TX 76051**

City; State; Zip Code

Amount of contribution (\$)

**\$200.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3-31-21**

Full name of contributor

**Michael & Carolyn Lease**

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

Contributor address;

**1425 E. Seirca Ct  
Granbury, TX 76048**

City; State; Zip Code

Amount of contribution (\$)

**\$300.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3-31-21**

Full name of contributor

**Loann Chapman**

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

Contributor address;

**2304 Forest Hills Rd  
Granbury, TX 76051**

City; State; Zip Code

Amount of contribution (\$)

**\$250.00**

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.

# 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>William D. "Bill" Tate</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4-17-21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dan Weinberger</u>	8 Amount of Contribution \$ <u>\$164.62</u>	9 In-kind contribution description <u>Food for meat &amp; Greet</u>
7 Contributor address; City; State; Zip Code <u>601 D. Main St 100, Grapevine, TX 76051</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>RESTAURANT</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 <u>4-17-21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Debi MREK</u>	Amount of Contribution \$ <u>\$477.77</u>	In-kind contribution description <u>SET UP meat &amp; Greet</u>
Contributor address; City; State; Zip Code <u>404 D. Main Grapevine, TX 76051</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Jeweler</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>SELF</u>	
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)			

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

# 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  
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>		2 FILER NAME <b>William D "Bill" Tate</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-27-21</b>		5 Payee name <b>GRAPEVINE AMBOCS</b>			
6 Amount (\$) <b>\$200.00</b>		7 Payee address; City; State; Zip Code <b>PO Box 1343 Grapevine TX 76051</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <b>YARD SIGN AT GOLF TOURNAMENT</b>		
	<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 <b>2-29-21</b>		Payee name <b>J.B. Media/Community IMPACT NEWSPAPER</b>			
Amount (\$) <b>\$395.00</b>		Payee address; City; State; Zip Code <b>3600 E Palm Valley Blvd. Box #3 Round Rock, TX 78665</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>NEWSPAPER AD</b>		
	<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 <b>4-15-21</b>		Payee name <b>SUREFIRE PROMOTIONS</b>			
Amount (\$) <b>\$727.44</b>		Payee address; City; State; Zip Code <b>2802 Shoewood Dr Trophy Club, TX 76262</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>Tee Shirts</b>		
	<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: \_\_\_\_\_

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: 2      2 FILER NAME William D "Bill" Tate      3 Filer ID (Ethics Commission Filers)

4 Date 4-19-21      5 Payee name SIGMAREMA

6 Amount (\$) \$1,642.70      7 Payee address; City; State; Zip Code  
1515 Dookey St. #101      City; State; Zip Code  
GRAPEVINE, TEXAS 76051

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	(b) Description <u>YARD SIGNS, LARGE SIGNS &amp; STAKES</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 ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date 4-20-21      Payee name MAKES MEDIA GROUP

Amount (\$) \$3,559.56      Payee address; City; State; Zip Code  
312 CREEKWOOD DR      City; State; Zip Code  
SUNNYVALE, TEXAS 75182

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	Description <u>Design, Printing, Postage &amp; MAILING BROCHURE/LETTER</u>
<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 4-20-21      Payee name MAKES MEDIA GROUP

Amount (\$) \$324.75      Payee address; City; State; Zip Code  
312 CREEKWOOD DR      City; State; Zip Code  
SUNNYVALE, TEXAS 75182

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	Description <u>PHOTOGRAPHY</u>
<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED