CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	plete this form	1 Filer ID(Eth	hics Comm	ission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFFI	CE USE ONLY
OFFICEHOLDER	Mr.	Greg		I	Date Received	
NAME	NICKNAME	LAST	SUFFIX		10/5/2015	
		Travis				
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY	Y; STATE; ZIP C	ODE		
OFFICEHOLDER	800 Wilcrest, #350					
MAILING				ſ	Date Hand-deliver	ed or Date Postmarked
ADDRESS	Houston TX 77042					
Change of address						
5 CANDIDATE /		PHONE NUMBER	EXTENSION			
OFFICEHOLDER	(713) 626-0001					
PHONE						
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	ŀ	Receipt #	Amount
TREASURER		Chase		I	Date Processe	d
NAME	NICKNAME	LAST	SUFFIX	Ĩ	Date Imaged	
		Zalman				
7 CAMPAIGN	STREET ADDRESS (No PO Box Please	e);	APT/SUITE # ;	(CITY; STATE;	ZIP CODE
TREASURER	4715 Abingdon Ct					
ADDRESS						
(Residence)	Sugar Land TX 77479					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(713) 892-4732					
	January 15 X 30th day befo	pre election	al repport (Attach C/OH	I - FR)	Exceeded \$500 limit	
9 REPORT TYPE	July 15 8th day before	e election	noff	1	15th day after campaign	treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month	Day Year
COVERED	7/1/2015		THROUGH		9/24	/2015
11 ELECTION	ELECTION DATE	ELECTIO	N TYPE			
	Month Day Year		_		_	_
	11/3/2015	Primary	Rur	noff	X General	Special
12 OFFICE	OFFICE HELD (if any)		13 OF	FFICE SOUGH	T (if known)	
L						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM	C/OH
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14 FIL

COVER SHEET PG 2

14 FILER NAME Greg Travis 15 Filer			15 Filer ID (Ethics C	Filer ID (Ethics Commission Filers)	
	expenditures may ha	of political contributions accepted or political expenditures m ve been made without the candidate's or officeholder's know ay receive notice of such expenditures.			
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME			
FROM					
POLITICAL	GENERAL	COMMITTEE ADDRESS			
COMMITTEE(S)					
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		CAL CONTRIBUTIONS OF \$50 OR LESS (C ANS, OR GUARANTEES OF LOANS), UNLE		\$0.00	
	2	ICAL CONTRIBUTIONS	LOANS)	\$28,675.00	
EXPENDITURE TOTALS	3 TOTAL POLITI	CAL EXPENDITURES OF \$100 OR LESS, U	INLESS ITEMIZED	\$0.00	
	4 TOTAL POLIT	ICAL EXPENDITURES		\$42,851.83	
CONTRIBUTION BALANCE		5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			
OUTSTANDING LOAN	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE			ĺ	

18 AFFIDAVIT

TOTALS

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.

Greg Travis

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____

of ___

____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

LAST DAY OF THE REPORTING PERIOD

Title of officer administering oath

___ day

\$66,000.00

_____, this the ____

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 I	9 FILER NAME Greg Travis 20 Filer ID (Ethics Commission Filers)						
21	S	CHEDULE SUBTOTALS	SUBTOTAL				
	Ν	AME OF SCHEDULE	AMOUNT				
1		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28675				
2		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O				
3		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0				
4	Γ	SCHEDULE E: LOANS	\$ 25000				
5		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 40731				
6	Γ	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O				
7	Γ	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTION	1S \$ 0				
8	Γ	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 2121				
9	Γ	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	= С/ОН \$ 0				
10		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$ 0				
11		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	ETURNED TO FILER \$ 0				

CANDIDATE / OFFICEHOLDER REPORT: NOTICE FROM POLITICAL COMMITTEE(S)

C/OH NAME Greg Travis

FORM C/OH ADDENDUM

ACCOUNT # (Ethics Commission filers)

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.

SCHEDULE A1

The Ins	struction G	uide explains how to complete	this form.		1 Total Pages Schedule A1:
2 FILE	R NAME G	reg Travis			3 Filer ID (Ethics Commission filers)
4 D	Date	5 Full name of contributor	out of state F	PAC(ID#)	
					7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
			e.,,,		
8 P	Principal occur	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
0 '					
4 D	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Ramsay Elder			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
7/1	1/2015		Houston	TX 77005	\$100.00
8 P	rincipal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	5 Full name of contributor	out of state F		1
4 D	ale			AC(ID#)	
		Al Davis			7 Amount of contributions (\$)
		C Constribution oddarooo	Cite a	Otata, 7in Orada	
7/0	4/0045	6 Contributor address;	City;	State; Zip Code	A 050.00
1/2	4/2015		Houston	TX 77079	\$250.00
-		pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
re	etired				
4 D	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Joanne Hook			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
7/2	4/2015		Houston	TX 77007	\$500.00
8 P	rincipal occup	Dation / Job title (See Instructions)		9 Employer (See Instruc	tions)
re	etired				
					1
4 D	Date	5 Full name of contributor	out of state F	PAC(ID#)	

SCHEDULE	A1
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The Instruction	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
2 FILER NAME	Greg Travis			3 Filer ID (Ethics Commission filers)
	Brad Elward			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
7/24/2015		Washington	IL 61571	125.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor James Jones	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
8/14/2015		Houston	TX 77057	500.00
8 Principal or engineer	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor Lew Fenton	out of state	PAC(ID#)	7 Amount of contributions (\$)
7/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77077	- 100.00
8 Principal or	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor Bob Jones	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
8/12/2015		Houston	TX 77079	2,500.00
8 Principal oc engineer	Ccupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
I	IDS Engineering Group PAC			7 Amount of contributions (\$)

SCHEDULE A	\1
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The Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER NAME	Greg Travis			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
8/14/2015		Houston	TX 77040	1,000.00
8 Principal occ	L cupation / Job title (See Instructions)		9 Employer (See Instruc	l tions)
4 Date	5 Full name of contributor	out of state F		1
4 Date	Hartman Partnership			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/16/2015		Houston	TX 77057	5,000.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state F	PAC(ID#)	
	Al Davis			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/19/2015		Houston	TX 77079	250.00
8 Principal oco	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state F		[
+ Dulo	Chase Zalman			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/24/2015		Sugar Land	TX 77479	200.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Lettions)

SCHEDULE A1

The Instruction	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
	Oraș Travia			3 Filer ID (Ethics Commission filers)
2 FILER NAME	Greg Travis			
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Steve Finkelman			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/28/2015	,	Houston	TX 77096	250.00
0,20,2010				
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	l ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Rea Berry			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	•
9/9/2015		Bellaire	TX 77401	200.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letters)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
•	HOME-PAC		- ()	7 Amount of contributions (\$)
				(+)
	6 Contributor address;	City;	State; Zip Code	•
9/10/2015		Houston	TX 77064	250.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
	E Eullissis of a solution			
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	HOME-PAC			7 Amount of contributions (\$)
		<u></u>		
	6 Contributor address;	City;	State; Zip Code	
9/10/2015		Houston	TX 77064	3,000.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	
	,			,
4 Date	5 Full name of contributor	out of state	PAC(ID#)	

SCHEDULE	A1
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he Instruction	Guide explains how to complet	e this form.		1 Total Pages Schedule A1:
FILER NAME	Greg Travis			3 Filer ID (Ethics Commission filers)
	Barry Hufford			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/10/2015		Houston	TX 77218	1,000.00
Principal oc COMPTRO	LLER		9 Employer (See Instru	ctions)
Date	5 Full name of contributor HOME-PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77064	- 100.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	5 Full name of contributor Dan Clinton	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024	250.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	5 Full name of contributor Walter Sass	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/24/2015	6 Contributor address;	City; Katy	State; Zip Code TX 77450	- 1,000.00
Principal oc Principal	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
	5 Full name of contributor		PAC(ID#)	

SCHEDULE	A1
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The Instruction	Guide explains how to complete	this form		1 Total Pages Schedule A1:
FILER NAME	Greg Travis			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	-
9/24/2015		Houston	TX 77081	1,000.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	5 Full name of contributor	out of state	PAC(ID#)	
	Edwin Friedrichs			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/24/2015		Bellaire	TX 77401	500.00
Principal oco engineer	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	5 Full name of contributor ACEC Houston PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/24/2015		Houston	TX 77018	3,000.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	5 Full name of contributor Tom Staudt	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/24/2015		Richmond	TX 77406	500.00
Principal oco	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	5 Full name of contributor Texas Association of Realtors/TREPAC	out of state	PAC(ID#)	7 Amount of contributions (\$)

SCHEDULE A	1
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The Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER NAME	Greg Travis			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Austin	TX 78768	5,000.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Costello Inc. PAC			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Houston	TX 77042	500.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Jeff Collins			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Cypress	TX 77429	500.00
	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Civil Enginee	r			
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Lee Lennard			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Katy	TX 77450	500.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
President & (CEO			

SCHEDULE	A1
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The Instruction Gu	uide explains how to complete	1 Total Pages Schedule A1:			
2 FILER NAME G	reg Travis			3 Filer ID (Ethics Commission filers)	
4 Date	5 Full name of contributor LAN-PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)	
9/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77042	- 250.00	
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
4 Date	5 Full name of contributor Ravi YANAMANDALA	out of state	PAC(ID#)	7 Amount of contributions (\$)	
9/18/2015	6 Contributor address;	City; Pearland	State; Zip Code TX 77584	- 250.00	
8 Principal occup	bation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)	
4 Date	5 Full name of contributor Bett Sundermeyer	out of state	PAC(ID#)	7 Amount of contributions (\$)	
9/23/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77071	- 100.00	
8 Principal occup	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
	ATTACH ADDITION	NAL COPIES	OF THIS SCHEDUL	E AS NEEDED	
	If contributor is out-of-state PAC	, please see inst	ruction guide for additio	onal reporting requirements	

LO	ANS			SCHEDULE E			
	The	Instruction Guide explains how	,	1	Total Pages Schedule E:		
2 FI	LER NAME Gre	eg Travis				3	Filer ID (Ethics Commission filers)
4	TOTAL	OF UNITEMIZED LOANS:	=> => => =	:> => =;	>		
5	Date of loan	7 Name of lender	out of state PAC(II	O#)			
		Greg Travis				9	Loan Amount (\$)
	9/3/2015						5,000.00
6	Is Lender a	8 Lender Address;	City;	State;	Zip Code	10	Interest rate
	Financial		Houston	ТХ	77077		0.00%
	Institution?					11	Maturity date
	No						9/3/2099
12	Principal occu	upation / Job title (See Instruction	ons)	13 Empl	oyer (See Instru	ictions	s)
	Attorney			Travis La	w Firm		
14	Description o	f collateral		15	Check if personal funds were deposited into political account (See instructions)		
l r	none			х		110)	
16	GUARANTOR	17 Name of guarantor		^		19	Amount Guaranteed (\$)
	INFORMATION	Tr Name of guarantor				15	
		10 Ouerenter oddenos	Citor		Zin Onda		
ſ	-	18 Guarantor address;	City;	State;	Zip Code		
	not applicable						
20	Principal Occu	pation		21 Emp	loyer		

LO	ANS						SCHEDULE E
	The	Instruction Guide explains how	to complete this	form.		1 T	otal Pages Schedule E:
2 FI	LER NAME Gre	eg Travis				3 F	iler ID (Ethics Commission filers)
4	TOTAL	OF UNITEMIZED LOANS:	=> => => =	:> => =	>		
5	Date of loan	7 Name of lender	out of state PAC(II	D#)			
		Greg Travis				9	Loan Amount (\$)
	9/22/2015						20,000.00
6	Is Lender a	8 Lender Address;	City;	State;	Zip Code	10	Interest rate
	Financial		Houston	тх	77077		0.00%
	Institution?					11	Maturity date
	No						9/22/2099
12	Principal occ	upation / Job title (See Instruct	tions)	13 Empl	oyer (See Instr	uctions)	
	Attorney			Travis La	aw Firm		
14	Description o	f collateral		15	Check if personal funds were deposited into political account (See instructions)		
[none			х		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
16	GUARANTOR	17 Name of guarantor			-	19	Amount Guaranteed (\$)
	INFORMATION						
		18 Guarantor address;	City;	State;	Zip Code	•	
[not applicable						
20	Principal Occu	pation		21 Emp	lover		
				_ ·p			
		ATTACH ADDITION	AL COPIES OF	THIS SC	HEDULE AS	S NEE	DED
		If lender is out-of-state PAC, ple	ase see instruction	guide for	additional rep	orting r	equirements

	The Instruction Guide	explains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Greg Travis	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
7/8/2015	Whitney Allen	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
4,100.00	7731 Skyline Drive	
	Houston TX 77063	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Consulting Expense	Strategy, grass roots
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
8/3/2015	Whitney Allen	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
5,050.00	7731 Skyline Drive	
	Houston TX 77063	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Consulting Expense	Strategy, grass roots
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
9/2/2015	Whitney Allen	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
399.64	7731 Skyline Drive	

8 PURPOSE OF EXPENDITURE (a) Category

Houston TX 77063

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Greg Travis		3 Filer ID (Ethics Commission filers)		
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho Strategy, grass roo	older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
4 Date	5 Payee name				
9/2/2015	Barrage				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
5,696.78	823 Congress Avenue, #1300 Austin TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho Grassroots work			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		

	The Instruction Guide e	cplains how to complete this for	rm.
1 Total pages Schedule F1:	² FILER NAME Greg Travis		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/10/2015	Central Market		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
323.68	3815 Westheimer		
	Houston TX 77098		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Check if Austin, TX, office	Texas, complete Schedule T sholder living expense
	Event Expense	Food for event	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/27/2015 6 Amount (\$)	City of Houston 7 Payee address; City;	State; Zip Code	
500.00	901 Bagby		
	Houston TX 77002		
8 PURPOSE OF EXPENDITURE		(b) Description	
			Texas, complete Schedule T
		Check if Austin, TX, office	
	Fees	ballot filing fee	
	rees		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
9/10/2015	Consulting Associates		

9/10/2015	Consulting Associates	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
155.00	1805 Taft	
	Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Greg Travis	3	3 Filer ID (Ethics Commission filers)		
	Event Expense	Check if travel outside of Tex Check if Austin, TX, officehold wait staff for event			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offi	ice held		
4 Date	5 Payee name				
7/1/2015	Democracy Engine				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
3.95	2125 14th St NW Washington DC 20009				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Accounting/Banking	Check if travel outside of Tex Check if Austin, TX, officehold Online contribution fo	der living expense		
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name	office sought offi	ice held		

	The Instruction Guide	explains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Greg Travis	3 Filer ID (E	hics Commission filers)
4 Date	5 Payee name		
9/2/2015	Democracy Engine		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
17.27	2125 14th St NW		
	Washington DC 20009		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complete	e Schedule T
		Check if Austin, TX, officeholder living ex	bense
	Accounting/Banking	Online contribution fees	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
4 Date	5 Payee name		
9/16/2015	Democracy Engine		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
7.70	2125 14th St NW		
	Washington DC 20009		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complete	Schedule T
		Check if Austin, TX, officeholder living ex	bense
	Accounting/Banking	Online contribution fees	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
4 Date	5 Payee name		

4 Date	5 Payee name			
7/3/2015	Google			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
4.66	1600 Amphitheatre Park Mountain View CA 9404			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descript	ion	

	The Instruction Guide e	xplains how to complete this form	1.
1 Total pages Schedule F1:	² FILER NAME Greg Travis		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	Check if travel outside of Te Check if Austin, TX, officeho email service	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
9/2/2015	Griffin & Associates		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,193.55	815-A Brazos Street #691 Austin TX 78701		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho internet services	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held

		explains how to complete th	
1 Total pages Schedule F1:	² FILER NAME Greg Travis		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/9/2015	Kim Jessup		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	5221A Inker St		
	Houston TX 77007		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outsic	le of Texas, complete Schedule T
		Check if Austin, TX,	officeholder living expense
	Consulting Expense	Grassroots	work
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
	<u> </u>		
4 Date	5 Payee name		
8/3/2015	Kim Jessup		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	5221A Inker St		
	Houston TX 77007	I	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outsic	de of Texas, complete Schedule T
		Check if Austin, TX,	officeholder living expense
	Consulting Expense	Grassroots	work
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Dovice name		
	5 Payee name		
9/10/2015	Kim Jessup	Ctoto: 7in Oct-	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	5221A Inker St		
	Houston TX 77007		

8 PURPOSE OF EXPENDITURE (a) Category

	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Greg Travis		3 Filer ID (Ethics Commission filers)	
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho Grassroots work		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
4 Date	5 Payee name			
7/8/2015	Jennifer Naedler			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
3,000.00	PO Box 41964 Houston TX 77241			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho Fundraising, comp	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	

	The Instruction Guide	e explains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Greg Travis	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
8/3/2015	Jennifer Naedler	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
3,000.00	PO Box 41964	
	Houston TX 77241	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Consulting Expense	Fundraising, compliance, strategy
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
experiance to benefit C/OTT		
4 Date	5 Payee name	
9/3/2015	Jennifer Naedler	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
3,000.00	PO Box 41964	
	Houston TX 77241	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Consulting Expense	Fundraising, compliance, strategy
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
7/9/2015	Neumann & Assoc	
6 Amount (\$)	7 Pavee address: City:	State: Zin Code

6 Amou	nt (\$)	7 Payee address;	City;	State;	Zip Code
	3,315.61	1002 Pauline			
		Bellaire TX 7740	1		
8 PURP	OSE OF EXPENDITURE	(a) Category		(b) Description	

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Greg Travis	3	3 Filer ID (Ethics Commission filers)		
	Printing Expense	Check if travel outside of Tex. Check if Austin, TX, officehold printing			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offi	ice held		
4 Date	5 Payee name				
9/2/2015	Neumann & Assoc				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
2,294.51	1002 Pauline Bellaire TX 77401				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Printing Expense	Check if travel outside of Tex Check if Austin, TX, officehold printing			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offi	ice held		

	The Instruction Guide	e explains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Greg Travis	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	!
9/1/2015	Kathleen Osbourne	
S Amount (\$)	7 Payee address; City;	State; Zip Code
500.00	201 Vanderpool, #25	
	Houston TX 77024	
B PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract	Campaign work
	Labor	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
Date	5 Payee name	
7/8/2015	Phil Owens	
Amount (\$)	7 Payee address; City;	State; Zip Code
2,000.00	10231 Glenfield Park Ln	
	Houston TX 77070	
PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Consulting Expense	Grassroots work
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
Date	5 Payee name	
8/3/2015	Phil Owens	
S Amount (\$)	7 Payee address; City;	State; Zip Code
1,000.00	10231 Glenfield Park Ln	

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Greg Travis		3 Filer ID (Ethics Commission filers)		
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho Grassroots work			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
4 Date	5 Payee name				
7/27/2015	Prosperity Bank				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
5.00	12602 Memorial Dr Houston TX 77024				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Accounting/Banking	Check if travel outside of Te Check if Austin, TX, officeho cashier's check fee	older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		

	The Instruction Guide	explains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Greg Travis	3 Filer ID (Ethics Commissio	n filers)
4 Date	5 Payee name		
7/27/2015	Prosperity Bank		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5.95	12602 Memorial Dr		
	Houston TX 77024		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
	Accounting/Banking	fee	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
4 Date	5 Payee name		
9/10/2015	Spec's		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
144.96	14315 Cypress Rosehill		
	Cypress TX 77429		
8 PURPOSE OF EXPENDITURE		(b) Description	
		Check if travel outside of Texas, complete Schedule T	
		Check if Austin, TX, officeholder living expense	
	Event Expense	bevs for event	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
4 Data	E Davaa nama		

4 Date	5 Payee name	
7/8/2015	Sprint 2 Print	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
811.88	8748 Clay Rd, #300	
	Houston TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (b) Description	

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Greg Travis		3 Filer ID (Ethics Commission filers)
	Printing Expense	Check if travel outside of Te Check if Austin, TX, officeho printing	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
4 Date	5 Payee name		
8/11/2015	Sprint 2 Print		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,368.28	8748 Clay Rd, #300 Houston TX 77080		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Printing Expense	Check if travel outside of Te Check if Austin, TX, officeho printing	
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name	office sought of	ffice held

	The Instruction Guide	e explains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Greg Travis	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	I
8/25/2015	Sprint 2 Print	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1,110.21	8748 Clay Rd, #300	
	Houston TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Printing Expense	printing
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
7/9/2015	Bo Whitelaw	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
202.50	2111 Bartlett Street	
	Houston TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Advertising Expense	photography
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
9/23/2015	Democracy Engine	
6 Amount (\$)	7 Payee address; City;	State; Zip Code

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Greg Travis		3 Filer ID (Ethics Commission filers)
	Accounting/Banking	Check if travel outside of Te Check if Austin, TX, officeho Online contribution	older living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
9/24/2015	Democracy Engine		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
3.95	2125 14th St NW Washington DC 20009		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Accounting/Banking	Check if travel outside of Te Check if Austin, TX, officeho Online contribution	older living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held

FROM POLITICAL CONTRIBUTIONS			
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Greg Travis	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name		
8/27/2015	Prosperity Bank		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5.95	12602 Memorial Dr		
	Houston TX 77024		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complete Schedule T	
		Check if Austin, TX, officeholder living expense	
	Accounting/Banking	fee	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

POLITICAL EXP	ENDITURES			SCHEDULE G
MADE FROM PERSONAL FUNDS				
The Instruction Guide explains how to complete this form.				
1 Total Pages Schedule G:	² FILER NAME Greg Travis	3 FilerID (Ethics	Commissi	on filers)
4 Date	5 Payee name			
9/24/2015	Kingwood TEA Party			
6 Amount (\$)	7 Payee Address;	City;	State;	Zip Code
500.00	PO Box 5478	Kingwood	ТΧ	77325
X Reimbursement from				
political contributions				
intended				
8	(a) Category	(b) Description		
PURPOSE OF	Contributions/Donations Made By	sponsorship of ev	rent	
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if travel	outside of	Texas, complete Schedule T
		H		eholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	, ., ,	Office held
expenditure to benefit C/OH		emee eeugn		
4 Date	5 Payee name			
9/19/2015	Reginellis Pizza			
6 Amount (\$)	7 Payee Address;	City;	State;	Zip Code
52.00	12389 Kingsride Ln	Houston	ТΧ	77024
X Reimbursement from				
political contributions				
intended				
8	(a) Category	(b) Description		
PURPOSE OF	Food/Beverage Expense	lunch for voluntee	ers	
EXPENDITURE			outside of	Texas, complete Schedule T
				eholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	, 17, 0110	Office held
expenditure to benefit C/OH	Candidate / Oncendider name	Once sought		Office field
4 Date	5 Payee name			
9/17/2015	Texas Young Republicans			
6 Amount (\$)	7 Payee Address;	City;	State;	Zip Code
250.00	PO Box 131091	Houston	ТΧ	77219
X Reimbursement from				
political contributions				
intended				
8	(a) Category	(b) Description		
		P () ()() () () () () ()(

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

	The Instruction Guide explains how to complete this form.			
1	Total Pages Schedule G:	2 FILER NAME Greg Travis	3 FilerID (Ethics Commission filers)	
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	sponsorship	
			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	
4	Date	E Dovoo nomo		
4		5 Payee name		
_	9/16/2015	Harris County Republican Party		
6	Amount (\$)	7 Payee Address;	City; State; Zip Code	
	90.00 r	7232 Wynnwood Ln	Houston TX 77008	
X				
	political contributions			
	intended			
8		(a) Category	(b) Description	
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	event ticket	
			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	
4	Date	5 Payee name		
-	9/10/2015	Ann's Fine Gifts		
6	Amount (\$)	7 Payee Address;	City; State; Zip Code	
ľ	75.23	14054 Memorial Dr		
	-	14054 Memorial Dr	Houston TX 77079	
X	Ĵ			
	political contributions			
	intended			
8		(a) Category	(b) Description	
	PURPOSE OF EXPENDITURE	Event Expense	Host gift	
			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	
F	Data			
4		5 Payee name		
1	9/10/2015	Vision America		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

The Instruction Guide explains how to complete this form.			
1 Total Pages Schedule G:	² FILER NAME Greg Travis	3 FilerID (Ethics Commission filers)	
6 Amount (\$)	7 Payee Address;	City; State; Zip Code	
250.00	PO Box 10	Lufkin TX 75902	
X Reimbursement from			
political contributions			
intended			
8	(a) Category	(b) Description	
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	sponsorship of event	
		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	
4 Date	5 Payee name		
9/3/2015	NationBuilder		
6 Amount (\$)	7 Payee Address;	City; State; Zip Code	
213.00	520 S. Grand Ave., 2nd Floor	Los CA 90071 Angeles	
X Reimbursement from		5	
political contributions			
intended			
8	(a) Category	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	website service	
		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	

POLITICAL EXPENDITURES

POLITICAL EXF	PENDITURES	SCHEDULE G	
MADE FROM PI	ERSONAL FUNDS		
The Instruction Guide explains how to complete this form.			
1 Total Pages Schedule G:	² FILER NAME Greg Travis	3 FilerID (Ethics Commission filers)	
4 Date	5 Payee name		
8/23/2015	Goode's Armadillo Palace		
6 Amount (\$)	7 Payee Address;	City; State; Zip Code	
65.00	5015 Kirby Dr,	Houston TX 77098	
χ Reimbursement from			
political contributions			
intended			
8	(a) Category	(b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	drinks for volunteers	
		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 sought Office held	
expenditure to benefit C/OH			
	1		
4 Date	5 Payee name		
8/3/2015	NationBuilder		
6 Amount (\$)	7 Payee Address;	City; State; Zip Code	
213.00	520 S. Grand Ave., 2nd Floor	Los CA 90071 Angeles	
χ Reimbursement from			
political contributions			
intended			
8	(a) Category	(b) Description	
PURPOSE OF	Advertising Expense	website service	
EXPENDITURE		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 sought Office held	
expenditure to benefit C/OH			
	-		
4 Date	5 Payee name		
7/30/2015	PP watch street consulting		
6 Amount (\$)	7 Payee Address;	City; State; Zip Code	
200.00	1033 Charlela Lane #414	Elk Grove IL 60007	
χ Reimbursement from			
political contributions			
intended			
8	(a) Category	(b) Description	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

The Instruction Guide explains how to complete this form.				
1 Total Pages Schedule G:	² FILER NAME Greg Travis	3 FilerID (Ethics Commission filers)		
PURPOSE OF EXPENDITURE	Advertising Expense	website design		
		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		
4 Date	5 Payee name			
7/3/2015	NationBuilder			
6 Amount (\$)	7 Payee Address;	City; State; Zip Code		
213.00	520 S. Grand Ave., 2nd Floor	Los CA 90071 Angeles		
X Reimbursement from				
political contributions				
intended				
8	(a) Category	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	website service		
		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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED