

# 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	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Linda	OFFICE USE ONLY Date Received <i>Viriana Kilian</i> <i>4/29/2022</i>	
	NICKNAME LAST SUFFIX Sherrard		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 263 Castleway Ln  Houston, TX 77015		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Charles		
	NICKNAME LAST SUFFIX Russell		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15106 Walden Park Ct  Houston, TX 77049		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 281-459-6883		
8 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)		
9 PERIOD COVERED	Month Day Year    Month Day Year 03/29/2022    THROUGH    04/27/2022		
10 ELECTION	ELECTION DATE Month Day Year 05/07/2022		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) Galena Park ISD Board Trustee Place 3

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Sherrard, Linda	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	
	<input type="checkbox"/> SPECIFIC		
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,790.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	3,193.60
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,852.06
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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



*Linda Sherrard*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda Sherrard, this the 29th day of April, 2022, to certify which, witness my hand and seal of office.

*Joyce Clark Sherrard*      Joyce Clark Sherrard      Notary  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Sherrard, Linda		<b>19 Filer ID</b>	
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,790.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	3,193.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/11
2 FILER NAME Sherrard, Linda		3 Filer ID
4 Date 04/14/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augustine, Seretha 6 Contributor address; City; State; Zip Code 12703 Winding Manor Dr Houston, TX 77044	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berrott-Tims, Helen Contributor address; City; State; Zip Code 7811 huron court Baytown, TX 77521	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkes-Jones, Trina Contributor address; City; State; Zip Code 14623 Burleson Bend Drive Houston, TX 77049	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jamesetta Contributor address; City; State; Zip Code 8647 Othello Houston, TX 77029	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Cynthia Contributor address; City; State; Zip Code 3307 S Country Meadows Ln Pearland, TX 77584	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/11
2 FILER NAME Sherrard, Linda		3 Filer ID
4 Date 03/30/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris-Madison, Beverly 6 Contributor address; City; State; Zip Code 18222 Eton Ridge Court Richmond, TX 77407	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Phylcia Contributor address; City; State; Zip Code 18607 Arlan Lake Dr. Spring, TX 77388	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Cassandra Contributor address; City; State; Zip Code 1226 Shirleen St Stafford, TX 77477	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self
Date 04/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Thelma Contributor address; City; State; Zip Code 12204 Carrswold Dr Houston, TX 77071	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Nelson Contributor address; City; State; Zip Code 2016 Main Street Apt 1701 Houston, TX 77002	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/11
<b>2</b> FILER NAME Sherrard, Linda		<b>3</b> Filer ID
<b>4</b> Date 04/15/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Gloria <b>6</b> Contributor address; City; State; Zip Code 13406 Boyer Lane Houston, TX 77015	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy, Debra Contributor address; City; State; Zip Code P O Box 18232 Sugar Land, TX 77496	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Norman Contributor address; City; State; Zip Code 13926 Marigold Bloom Houston, TX 77044	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Michael Contributor address; City; State; Zip Code 18222 Eton Ridge Ct Richmond, TX 77407	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Sandy Contributor address; City; State; Zip Code 9641 Rustic Gate Rd. La Porte, TX 77571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/11
<b>2</b> FILER NAME Sherrard, Linda		<b>3</b> Filer ID
<b>4</b> Date 04/23/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam, Kimberly <b>6</b> Contributor address; City; State; Zip Code 11611 Sagewillow Houston, TX 77089	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Taryn Contributor address; City; State; Zip Code 2018 Ruffian Lane Stafford, TX 77477	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Olga Contributor address; City; State; Zip Code 13711 Drakeford Court Houston, TX 77047	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Lawrence Contributor address; City; State; Zip Code 57 alyssa palms Manvel, TX 77578	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 8/11	<b>2</b> FILER NAME Sherrard, Linda	<b>3</b> Filer ID
<b>4</b> Date 04/25/2022	<b>5</b> Payee name Copyink	
<b>6</b> Amount (\$) \$56.16	<b>7</b> Payee address; City; State; Zip Code 13018 Woodforest BLVD #124  Houston, TX 77015	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-shirts
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
Date 04/07/2022	Candidate/Officeholder name Payee name Copyink	Office sought Office held
Amount (\$) \$74.87	Payee address; City; State; Zip Code 13018 Woodforest BLVD #124  Houston, TX 77015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-shirts
Complete ONLY if direct expenditure to benefit C/OH		
Date 04/22/2022	Candidate/Officeholder name Payee name Courtney Grigsby Consulting	Office sought Office held
Amount (\$) \$1,700.00	Payee address; City; State; Zip Code 12938 Iris Garden Ln  Houston, TX 77044	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail
Complete ONLY if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 9/11	<b>2</b> FILER NAME Sherrard, Linda	<b>3</b> Filer ID
<b>4</b> Date 04/22/2022	<b>5</b> Payee name Courtney Grigsby Consulting	
<b>6</b> Amount (\$) \$800.00	<b>7</b> Payee address; City; State; Zip Code 12938 Iris Garden Ln  Houston, TX 77044	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Event Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2022	Candidate/Officeholder name Iguana Joe's	Office sought Office held
Amount (\$) \$124.02	Payee address; City; State; Zip Code 5710 E Sam Houston Pkwy N  Houston, TX 77015	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2022	Candidate/Officeholder name Johnson, Damarcus	Office sought Office held
Amount (\$) \$100.00	Payee address; City; State; Zip Code 14806 Juniper Dale Ct  Houston, TX 77049	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs installation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 10/11	<b>2</b> FILER NAME Sherrard, Linda	<b>3</b> Filer ID
<b>4</b> Date 04/14/2022	<b>5</b> Payee name Johnson, Damarcus	
<b>6</b> Amount (\$) \$60.00	<b>7</b> Payee address; City; State; Zip Code 14806 Juniper Dale Ct  Houston, TX 77049	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs installation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/22/2022	Payee name Longhorn Steakhouse	
Amount (\$) \$40.55	Payee address; City; State; Zip Code 6201 East Sam Houston Pkwy N  Houston, TX 77049	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2022	Payee name Shiloh Printing	
Amount (\$) \$221.91	Payee address; City; State; Zip Code 904 Sheffield Blvd  Houston, TX 77015	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push card printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 11/11	<b>2</b> FILER NAME Sherrard, Linda	<b>3</b> Filer ID
<b>4</b> Date 04/08/2022	<b>5</b> Payee name Staples	
<b>6</b> Amount (\$) \$16.09	<b>7</b> Payee address; City; State; Zip Code 6022 East Sam Houston Pkwy N  Houston, TX 77049	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter contact
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held