

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Jeremy Osborne NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received RECEIVED OCT 11 2016 <i>[Signature]</i> @ 4:14pm Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 150 Venture Drive, Ste 101 College Station, TX 77845		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 213-4101		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Larry Hodges NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2307 Texas Ave College Station, TX 77840		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (919) 694-2679		
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 08/25/2016 THROUGH 09/29/2016		
11 ELECTION	ELECTION DATE Month Day Year 11/08/16	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) College Station City Council Place 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Jeremy Osborne

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 524

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12,539

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 454.80

4. TOTAL POLITICAL EXPENDITURES

\$ 1,432.82

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

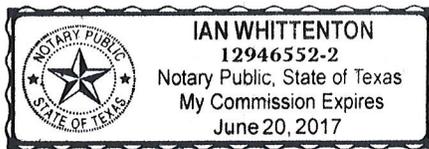
\$ 11,175.32

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 270

18 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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeremy Osborne, this the 11th day of October, 20 16, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Ian Whittenton

Printed name of officer administering oath

Records Administrator

Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

Jeremy Osborne

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ *11,745*

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$ *270*

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$ *927*

9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. 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:

2 FILER NAME

Jeremy Osborne

3 Filer ID (Ethics Commission Filers)

4 Date

9/26

5 Full name of contributor

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

William & Carol Matner

6 Contributor address;

City; State; Zip Code

PO Box 11962 CSTX 77842

7 Amount of contribution (\$)

\$ 500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/27

Full name of contributor

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

Wallace & Dawn Phillips

Contributor address;

City; State; Zip Code

4490 Castlegate Dr CSTX 77845

Amount of contribution (\$)

\$ 250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25

Full name of contributor

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

Bill & Peggy Leno

Contributor address;

City; State; Zip Code

4421 Nottingham Bryan TX 77802

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27

Full name of contributor

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

Mike & Lou Ann McKinney

Contributor address;

City; State; Zip Code

3313 Emory Oak Dr Bryan TX 77807

Amount of contribution (\$)

\$ 500

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeremy Osborne

3 Filer ID (Ethics Commission Filers)

4 Date

9/14

5 Full name of contributor

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

Seth & Paige McKinney

6 Contributor address;

City; State; Zip Code

2403 Crozon Court CSTX 77845

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12

Full name of contributor

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

Chuck Ellison

Contributor address;

City; State; Zip Code

2902 Camille Dr CSTX 77845

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14

Full name of contributor

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

Randy & Erica Hightower

Contributor address;

City; State; Zip Code

5305 Ballybunion Court CSTX 77845

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28

Full name of contributor

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

Peter Cume

Contributor address;

City; State; Zip Code

4166 Oak Lane Houston TX 77024

Amount of contribution (\$)

\$245

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeremy Osborne

3 Filer ID (Ethics Commission Filers)

4 Date

9/28

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

Michael Gentry

7 Amount of contribution (\$)

\$250

6 Contributor address; City; State; Zip Code

1515 Emerald Plaza CSTX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/27

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

David Segers

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

3602 El James Dr Spring TX 77388

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27

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

David Ohendalski

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

1511 TX Ave S 175 CSTX 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27

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

Justin Whitworth

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

PO Box 11671 CSTX 77842

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeremy Osborne

3 Filer ID (Ethics Commission Filers)

4 Date

9/26

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

Julie Schultz

7 Amount of contribution (\$)

\$500

6 Contributor address; City; State; Zip Code

3208 Innsbruck Cir CSTX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/26

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

Mark Humphrey

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

5532 Straub Rd CSTX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26

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

Randy French

Amount of contribution (\$)

\$1,000

Contributor address; City; State; Zip Code

4210 Clipstone Pl CSTX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20

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

Jessie Durdan

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

2609 Chillingham Ct CSTX 77845

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeremy Osborne

3 Filer ID (Ethics Commission Filers)

4 Date

9/17

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

Bob + Kristi Yancy

7 Amount of contribution (\$)

\$250

6 Contributor address; City; State; Zip Code

804 Holston Hills Dr CSTX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/15

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

James Muir

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

4003 Muncaster Ln CSTX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14

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

Clint Cooper

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

PO Box 9444 CSTX 77842

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13

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

Michael Schaefer

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

18599 Anasazi Bluff Dr CSTX 77845

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeremy Osborne

3 Filer ID (Ethics Commission Filers)

4 Date

9/29

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

James Benham

7 Amount of contribution (\$)

\$2,500

6 Contributor address; City; State; Zip Code
803 Bethpage Court College Station TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/8

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

Randy & Connie Dean

Amount of contribution (\$)

\$2,000

Contributor address; City; State; Zip Code
5116 Whistling Straits Dr. CS TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21

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

Leonard & Nancy Berry

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code
202 Lampwick Cir CSTX 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16

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

Michael & Kara Holmgreen

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code
5118 Bellevue Bend Dr CSTX 77845

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeremy Osborne

3 Filer ID (Ethics Commission Filers)

4 Date

9/13

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

Richard Dabney

6 Contributor address; City; State; Zip Code

1728 Twin Pond Cir CSTX 77845

7 Amount of contribution (\$)

\$200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/13

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

Bobby Gutierrez

Contributor address; City; State; Zip Code

404 N. Haswell Dr Bryan TX 77803

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16

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

Jason Tiemann

Contributor address; City; State; Zip Code

3510 Finleather #307 Bryan TX 77801

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <i>Jeremy Osborne</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>9/11</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeremy Osborne</i>	9 Loan Amount (\$) <i>270</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>4240 Rock Bend Drive, College Station, TX 77805</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Krenny Osborne</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>9/23</i>	6 Payee name <i>Pouyan Broadcasting</i>	
7 Amount (\$) <i>\$645</i>	8 Payee address; City; State; Zip Code <i>2700 East Pudder Fwy #5200 CSTX 77845</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>9/12</i>	Payee name <i>USPS</i>	
Amount (\$) <i>\$282</i>	Payee address; City; State; Zip Code <i>2130 Hanley Mitchell Pkwy S CSTX 77840</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other - Postage</i>	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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 F4:	2 FILER NAME <i>Jeremy Osborne</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date <i>9/29</i>	6 Payee name <i>Nathalie Emplit</i>
-----------------------	--

7 Amount (\$) <i>425.82</i>	8 Payee address; City; State; Zip Code. <i>1511 Kenilworth Avenue, Unit 319, Charlotte, NC 28203</i>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/20</i>	Payee name <i>Marie Mae</i>
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Amount (\$) <i>80</i>	Payee address; City; State; Zip Code <i>1420 Steamboat Drive, Plano, TX 75025</i>
--------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED