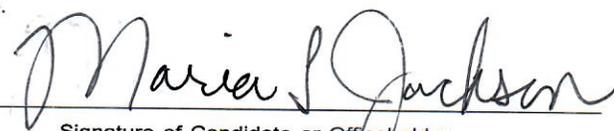


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Maria T. Jackson		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,523.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,324.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,570.20

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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

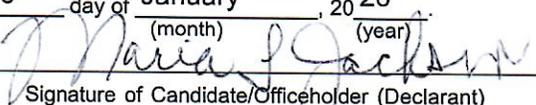
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Maria T. Jackson, and my date of birth is 08/02/1964.
 My address is 5560 FM 1640 RD #994, Richmond, TX, 77406 US.
(street) (city) (state) (zip code) (country)
 Executed in Fort Bend County, State of Texas, on the 16 day of January, 2026.
(month) (year)


 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Maria T. Jackson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,523.98
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,570.20
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

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 FILER NAME Maria T. Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 11/05/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Ben Hall 6 Contributor address; City; State; Zip Code 530 Lovett Blvd. Houston TX 77006	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Ben Hall Law Firm
Date 11/06/2025	Full name of contributor out-of-state PAC (ID#: _____) Houston Police Officer's Union PAC Contributor address; City; State; Zip Code 1600 St. Street Houston, TX 77007	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions) Police Union PAC		Employer (See Instructions)
Date 11/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Alan Helfman Contributor address; City; State; Zip Code 7720 Kirby Dr. Houston, TX 77098	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Helfman Dealership
Date 12/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Barbara Hudson Contributor address; City; State; Zip Code 4615 Southwest Frwy #820 Houston, TX 77027	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Barbara Hudson Law Office
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 FILER NAME

Maria T. Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

12/25/20

5 Full name of contributor

Mya Smith Edmonds

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

7 Amount of contribution (\$)

3,000.00

6 Contributor address;

City;

State;

Zip Code

18 Ivy Bend Lane, Sugar Land, TX 77479

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Self

Date

12/31/20

Full name of contributor

Jason Ayala

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

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

2021 W Governors Cir Ste 205 Houston, TX 77092

Principal occupation / Job title (See Instructions)

Bonds Man

Employer (See Instructions)

1 Way Out Bail Bonds

Date

12/11/20

Full name of contributor

Paula Campbell

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

2819 Foxfire Cir Missouri City, TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/20

Full name of contributor

John Richards

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

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

P.O. Box 941253 Houston, TX 77094

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Richards Firm PLLC

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 FILER NAME

Maria T Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

12/11/2025

5 Full name of contributor

Judith Mahinay

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

6 Contributor address;

City;

State;

Zip Code

3131 Skypark Dr. Houston, TX 77082

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

Hairstylist

9 Employer (See Instructions)

Self

Date

12/12/2025

Full name of contributor

Lynell Smith

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

Contributor address;

City;

State;

Zip Code

9203 Hwy 6 South Ste 124, Houston, TX 77083

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Business man

Employer (See Instructions)

Self

Date

12/08/2025

Full name of contributor

Randall Sorrels

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

Contributor address;

City;

State;

Zip Code

230 Westcott St. #100 Houston, TX 77007

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Randall O. Sorrels Law Firm

Date

12/12/2025

Full name of contributor

Ben Magnus-Lawson

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

Contributor address;

City;

State;

Zip Code

1315 St. Joseph Pkwy Ste. 1704

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

MD

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Maria T Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

12/19/2025

5 Full name of contributor

Alvenetta Wilson

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

9810 Glasgow Green Houston, TX 77059

8 Principal occupation / Job title (See Instructions)

Professor

9 Employer (See Instructions)

San Jacinto College

Date

12/17/2025

Full name of contributor

Manik Wadhawan

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

7324 Southwest Freeway STE 580 Houston, TX 77074

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Wadhawan Law Firm

Date

12/19/2025

Full name of contributor

Leticia Quinones -Hollins

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1602 Washington Ave. Houston, TX 77007

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Quinones and Associates Law Firm

Date

12/22/2025

Full name of contributor

Alvin Adjei

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1201 Fannin St.Ste. 202 Houston, TX 77002

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Alvin Adjei Law PLLC

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 FILER NAME

Maria T. Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

12/11/20

5 Full name of contributor

Carole Smith

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

3503 Point Clear Dr Missouri City 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 FILER NAME Maria T. Jackson	3 Filer ID (Ethics Commission Filers)
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4 Date 12/12/2025	5 Payee name See You At The Polls
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6 Amount (\$) 200.00	7 Payee address; 331 Raleigh Row Missouri City, TX 77459 City; State; Zip Code <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Expense	(b) Description
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/2025	Payee name IDK
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Amount (\$) 500.00	Payee address; 22111 Legendre Rd. Richmond, TX 77407 City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consultant	Description Political Consulting
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/2025	Payee name Run Sister Run
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Amount (\$) 400.00	Payee address; P.O. Box 66770 Houston, TX 77266 City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Support	Description advertising
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> 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

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 FILER NAME Maria T. Jackson	3 Filer ID (Ethics Commission Filers)
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4 Date 12/16/2025	5 Payee name Burt Levine
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6 Amount (\$) 400.00	7 Payee address; 9600 Greenfield Ct. Ste 148 Houston, TX 77096 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expenses	(b) Description Signs and Political Assistance
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/18/2025	Payee name TMR Magazine
--------------------	----------------------------

Amount (\$) 670.00	Payee address; 8700 Commerce Place Park Dr. Houston, TX <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Same
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/10/2025	Payee name TGM Printing
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Amount (\$) 368.05	Payee address; 13910 Murphy Rd. Stafford, TX 77477 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Campaign Material
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> 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

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 FILER NAME Maria T. Jackson	3 Filer ID (Ethics Commission Filers)
4 Date 12/22/2025	5 Payee name Farhan Siddiqui	
6 Amount (\$) 665.73	7 Payee address; City; State; Zip Code 7350 Harwin Dr. Ste 316-A Houston, TX 77036 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Expenses	(b) Description Push- Cards
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Fort Bend Democratic Party	
Amount (\$) 1,250.00	Payee address; City; State; Zip Code 13515 Southwest Frwy. #204. Sugar Land, TX 77478 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Candidacy filing
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Fort Bend County Democratic Party	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 13515 Southwest Frwy #204 Sugar Land, TX 77478 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Expense	Description Campaign Support
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Maria T. Jackson	3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2025	5 Payee name Milimo Reed	
6 Amount (\$) 1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 503 Summer Arbor Circle Richmond, Texas 77469 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Work
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/17/2025	Payee name See You At The Polls	
Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 3311 Raleigh Row Missouri City, TX 77459 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Expense
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/2025	Payee name NAACP	
Amount (\$) 70.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 2880 La Quinta Dr. Missouri City, Texas 77459 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MLK Breakfast	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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