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:
9 Pages

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **Mr**
FIRST: **Muzzammil**
MI:

NICKNAME: **Eddie**
LAST: **Sajjad**
SUFFIX:

OFFICE USE ONLY

Date Received

**RECVD VIA EMAIL
01/16/2026**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
10862 Redstone Ct.   Missouri City, TX 77459

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281)   236-5877

Receipt #   Amount $

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **Mr**
FIRST: **Shahab**
MI:

NICKNAME:
LAST: **Abidi**
SUFFIX:

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
19 Serina Ln   Missouri City   TX   77459

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(312)   320-3916

9 REPORT TYPE

☑ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15	☐ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month **07** / Day **01** / Year **2025**   THROUGH   Month **12** / Day **31** / Year **2025**

11 ELECTION

ELECTION DATE
Month **03** / Day **03** / Year **2026**

ELECTION TYPE
☑ Primary   ☐ Runoff   ☐ Other Description
☐ General   ☐ Special   Democratic Primary March 2026

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Fort Bend County Judge

14 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

☐ Additional Pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

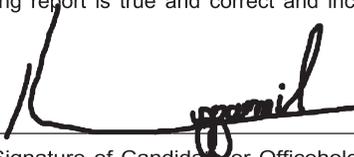**GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Mr. Muzzammil "Eddie" Sajjad	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 15050.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 2600.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 25264.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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 __Muzzammil "Eddie" Sajjad__, and my date of birth is __06/25/1980__.

My address is __10862 REDSTONE CT__, __MISSOURI CITY__, __TX__, __77450__, __USA__.
(street)   (city)   (state)   (zip code)   (country)

Executed in __FORT BEND__ County, State of __TEXAS__, on the __15__ day of __JANUARY__, 20__26__.
(month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Muzzammil "Eddie" Sajjad	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 50.00
2.	☑ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 15000.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐ SCHEDULE E: LOANS	$
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	$ 10264.00
9.	☑ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 15,000.00
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:
	1

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
Muzzammil "Eddie" Sajjad	

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
11/06/2025	Audrey Nath	$50
	6 Contributor address; City; State; Zip Code	
	1316 W Bell St Houston, TX 77019	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	SELF EMPLOYED

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2: 1

2 FILER NAME Muzzammil "Eddie" Sajjad	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ 0

5 Date
10/01/2025

6 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Haoyang Zhao

7 Contributor address; City; State; Zip Code
4107 Orchard Arbor Ln, Sugar Land TX 77479

8 Amount of Contribution $
$10,000

9 In-kind contribution description
Campaign Flyers

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
CEO

11 Employer (FOR NON-JUDICIAL) (See Instructions)
ZLS International, LLC

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
12/01/2025

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

Contributor address; City; State; Zip Code
4107 Orchard Arbor Ln, Sugar Land TX 77479

Amount of Contribution $
$5,000

In-kind contribution description
Campaign Tshirts

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
CEO

Employer (FOR NON-JUDICIAL) (See Instructions)
ZLS International, LLC

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

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.   USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME Muzzammil "Eddie" Sajjad	3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$ 2600

5 CREDIT CARD ISSUER	Name of financial institution American Express

6 PAYMENT	(a) Amount Charged $1230	(b) Date Expenditure Charged 07/03 - 12/03	(c) Date(s) Credit Card Issuer Paid the 3rd of every month

7 PAYEE	(a) Payee name THE CANNON	(b) Payee address; City, State, Zip Code 1334 Brittmoore Rd Suite 1000B, Houston, TX 77043 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Campaign workspace / office membership
	(c) ☐ 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 Muzzammil "Eddie" Sajjad	Office Sought Fort Bend County Judge	Office Held

PAYMENT	(a) Amount Charged $1300	(b) Date Expenditure Charged 07/19 - 11/06	(c) Date(s) Credit Card Issuer Paid 07/19, 08/22, 09/18, 11/03, 11/06

PAYEE	(a) Payee name B2sign	(b) Payee address; City, State, Zip Code 462 Humane Way, Pomona, CA 91766 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Muzzammil "Eddie" Sajjad	Office Sought Fort Bend County Judge	Office Held

PAYMENT	(a) Amount Charged $1100	(b) Date Expenditure Charged 07/17 - 12/18	(c) Date(s) Credit Card Issuer Paid 07/17, 08/18, 08/21, 08/25, 09/17, 09/22, 09/23, 12/18

PAYEE	(a) Payee name ND4C Printing	(b) Payee address; City, State, Zip Code 11923 Cutten Rd, Houston, TX 77066 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign printing
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Muzzammil "Eddie" Sajjad	Office Sought Fort Bend County Judge	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

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.   **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4: **3**	2 FILER NAME Muzzammil "Eddie" Sajjad	3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 CREDIT CARD ISSUER

Name of financial institution

American Express

6 PAYMENT	(a) Amount Charged $840	(b) Date Expenditure Charged 09/12 - 12/12	(c) Date(s) Credit Card Issuer Paid the 12th of every mont

7 PAYEE	(a) Payee name Anthropic/Claude	(b) Payee address; City, State, Zip Code 500 Howard Street, San Francisco, CA 94104 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Software expense	(b) Description AI software fees
	(c) ☐ 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 Muzzammil "Eddie" Sajjad	Office Sought Fort Bend County Judge	Office Held

PAYMENT	(a) Amount Charged $128	(b) Date Expenditure Charged 7/20 - 12/20	(c) Date(s) Credit Card Issuer Paid 7/20 - 12/20

PAYEE	(a) Payee name OpenAI/ChatGPT	(b) Payee address; City, State, Zip Code 3180 18th Street, San Francisco, CA 94110 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Software expense	(b) Description AI software fees
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Muzzammil "Eddie" Sajjad	Office Sought Fort Bend County Judge	Office Held

PAYMENT	(a) Amount Charged $1106	(b) Date Expenditure Charged 09/25/2025	(c) Date(s) Credit Card Issuer Paid 09/25/2025

PAYEE	(a) Payee name INKFLO PRINTING	(b) Payee address; City, State, Zip Code 1737 Stebbins Dr #240b, Houston, TX 77043 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Signage
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Muzzammil "Eddie" Sajjad	Office Sought Fort Bend County Judge	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

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

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.   USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: **3**	2 FILER NAME Muzzammil "Eddie" Sajjad	3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 CREDIT CARD ISSUER	Name of financial institution **American Express**

6 PAYMENT	(a) Amount Charged $ **1000**	(b) Date Expenditure Charged **11-03-25**	(c) Date(s) Credit Card Issuer Paid

7 PAYEE	(a) Payee name **Fort Bend DEM Party**	(b) Payee address; City, State, Zip Code **13515 Southwest Fwy #204, Sugar Land, TX 77478** ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) **Advertising Expense**	(b) Description **Campaign Event**
	(c) ☐ 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 **Muzzammil "Eddie" Sajjad**	Office Sought **Fort Bend County Judge**	Office Held

PAYMENT	(a) Amount Charged $ **710**	(b) Date Expenditure Charged **11-02-25**	(c) Date(s) Credit Card Issuer Paid

PAYEE	(a) Payee name **4OVER INTERNATIONAL**	(b) Payee address; City, State, Zip Code **1225 Los Angeles Street, Glendale, CA 91204** ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) **Advertising Expense**	(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Muzzammil "Eddie" Sajjad**	Office Sought **Fort Bend County Judge**	Office Held

PAYMENT	(a) Amount Charged $ **250**	(b) Date Expenditure Charged **09-29-25**	(c) Date(s) Credit Card Issuer Paid

PAYEE	(a) Payee name **MISSOURI CITY TX**	(b) Payee address; City, State, Zip Code ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) **Transportation**	(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Muzzammil "Eddie" Sajjad**	Office Sought **Fort Bend County Judge**	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Muzzammil "Eddie" Sajjad	

4 Date	5 Payee name
07/01 - 12/31	Muhammad Haris Bin Tariq Alvi

6 Amount ($)
$ 15,000
☑ Reimbursement from political contributions intended

7 Payee address;   City;   State;   Zip Code
House 19, St # 22 Korang Town Islamabad, Punjab, Pakistan
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Campaign Support & Services

(b) Description
Campaign back office support

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)
☐ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)
☐ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ 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