

**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 Filer)	2 Total pages filed (of 3)
3 CANDIDATE / OFFICEHOLDER NAME		OFFICE USE ONLY	
MS / MRS / MR FIRST MI Mr Michael E NICKNAME LAST SUFFIX COGGIN		Date Received RECEIVED 10:40am APR 02 2020 BY <i>Cory McPartland</i> Date Rec'd (Delivery or Mail Receipt) APR 2 2020 Receipt # Amount \$ Date Processed APR 12 2020 Date Issued APR 12 2020	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE 1808 Kevlin Tr Salado, TX 76571		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 541 3311		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Melanie B NICKNAME LAST SUFFIX Kirchmiller		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE 1061 Stinet Mill Salado, TX 76571		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 760 5855		
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"/> Escalated Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 29 / 2020 THROUGH 4 / 2 / 2020		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 2 / 20 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Alderman	13 OFFICE SOUGHT (if known) Mayor	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

20F3
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Michael E. Coggin 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.

GENERAL
 SPECIFIC


Additional Pages

COMMITTEE TYPE: COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 900
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1429.42
EXPENDITURE TOTALS		
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 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.

 [Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael E. Coggin, this the 2nd day of April, 2020, to certify which, witness my hand and seal of office.

Cara McPartland, Cara McPartland, Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

3023
**FORM C/OH
 COVER SHEET PG 3**

19 FILER NAME <i>Michael E Coggin</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 900.
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 446.
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1429.42
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1429.42
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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 1
2 FILER NAME <i>Michael E Coggin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/14/20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kenny Michael</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address: City, State, Zip Code <i>P.O. Box 1143 Salado TX 76571</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/17/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Salado Church Place</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address: City, State, Zip Code <i>P.O. Box 214 Salado TX 76571</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/17/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Salado C.S. Limited L.P.</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address: City, State, Zip Code <i>P.O. Box 214 Salado TX 76571</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/16/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ben Gravette</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address: City, State, Zip Code <i>P.O. Box 1289 Salado TX 76571</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2 1	
2 FILER NAME Michael E. Coig, M		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 3-18-20	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tommye D. Porter 7 Contributor address: City: State: Zip Code 1502 Old Mill Salado TX 76571	8 Amount of Contribution \$ 196.00	9 In-kind contribution description Advertising Dunsmuir, TX <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 3-20-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Views on the Creek Contributor address: City: State: Zip Code 1401 S. D. Ave. Salado TX 76571	Amount of Contribution \$ 250.00	In-kind contribution description Venue Rental <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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	Printing 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: 3		2 FILER NAME Michael E. Corrigan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				5 0	
5 Date 2-16-20		6 Payee name LIZ Marketing			
7 Amount (\$) 439.61		8 Payee address 5900 Bingle Rd		City State Zip Code Houston TX 77092	
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) Advertising Expense		(b) Description signs, brochures, bus cards		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F		<input type="checkbox"/> Check if Austin, TX officeholder living expense		
11 Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought Office held	
Date 3-2-20		Payee name LIZ Marketing			
Amount (\$) 356.44		Payee address 5900 Bingle Rd		City State Zip Code Houston TX 77092	
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) Advertising Expense		Description signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F		<input type="checkbox"/> Check if Austin, TX officeholder living expense		
Complete ONLY if direct expenditure to benefit COH		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	Event Expense	Loan Repayments/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)

2023

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4 3		2 FILER NAME Michael E SCOGGIN		3 Filer ID (Ethics Commission Fiers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				5 - 0 -	
5 Date 3-2-20		6 Payee name BUILD A SIGN			
7 Amount (\$) 302.67		8 Payee address. City: State: Zip Code 11525a Storchollow DR #100 Austin, TX 78758			
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)		(b) Description	
		Advertising Expense		Banners	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3-11-20		Payee name Dirt Cheap Signs			
Amount (\$) 243.56		Payee address: City: State: Zip Code 6766 Lehman Ford Rd Lago Vista, TX 78645			
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)		Description	
		Advertising Expense		Stakes For signs	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Printing Expense	Travel In District
Contributors/Donations Made By	Gift/Award/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officer/holder/Political Committee	Legal Services		Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages, Schedule F4 3		2 FILER NAME Michael E. Coaglin		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				5 -0-	
6 Date 3-11-20		6 Payee name Fast Signs			
7 Amount (\$) 27.06		8 Payee address, City, State, Zip Code 904 S. 31st Street Temple TX 76504			
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)		(b) Description		
	Advertising Expense		Grammets		
		(c) <input type="checkbox"/> Check if outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officer/holder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/D/H					
Date 3-12-20		Payee name Acc Hardware			
Amount (\$) 65.88		Payee address, City, State, Zip Code 215 Mill Creek Dr #100 Salado, TX 76571			
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)		Description		
	Advertising Expense		Label + Post		
		<input type="checkbox"/> Check if outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officer/holder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/D/H					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Scraper/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorabilia 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	2 FILER NAME Michael E. Cogan	3 Filer ID (Ethics Commission Filers)
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4 Date 2/16/20	5 Payee name Citicard
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6 Amount (\$) 439.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code P.O. Box 9001037 Louisville, KY 40290-1037
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description signs, banners, bus cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 3-2-20	Payee name Citicard
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Amount (\$) 350.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code PO Box 9001037 Louisville KY 40290-1037
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 3-2-20	Payee name Citicard
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Amount (\$) 302.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code P.O. Box 9001037 Louisville, KY 40290-1037
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banners
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributors/Donations Made By
Candidates/Officeholders/Political Committee
Credit Card Payment

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

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

Scholarship/Fellowship 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	2 FILER NAME Michael E Coggin	3 Filer ID (Ethics Commission Filers)
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4 Date 3-11-20	5 Payee name Circuit
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6 Amount (\$) 243.56 <input checked="" type="checkbox"/> Reimbursement from political contributions awarded	7 Payee address: P.O. Box 9001037 City: Louisville, KY State: KY Zip Code: 40290 1037
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting Expense	(b) Description Charges For signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-11-20	Payee name Circuit
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Amount (\$) 27.06 <input checked="" type="checkbox"/> Reimbursement from political contributions awarded	Payee address: P.O. Box 9001037 City: Louisville, KY State: KY Zip Code: 40290-1037
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Cronnets
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-12-20	Payee name Circuit
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Amount (\$) 65.88 <input checked="" type="checkbox"/> Reimbursement from political contributions awarded	Payee address: P.O. Box 9001037 City: Louisville, KY State: KY Zip Code: 40290-1037
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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