

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                            |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                                                                                                                                                                                                                         | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:<br><b>6</b>           |
| 3 CANDIDATE / OFFICEHOLDER NAME                                       | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                           | FIRST                                 | MI                                         |
|                                                                       | MR.                                                                                                                                                                                                                                                                                                                                                                                     | REMIJO                                | A                                          |
|                                                                       | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                | LAST                                  | SUFFIX                                     |
|                                                                       | REMIE                                                                                                                                                                                                                                                                                                                                                                                   | RAMOS                                 |                                            |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                  |                                       |                                            |
|                                                                       | 1504 WESTWIND FORT STOCKTON TX                                                                                                                                                                                                                                                                                                                                                          |                                       | 79735                                      |
| 5 CANDIDATE/ OFFICEHOLDER PHONE                                       | AREA CODE                                                                                                                                                                                                                                                                                                                                                                               | PHONE NUMBER                          | EXTENSION                                  |
|                                                                       | (432 )                                                                                                                                                                                                                                                                                                                                                                                  | 923-2820                              |                                            |
| 6 CAMPAIGN TREASURER NAME                                             | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                           | FIRST                                 | MI                                         |
|                                                                       | MR                                                                                                                                                                                                                                                                                                                                                                                      | REMIJO                                | A                                          |
|                                                                       | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                | LAST                                  | SUFFIX                                     |
|                                                                       | REMIE                                                                                                                                                                                                                                                                                                                                                                                   | RAMOS                                 |                                            |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)           | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                 |                                       |                                            |
|                                                                       | 1504 WESTWIND FORT STOCKTON TX                                                                                                                                                                                                                                                                                                                                                          |                                       | 79735                                      |
| 8 CAMPAIGN TREASURER PHONE                                            | AREA CODE                                                                                                                                                                                                                                                                                                                                                                               | PHONE NUMBER                          | EXTENSION                                  |
|                                                                       | (432 )                                                                                                                                                                                                                                                                                                                                                                                  | 923-2820                              |                                            |
| 9 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)                                                                                                                                                                        |                                       |                                            |
| 10 PERIOD COVERED                                                     | Month                                                                                                                                                                                                                                                                                                                                                                                   | Day                                   | Year                                       |
|                                                                       | 2                                                                                                                                                                                                                                                                                                                                                                                       | 4                                     | 26                                         |
|                                                                       | THROUGH                                                                                                                                                                                                                                                                                                                                                                                 |                                       | Month Day Year                             |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                         |                                       | 2 / 25 / 26                                |
| 11 ELECTION                                                           | ELECTION DATE                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                            |
|                                                                       | Month                                                                                                                                                                                                                                                                                                                                                                                   | Day                                   | Year                                       |
|                                                                       | 3                                                                                                                                                                                                                                                                                                                                                                                       | 3                                     | 26                                         |
|                                                                       | ELECTION TYPE                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                            |
|                                                                       | <input checked="" type="checkbox"/> Primary                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Runoff       | <input type="checkbox"/> Other Description |
|                                                                       | <input type="checkbox"/> General                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Special      |                                            |
| 12 OFFICE                                                             | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                    |                                       | 13 OFFICE SOUGHT (if known)                |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                         |                                       | PECOS COUNTY JUDGE                         |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br>Additional Pages         | 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                                                                                                                                                                                                                                                                                                                                                                          | COMMITTEE NAME                        |                                            |
|                                                                       | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                        | COMMITTEE ADDRESS                     |                                            |
|                                                                       | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                       | COMMITTEE CAMPAIGN TREASURER NAME     |                                            |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                         | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                                            |

**OFFICE USE ONLY**

RECEIVED

FEB 25 2026

SOPHIA FRANCO  
ELECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS

BY: *[Signature]*

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|                                |                                                                                                                                       |                                               |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b>            |                                                                                                                                       | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                            |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                           | \$ <b>2,100.00</b>                            |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                            |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                                | \$ <b>4,673.66</b>                            |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <b>3,906.98</b>                            |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$                                            |

**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**

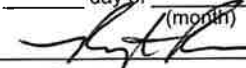
My name is REMIJIO A. RAMOS, and my date of birth is 07/12/1982

My address is 1504 WESTWIND, FORT STOCKTON, TX, 79735, US

(street) (city) (state) (zip code) (country)

Executed in PECOS County, State of TEXAS, on the 25 day of FEBRUARY, 2026

(month) (year)



Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|                                                                                        |  |                                               |
|----------------------------------------------------------------------------------------|--|-----------------------------------------------|
| <b>19</b> FILER NAME                                                                   |  | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                       |  | SUBTOTAL<br>AMOUNT                            |
| 1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                     |  | \$ 2,100.00                                   |
| 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             |  | \$ 4,673.66                                   |
| 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                         |  | \$                                            |
| 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.

|                                                                                                                                                                              |                                                                                                                                                                                                     |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                             |                                                                                                                                                                                                     | <b>1</b> Total pages Schedule A1: <b>1</b>            |
| <b>2</b> FILER NAME<br><b>REMIJIO "REMIE" A. RAMOS</b>                                                                                                                       |                                                                                                                                                                                                     | <b>3</b> Filer ID (Ethics Commission Filers)          |
| <b>4</b> Date<br><b>02/11/2026</b>                                                                                                                                           | <b>5</b> Full name of contributor out-of-state PAC (ID#: _____)<br><b>RUDY RAMOS</b><br><b>6</b> Contributor address; City; State; Zip Code<br><b>900 E 6TH FORT STOCKTON TX 79735</b>              | <b>7</b> Amount of contribution (\$)<br><b>250.00</b> |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                                                                                                                     | <b>9</b> Employer (See Instructions)                  |
| <b>Date</b><br><b>01/29/2026</b>                                                                                                                                             | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br><b>DENNIS BRADEN</b><br><b>Contributor address; City; State; Zip Code</b><br><b>PO BOX 146 COYANOSA TX 79730</b>                   | <b>Amount of contribution (\$)</b><br><b>1,000.00</b> |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                                   |                                                                                                                                                                                                     | <b>Employer (See Instructions)</b>                    |
| <b>Date</b><br><b>02/23/2026</b>                                                                                                                                             | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br><b>FERNANDO ESPINO</b><br><b>Contributor address; City; State; Zip Code</b><br><b>7012 SAN FRANCISCO TRAIL FORT WORTH TX 76131</b> | <b>Amount of contribution (\$)</b><br><b>250.00</b>   |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                                   |                                                                                                                                                                                                     | <b>Employer (See Instructions)</b>                    |
| <b>Date</b><br><b>02/23/2026</b>                                                                                                                                             | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br><b>DAPHNE CHILDS</b><br><b>Contributor address; City; State; Zip Code</b><br><b>6720 HARRAL ROAD MCCAMEY TX 79752</b>              | <b>Amount of contribution (\$)</b><br><b>600.00</b>   |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                                   |                                                                                                                                                                                                     | <b>Employer (See Instructions)</b>                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b> |                                                                                                                                                                                                     |                                                       |

# 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.

|                                                                     |                                                                                                                                                     |                                                            |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br><b>2</b>                       | <b>2</b> FILER NAME<br><b>REMIJO "REMIE" A. RAMOS</b>                                                                                               | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br><b>02/06/2025</b>                                  | <b>5</b> Payee name<br><b>PECOS COUNTY PRECINCT 2</b>                                                                                               |                                                            |
| <b>6</b> Amount (\$)<br><b>400.00</b>                               | <b>7</b> Payee address;<br><b>202 US 285 S</b>                                                                                                      | City; State; Zip Code<br><b>FORT STOCKTON TX 79735</b>     |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>                                                     | <b>(b)</b> Description<br><b>2 HALL RENTAL</b>             |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |                                                            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                       | Office sought <span style="float:right">Office held</span> |
| Date<br><b>02/11/2026</b>                                           | Payee name<br><b>USPS</b>                                                                                                                           |                                                            |
| Amount (\$)<br><b>1,616.12</b>                                      | Payee address;<br><b>106 E 4TH</b>                                                                                                                  | City; State; Zip Code<br><b>FORT STOCKTON TX 79735</b>     |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                          | Description<br><b>POSTAGE PAID</b>                         |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |                                                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                       | Office sought <span style="float:right">Office held</span> |
| Date<br><b>02/18/2026</b>                                           | Payee name<br><b>CREATIVE DESIGNS</b>                                                                                                               |                                                            |
| Amount (\$)<br><b>259.80</b>                                        | Payee address;<br><b>308 S SAGE</b>                                                                                                                 | City; State; Zip Code<br><b>FORT STOCKTON TX 79735</b>     |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                          | Description<br><b>LOGO CUPS</b>                            |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |                                                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                       | Office sought <span style="float:right">Office held</span> |

**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.

|                                        |                                                |                                              |
|----------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>2 | <b>2</b> FILER NAME<br>REMIJO "REMIE" A. RAMOS | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------------|------------------------------------------------|----------------------------------------------|

|                             |                               |
|-----------------------------|-------------------------------|
| <b>4</b> Date<br>02/17/2025 | <b>5</b> Payee name<br>AMAZON |
|-----------------------------|-------------------------------|

|                                          |                                                |                  |              |                   |
|------------------------------------------|------------------------------------------------|------------------|--------------|-------------------|
| <b>6</b> Amount (\$)<br>324.24           | <b>7</b> Payee address;<br>410 TERRY AVE NORTH | City;<br>SEATTLE | State;<br>WA | Zip Code<br>98108 |
| Check if individual's residence address. |                                                |                  |              |                   |

|                                           |                                                                                          |                                                  |
|-------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>EVENT EXPENSE | <b>(b)</b> Description<br>DECORATIONS & SUPPLIES |
|                                           | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                        | Check if Austin, TX, officeholder living expense |

|                                                                     |                               |               |             |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>02/11/2026 | Payee name<br>FORT STOCKTON PIONEER |
|--------------------|-------------------------------------|

|                                          |                                    |                        |              |                   |
|------------------------------------------|------------------------------------|------------------------|--------------|-------------------|
| Amount (\$)<br>1,695.00                  | Payee address;<br>808 W. DICKINSON | City;<br>FORT STOCKTON | State;<br>TX | Zip Code<br>79735 |
| Check if individual's residence address. |                                    |                        |              |                   |

|                               |                                                                                     |                                                  |
|-------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE | Description<br>NEWSPAPER ADS                     |
|                               | 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<br>02/26/2026 | Payee name<br>KFST RADIO |
|--------------------|--------------------------|

|                                          |                                     |                        |              |                   |
|------------------------------------------|-------------------------------------|------------------------|--------------|-------------------|
| Amount (\$)<br>378.50                    | Payee address;<br>954 S. US HWY 385 | City;<br>FORT STOCKTON | State;<br>TX | Zip Code<br>79735 |
| Check if individual's residence address. |                                     |                        |              |                   |

|                               |                                                                                     |                                                  |
|-------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE | Description<br>RADIO COMMERCIALS                 |
|                               | 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 |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

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