

Official Public Records of Harris County
Diane Trautman
County Clerk

Campaign Finance Report

OF HARRIST COUNTY

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:

2019205

Received By Clerk:

7/12/2019

File Date:

July 11, 2019

Office:

**County Sheriff** 

Candidate:

Zamora, Harry

Treasurer:

Zamora, Lesli

Category:

Contributions And Expenditures

Delivered By:

**Electronically Filed** 

Type:

COR

**Harris County No Fee** 

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10		
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mr. Harry				
NAIVIE	NICKNAME LAST	SUFFIX	Date Received		
	Zamora	33.11A			
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE			
OFFICEHOLDER MAILING ADDRESS	P. O. Box 40313, Houston,	Tx 77240			
Change of Address					
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION			
OFFICEHOLDER	(832 ) 419-8074		Date Hand-delivered or Date Postmarked		
PHONE	,		Basist B. Amoust S		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
NAME	Mrs. Lesli		Dafe Processed		
	NICKNAME LAST	SUFFIX	Date Imaged		
	Zamora				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY; STATE	ZIP CODE		
TREASURER	16325 Jersey Hollow Dr. J	ersev Village. TX 7704	0		
ADDRESS	10323 Beise, norion 21.	oloc, village, vin vvoi	•		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 832 ) 419-8074	EXTENSION			
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	X July 15 8th day before e	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	01 / 07 / 2019	THROUGH 06/	30 / 2019		
	, ,	innough /	,		
11 ELECTION	ELECTION DATE	ELECTION TYPE	· · · · · · · · · · · · · · · · · · ·		
	Month Day Year X Primary	y Runoff Other			
		Description			
	Genera				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)		
		Harris County	Sheriff		
GO TO PAGE 2					

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME Harry	y Zamora	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 CANCIDATE / OFFICEHOLDER. THESE EXPENSITURES 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			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME	•		
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES CF LOANS), UNLESS ITEMIZED	\$ 0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 0.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3026.99		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 0.00		
OUTSTANDING LOAN TOTALS		FRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD:	\$ 0.00		
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.  Comm. Expires 05-09-2022 Notary ID 131560693					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said HARRY ZAMORA , 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					
- Officer a	Commissioning Caul	Tomes name of oncer Zurimstering pair	Title of officer administering oath		

### SUBTOTALS - C/OH

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

19 FILERN	AME	20 Filer ID (Ethics Cor	mmission Filers)
Наз	rry Zamora		
	JLE SUBTOTALS IF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. x	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1100.00
з	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. <b>x</b>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 397.35
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 397.35
9. X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$ 2129.64
10. X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 300.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$
			201

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2 FILER NAME Harry Zamora			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1100.00	
5 Date 6 Full name of contributor out-of-state PAC (ID#:		age, TX	8 Amount of 9 In-kind contribution Contribution \$ description Video edit for 800.00 ads  Check if travel outside of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) f employed	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:  5-28-2019 Harry Zamora  Contributor address; City: State; Zip Code 77040  16325 Jersey Hollow Dr. Jersey Village, TX			Check if travel outside of Texas. Complete Schedule T.	
	eupation / Job title (FOR NON-JUDICIAL) (See Instructions) employed	Employ€	er (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)  Contributor's principal occupation (FOR JUDICIAL)			utor'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)				
lf lf	ATTACH ADDITIONAL COPIES OF To contributor is out-of-state PAC, please see instruction			

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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Candidate/Officeholder/Politica		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 Harry Zamora		3 Filer ID (Ethics Commission Filers)
	-		
4 Date 6-12-2019	5 Payeename Chase Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
320.73	270 Park Avenue, New York, NY	10017	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			utside of Texas, Complete Schedule T.
OF EXPENDITURE	Credit card payment	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-4-2019	Discover Card		
Amount (\$)	Payee address; City; State; Zip Code		
76.62	14455 N. Hayden Rd. Suite 219	Scottsdale, A	Z 85260
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Credit card payment		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			tside of Texas, Complete Schedule T,
EXPENDITURE		Check if Auslin	, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	н		
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 explain	s how to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME Harry Zamora		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 397.35	
5 Date 5-30-2019	6 Payee name Facebook			
	B Boyon address: City: State:	7in Codo		
7 Amount (\$) 320.73	8 Payee address; City; State;  1 Hacker Way Menlo Park	•		
9 TYPE OF EXPENDITURE	X Political	Non-Political	COL	
10	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	on	
PURPOSE		Checki	travel outside of Texas. Complete Schedule T.	
OF Expenditure	Advertising Expense	Check	if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date 1-1-2019	Payee name Go Daddy			
Amount (\$) 76.62	Payee address; City; State; 14455 N. Hayden Rd. Suit	·	AZ 85260	
TYPE OF EXPENDITURE	X Political	Non-Political		
	Category (See Categories listed at the top of thi		•	
PURPOSE OF			f travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhead/Rental Ex	xpense LCheck	if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	н			
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

	ontributions/Donations Made l Candidate/Officeholder/Politic			Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	redit Card Payment	_		-	Cirici (cirio) a calegory not include access,
		i ne in	istruction Guide explains i	how to complete this form.	·
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	3	Harry Zamo	ra		(2
4	Date	5 Payee name			
	5-28-2019	Saltwater	Stud Printing		
6	Amount (\$)	7 Payee address;	City; State; Zip C	Code	
	300.00	1919 W. Sam	Houston Pkwy. N	, Ste 108 Houston,	TX 77043
	Reimbursement from political contributions			,	
	intended				
8		(a) Category (See Category	ories listed at the top of this sched	(b) Description	
	PURPOSE OF			Check if travel outs	ide of Texas. Complete Schedule T.
	EXPENDITURE	Printing Exp	ense	Check if Austin.	TX, officeholder living expense
9	Complete ONLY if direct	Candidate / Off	iceholder name	Office sought	Office held
	expenditure to benefit C/0	л			
			<u> </u>		
	Date	Payee name			
	6-20-2019	USPS			
				<u> </u>	
	Amount (\$)	Payee address;	City; State; Zip C	Code	
	95.00	7050 Brookh	ollow Dr. Hous	ston, TX 77040	
	Reimbursement from				
	political contributions intended		•		
-		Category (See Catego	ories listed at the top of this sched	Jule) (b) Description	
	PURPOSE	Category (See Categ	ones nated at the top or this scried		Start Town Country Orlean La T
	OF	Office Overh	nead/Rental Expe	nce   🗔	ide of Texas, Complete Schedule T.
	EXPENDITURE		,	Check if Austin.	TX, officeholder living expense
	Complete ONLY if direct	Candidate / Off	iceholder name	Office sought	Office held
	expenditure to benefit C/OH				
_					
	Date	Payee name			
	6-25-2019	TSC Apparel	1		
L					
	Amount (\$)	Payee address;	City; State; Zip C	Code	
	160.80	10635 Tanne:	r Rd. #300 Houst	on, Tx 77041	
	Reimbursement from				
	political contributions				
_	intended			1/5\ 5	
	PURPOSE	Category (See Caleg	ories listed at the top of this sched	′ I — `	
	OF	Printing Exp	oense	Check if travel outs	ide of Texas. Complete Schedule T.
1	EXPENDITURE		•	Check if Austin.	TX, officeholder living expense
	Complete ONLY if direct	Candidate / Off	ficeholder name	Office sought	Office held
	expenditure to benefit C/6			JJo Bougin	Since field
L					
		ATTACH ADI	ULTIONAL CODIES OF	THIS SCHEDULE AS NEE	nen ·
		ALIACHADI	JI TOMAL OUFIES UF	THIS SCHEDULE AS NEE	
L					·

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME Harry Zamora  3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name				
6-8-2019	Lesli Zamora				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
800.00	16325 Jersey Hollow Dr. Jersey Village, TX 77040				
Reimbursement from political contributions intended					
8	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/					
Date	Payee name				
6-30-2019	Facebook				
Amount (\$)	Payee address; City; State; Zip Code				
320.73	1 Hacker Way, Menlo Park, CA. 94025				
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description				
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit Co					
Date	Payee name				
6-30-2019	T Mobile				
Amount (\$)	Payee address; City; State; Zip Code				
90.00	P. O. Box 37380 Albuquerque, NM. 87176				
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Office Overhead/Rental Expense Check if Austin. TX. officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C.					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Harry Zamora 4 Date 5 Pavee name 5-13-2019 TSC Apparel 6 Amount (\$) 7 Payee address; City; State; Zip Code 10634 Tanner Rd. #300, Houston, Tx. 77041 42.38 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T OF EXPENDITURE Printing Expense Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Date Payee name 1-1-2019 Go Daddy City; State; Zip Code Amount (\$) Payee address; 76.62 Suite 219, Scottsdale, Az 85260 14455 N. Hayden Rd. Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **PAYMENT MADE FROM POLITICAL** CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expe

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Printing Expense	Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		ins how to complete this form.	-		
1 Total pages Schedule H:	2 FILER NAME Harry Zamora	3	Filer ID (Ethics Commission Filers)		
<b>4</b> Date 6 - 6 - 2019	5 Business name Saltwater Stud Printin	ng			
6 Amount (\$) 300.00	7 Business address; City; State; 1919 W. Sam Houston Pkwy		TX 77043		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this  Printing Expense	schedule) (b) Description Check if travel outside of Te			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this	Check if travel outside of Te	exas. Complete Schedule T. iceholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Business name	At the time of	RDER'S MEMORANDUM: recordation, this instrument was dequate for the best photographic		
Amount (\$)	Business address; City; State;	reproduction photo copy, dis additions and	gedunis of illegibility, carbon or scaluse of illegibility, carbon or scalered paper, etc. All blockouts, changes were present at the time was filed and recorded.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel outside of To	exas. Complete Schedule T. iceholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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