



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

**13 C/OH NAME** Leal, Victor (Mr.) **14 ACCOUNT #** (Ethics Commission filers) 00000001

**15 NOTICE FROM POLITICAL COMMITTEE(S)**

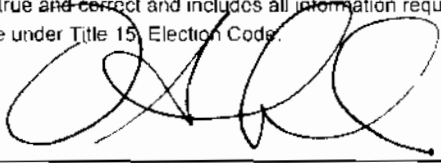
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

<input type="checkbox"/> <b>GENERAL</b>  <input type="checkbox"/> <b>SPECIFIC</b>  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16 CONTRIBUTION TOTALS</b>	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,266.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4	TOTAL POLITICAL EXPENDITURES	\$	1,580.97
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,284.01
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,000.00

**17 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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Victor Leal, this the 9<sup>th</sup> day of April, 2015, to certify which, witness my hand and seal of office

Amanda C. Elizondo Amanda C. Elizondo City Secy  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath







# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/9 Report: 6/14	
<b>2</b> FILER NAME    Leal, Victor (Mr.)		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00000001	
<b>4</b> Date  02/24/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Epstien, Brad  ..... <b>6</b> Contributor address,    City,    State,    Zip Code 2918 Nueces Harlingen, TX 78550	<b>7</b> Amount of contribution (\$)   \$50.00	<b>8</b> In-kind contribution description (if applicable)      (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Epstien, Mel (Mr.)  ..... Contributor address;    City;    State;    Zip Code P.O Box 32545 Phoenix, AZ 85064	Amount of contribution (\$)   \$25.00	In-kind contribution description (if applicable)      (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ewers, Ruthie  ..... Contributor address,    City,    State,    Zip Code 138 Palm Valley Dr W Harlingen, TX 78552	Amount of contribution (\$)   \$500.00	In-kind contribution description (if applicable)      (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forero, John (Mr.)  ..... Contributor address,    City;    State;    Zip Code 5609 Venturi Dr Harlingen, TX 78552	Amount of contribution (\$)   \$200.00	In-kind contribution description (if applicable)      (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forrest, Thomas & Emma  ..... Contributor address;    City;    State;    Zip Code 2219 Lisa Ann Ave Harlingen, TX 78550	Amount of contribution (\$)   \$100.00	In-kind contribution description (if applicable)      (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/9 Report: 7/14	
<b>2</b> FILER NAME Leal, Victor (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date 02/24/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerber, Steven (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 5605 Wild Oak Ct Harlingen, TX 78552	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 03/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Traci (Ms.)  Contributor address; City; State; Zip Code 2902 Garrett Rd Harlingen, TX 78552	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 03/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, Gordon  Contributor address; City; State; Zip Code 6245 Malcom Dr Dallas, TX 75214	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 03/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Humphreys, Brian (Mr.)  Contributor address; City; State; Zip Code 1209 Bella Vista Weslaco, TX 78596	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kornegay, Pat  Contributor address; City; State; Zip Code 28125 Norma Linda Rd San Benito, TX 78586	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/9 Report: 8/14	
<b>2</b> FILER NAME Leal, Victor (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  02/24/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leal, Gilberto (Mr.)  <b>6</b> Contributor address, City, State, Zip Code 2726 Clifford Dr Harlingen, TX 78550	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  03/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger, Goggan Blair & Sampson, LLP  Contributor address; City, State, Zip Code PO Box 17428 Austin, TX 78760	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manzanares, Fred (Mr.)  Contributor address; City, State, Zip Code 1009 E Alcott Ave Harlingen, TX 78550	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCullough & McCullough  Contributor address; City, State, Zip Code P.O.Box 2244 Harlingen, TX 78551	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Vicki  Contributor address; City, State, Zip Code 1821 Elmwood Dr Harlingen, TX 78550	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 7/9 Report: 9/14	
2 FILER NAME Leal, Victor (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  03/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Munoz, Elizandro (Mr.)  6 Contributor address: City, State, Zip Code 1609 Weighost Dr Harlingen, TX 78552	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  03/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murphy, J. Neil (Mr.)  Contributor address: City, State, Zip Code PO Box 893 San Benito, TX 78586	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olivarez, Arturo Jr. (Mr.)  Contributor address: City, State, Zip Code 5317 Remington Blvd Harlingen, TX 78552	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peacock, William  Contributor address: City, State, Zip Code P.O Box 530098 Harlingen, TX 78553	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  03/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, John  Contributor address: City, State, Zip Code 222 E Austin Ave Harlingen, TX 78550	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 8/9 Report: 10/14	
<b>2</b> FILER NAME Leal, Victor (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date 02/24/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rama, Jay (Mr.) ..... <b>6</b> Contributor address: City, State, Zip Code 6301 W Business 83 Harlingen, TX 78552	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rubiano, Rolando (Mr.) ..... Contributor address: City, State, Zip Code 518 E Woodland Harlingen, TX 78550	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salas, Juan (Mr.) ..... Contributor address: City, State, Zip Code 613 S M St. Harlingen, TX 78550	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 02/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shehada, Mustafa (Mr.) ..... Contributor address: City, State, Zip Code 4201 W Bus 83 Harlingen, TX 78552	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) Kick-off Reception
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Silva, Esequiel ..... Contributor address: City, State, Zip Code 5669 Wild Bird Ln Brownsville, TX 78526	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 9/9 Report: 11/14	
2 FILER NAME Leal, Victor (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  03/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, David (Mr.)  6 Contributor address, City, State, Zip Code 213 Wild Olive Harlingen, TX 78552	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)         (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Topp, John  Contributor address; City; State; Zip Code 1117 N Stuart Place rd Harlingen, TX 78552	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable) Discount On Campaign Kick-Off Mailer        (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vaughan, Charles  Contributor address, City; State; Zip Code 5717 Brazilwood Ct Harlingen, TX 78552	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)        (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vissar, Beverlee (Ms.)  Contributor address; City; State; Zip Code 209 E Jackson Harlingen, TX 78550	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)        (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Joe  Contributor address; City; State; Zip Code 1605 Walnut Ct Harlingen, TX 78550	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)        (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/1 Report: 13/14	<b>2</b> FILER NAME Leal, Victor (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 02/12/2015	<b>5</b> Payee name Meade Marketing
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<b>6</b> Amount (\$) \$324.75	<b>7</b> Payee address City, State, Zip Code 211 W Jefferson Ste 7 Harlingen, TX 78550
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Inv 9576A Production & Design
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 02/06/2015	Payee name Topp Marketing
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Amount (\$) \$1,176.48	Payee address City, State, Zip Code 1117 N Stuart Place Rd Harlingen, TX 78552
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Kick-Off Mailer
	<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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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES**

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/1 Report: 14/14		<b>2 FILER NAME</b> Leal, Victor (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 02/28/2015		<b>5 Payee name</b> Facebook, Inc			
<b>6 Amount (\$)</b> \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7 Payee address</b> City, State, Zip Code Department 415 P.O.Box 10005 Palo Alto, CA 94303			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook Ad  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Date</b> 02/26/2015		<b>Payee name</b> USPO			
<b>Amount (\$)</b> \$29.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address</b> City, State, Zip Code 709 W 77 Sunshine Strip Harlingen, TX 78550			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Postage		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage Stamps  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Date</b> 02/15/2015		<b>Payee name</b> Vistaprint			
<b>Amount (\$)</b> \$24.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address</b> City, State, Zip Code Internet Based Company			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Push Cards  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Date</b> 02/25/2015		<b>Payee name</b> Walmart			
<b>Amount (\$)</b> \$5.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address</b> City, State, Zip Code 1801 W Lincoln Harlingen, TX 78552			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Office Supplies		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Thank You Cards  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	