


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY <hr/> Date Received  <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged		
		Mr.	Christopher		H.	
	NICKNAME	LAST	SUFFIX			
		Boswell				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	1001 Stack Cir., Harlingen, Tx 78550					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(956)	428-9191				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
		Mrs.	Anita			
	NICKNAME	LAST	SUFFIX			
		Boswell				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	1001 Stack Cir., Harlingen, Tx 78550					78550
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(956)	421-2626				
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	04	07	2016	04	28	2016
THROUGH						
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> (Other Description)
	05	07	2016	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	Mayor, City of Harlingen			Mayor, City of Harlingen		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Christopher H. Boswell 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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	N/A
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$11,058.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,683.15
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.

Christopher H. Boswell
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher H. Boswell, this the 28th day of April, 2016, to certify which, witness my hand and seal of office.

Amanda N. Bishop
Signature of officer administering oath

Amanda N. Bishop
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Christopher H. Boswell		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,150.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 767.78
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$11,058.62
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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
2 FILER NAME Chris Boswell		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2016	5 Full name of contributor out-of-state PAC(ID#: _____) David Day d/b/a Casa Engineering 6 Contributor address: City: State: Zip Code 901 S. Stuart Place Rd Harlingen, Tx 78552	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/11/2016	7 Full name of contributor out-of-state PAC(ID#: _____) Sokolosky, Stephanie Ann 8 Contributor address: City: State: Zip Code 305 Jackson St., Ste 100 Harlingen, Tx 78550	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2016	Full name of contributor out-of-state PAC(ID#: _____) Campbell, Kevin Contributor address: City: State: Zip Code 1210 E. Tyler Harlingen, Tx 78550	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2016	Full name of contributor out-of-state PAC(ID#: _____) Davis, Andrew and Catherine Contributor address: City: State: Zip Code 1024 Ferguson Dr. Harlingen, Tx 78550	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Chris Boswell		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2016	9 Full name of contributor Castaneda, Elizabeth P. 10 Contributor address: 605 West Rodriguez City: Raymondville, Tx 78580 State: Zip Code	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/11/2016	Full name of contributor McMurray, Randy and Anita Contributor address: 33145 Ohio Station Rd City: San Benito, Tx 78586 State: Zip Code	Amount of contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2016	Full name of contributor Frieble, Randell W. Contributor address: P.O. box 2125 City: Harlingen, Tx 78551 State: Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2016	Full name of contributor Gorges, Matt Contributor address: 1275 N. Stuart Place Rd City: Harlingen, Tx 78552 State: Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Chris Boswell**

3 Filer ID (Ethics Commission Filers)

4 Date
04/19/2016

11 Full name of contributor out-of-state PAC(ID#: _____)

Burkholder, James E.

7 Amount of contribution (\$)
\$100.00

12 Contributor address; City: State: Zip Code

1122 E. Tyler Ave. Harlingen, Tx 78550

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/19/2016

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

Phillips, John F. Jr.

Amount of contribution (\$)
\$150.00

Contributor address; City: State: Zip Code

222 E. Austin Ave. Harlingen, Tx 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/19/2016

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

Cruz, Orlando

Amount of contribution (\$)
\$500.00

Contributor address; City: State: Zip Code

5105 North First Lane McAllen, Tx 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/20/2016

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

Broyles, Sidney V. and Linda P.

Amount of contribution (\$)
\$ 50.00

Contributor address; City: State: Zip Code

1302 Maple Ct. Harlingen, Tx 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Chris Boswell		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2016	13 Full name of contributor out-of-state PAC(ID#: _____) Painter, Franklin R. 14 Contributor address; City; State; Zip Code 1805 Bell St. Harlingen, Tx 78550	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/21/2016	Full name of contributor out-of-state PAC(ID#: _____) Hamby, Christopher and Stephanie Contributor address; City; State; Zip Code 14656 McKenzie Harlingen, Tx 78552	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2016	Full name of contributor out-of-state PAC(ID#: _____) Mason, Thomas & Mary Joy Contributor address; City; State; Zip Code 522 E. Harrison Harlingen, Tx 78550	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2016	Full name of contributor out-of-state PAC(ID#: _____) Sandoval, Vanessa A. and Becerra, Marc Contributor address; City; State; Zip Code 24737 Altas Palmas Rd Harlingen, Tx 78552	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Chris Boswell		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2016	15 Full name of contributor out-of-state PAC(ID#: _____) Painter, Franklin Jr. and James, Betty Townsend 16 Contributor address: City: State: Zip Code 2909 Lazy Lake Dr. Harlingen, Tx 78550	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC(ID#: _____) Contributor address: City: State: Zip Code	Amount of contribution (\$) \$.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC(ID#: _____) Contributor address: City: State: Zip Code	Amount of contribution (\$) \$.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC(ID#: _____) Contributor address: City: State: Zip Code	Amount of contribution (\$) \$.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Chris Boswell		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 04/25/2016	6 Full name of contributor Elliff, Bill 7 Contributor address; City; State; Zip Code 1307 W. Harrison Ave. Harlingen, Tx 78550	8 Amount of Contribution \$ \$240.00	9 In-kind contribution description Trailer use at voting site; 12 days at \$20/day 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 04/19/2016	Full name of contributor Topp, John Contributor address; City; State; Zip Cod 701 Palm Valley Dr. West Harlingen, Tx 78552	Amount of Contribution \$ \$250.00	In-kind contribution description Sorting review 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)			

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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 Chris Boswell		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 04/10/2016	6 Full name of contributor out-of-state PAC (ID# _____) Boswell, Anita 7 Contributor address: City: State: Zip Code 1001 Stack Cir. Harlingen, Tx 78550	8 Amount of Contribution \$ \$68.60 9 In-kind contribution description Postage, mailing expenses 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 04/26/2016	Full name of contributor out-of-state PAC (ID# _____) Curtis & Boswell, LLP Contributor address: City: State: Zip Cod 515 E. Harrison, Ste. A Harlingen, Tx 78550	Amount of Contribution \$ \$209.18 In-kind contribution description Printing, copying, envelopes, postage, return labels 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)		

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

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/Officaholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: Chris Boswell	3 Filer ID (Ethics Commission Filers)
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4 Date 04/07/2016	5 Payee name CM Graphics/JaMar
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6 Amount (\$) \$ 920.94	7 Payee address; City; State; Zip Code 1149 S. Commerce Harlingen, Tx 78552
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officaholder living expense Campaign t-shirts
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officaholder name	Office sought	Office held
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Date 04/11/216	Payee name Meade Marketing, Inc.
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Amount (\$) \$1,528.60	Payee address; City; State; Zip Code 211 W. Jefferson, Ste 7 Harlingen, Tx 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officaholder living expense Event invitation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officaholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) \$	Payee address; City; State; Zip Code
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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, officaholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officaholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME: Chris Boswell	3 Filer ID (Ethics Commission Filers)
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4 Date 04/19/2016	5 Payee name Topp Direct Marketing
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6 Amount (\$) \$8,422.08	7 Payee address: City: State; Zip Code 701 Palm Valley Dr. West Harlingen, Tx 78552
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct mail
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/25/2016	Payee name Tom Gaul
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Amount (\$) \$ 150.00	Payee address: City: State; Zip Code 501 E. Woodland Harlingen, Tx 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Built trailer frame for signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/26/2016	Payee name Johnny's True Value Hardware
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Amount (\$) \$ 37.00	Payee address: City: State; Zip Code 914 W Tyler Ave. Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for campaign tent
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Complete <u>ONLY</u> 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