

# 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  
SAUL

MI

NICKNAME

LAST

GONZALES

SUFFIX

OFFICE USE ONLY

Date Received

City Clerk

OCT 28 2019

City of San Marcos

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

816 STAGECOACH TRAIL  
SAN MARCOS, TEXAS 78666

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 749-2252

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST  
CLINTON

MI

NICKNAME

LAST

HOERNER

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

810 STAGECOACH TRAIL  
SAN MARCOS TEX 78666

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512)  
757-7433

9 REPORT TYPE

- January 15     
  30th day before election     
  Runoff     
  15th day after campaign treasurer appointment (Officeholder Only)
- July 15     
  8th day before election     
  Exceeded \$500 limit     
  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year      Month Day Year

10 / 7 / 2019      THROUGH      10 / 28 / 2019

11 ELECTION

ELECTION DATE

Month Day Year

11 / 5 / 2019

ELECTION TYPE

- Primary       Runoff       Other Description
- General       Special

12 OFFICE

OFFICE HELD (if any)

City Council Place 2

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

SAUL GONZALES

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

GENERAL

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

\$ 55.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2365.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2024.03

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1515.69

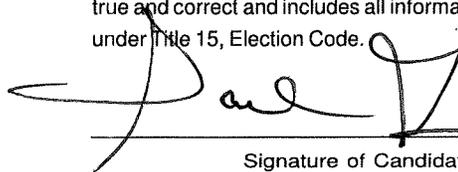
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

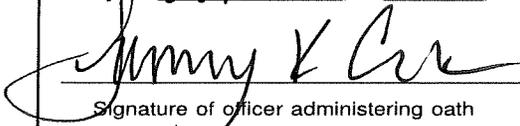
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Saul Gonzales, this the 28th day of October, 2019, to certify which, witness my hand and seal of office.



Signature of officer administering oath

JAMMY K. COOK

Printed name of officer administering oath

Dep. City Clerk

Title of officer administering oath

# 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 NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2365.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
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		\$ 2024.03
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: **5**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

10/2/19

MARIO MORENA

6000

6 Contributor address; City; State; Zip Code

1309 PROSPECT SAN MARCOS TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/23/19

JAMES BAKER

250<sup>00</sup>

Contributor address; City; State; Zip Code

727 BELVIN ST SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/23/19

WILLIAM AGNEW

100<sup>00</sup>

Contributor address; City; State; Zip Code

716 BELVIN ST SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/30/19

SCOTT HENIZE

100<sup>00</sup>

Contributor address; City; State; Zip Code

721 BURFENW SAN MARCOS TX 78666

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: 5

2 FILER NAME Saul Gonzales

3 Filer ID (Ethics Commission Filers)

4 Date  
10/16/2019

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gaylord Bose

7 Amount of contribution (\$)  
100.00

6 Contributor address; City; State; Zip Code  
1926 Nevada St  
San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
10/10/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Joe Cox

Amount of contribution (\$)  
50.00

Contributor address; City; State; Zip Code  
300 Franklin Dr. San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/21/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Carol Cape Overall

Amount of contribution (\$)  
150.00 / yr

Contributor address; City; State; Zip Code  
113 Camaro  
San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/23/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Theodore Hindson

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
1410 Alamo St San Marcos TX 78666

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: 5

2 FILER NAME SAUL GONZALES

3 Filer ID (Ethics Commission Filers)

4 Date  
9/23/19  
~~10/27/19~~

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
TED BREIHAN

7 Amount of contribution (\$) 100.00

6 Contributor address; City; State; Zip Code  
P.O. Box 477 SM TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
~~10/27/19~~  
9/24/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
DAVID CHIU

Amount of contribution (\$) 200.00

Contributor address; City; State; Zip Code  
311 LAUREL HILL SAN MARCOS TX 7666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/19/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
DAVID McCARTY

Amount of contribution (\$) 50.00

Contributor address; City; State; Zip Code  
621 W SAN ANTONIO ST SAN MARCOS TEX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/21/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
ED MITALKAWIN

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code  
517 W HOPKINS SAN MARCOS TX 78664

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: **5**

2 FILER NAME **SAUL GONZALES**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/1/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Wm PENNINGTON**

7 Amount of contribution (\$)  
**50<sup>00</sup>**

6 Contributor address; City; State; Zip Code  
**PO Box 2457 SAN MARCOS TX 78667**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**10/15/2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**FRANKS AUTOMOTIVE**  
Contributor address; City; State; Zip Code  
**328 S. Guadalupe SM TX 78666**

Amount of contribution (\$)  
**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**10/22/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**THEODORE DAKE JR**  
Contributor address; City; State; Zip Code  
**220 N Johnson AVE  
San Marcos Tex 78666**

Amount of contribution (\$)  
**100<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**10/20/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Karl Brown**  
Contributor address; City; State; Zip Code  
**834 W Hopkins St  
San Marcos TX 78666**

Amount of contribution (\$)  
**100<sup>00</sup>**

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: 5

2 FILER NAME

Saul Gonzales

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Timothy Rice

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

104 W Laurel Ln San Marcos TX 78866

100.00  
TR

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# 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            | 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.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Saul Gonzales</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/21</b>	5 Payee name <b>Fed Ex</b>	
6 Amount (\$) <b>\$ 2.21</b>	7 Payee address; City; State; Zip Code <b>4772 San Marcos TX 78666</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <b>10/12/2019</b>	Payee name <b>Sergio Rodriguez</b>	
Amount (\$) <b>40.00</b>	Payee address; City; State; Zip Code <b>Laredo St San Marcos TX 78666</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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: <b>3</b>	2 FILER NAME <b>Saul Gonzales</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/25/2019</b>	5 Payee name <b>Stripes / Synoco</b>
-----------------------------	---

6 Amount (\$) <b>18.50</b>	7 Payee address; City; State; Zip Code <b>3936 S. Hwy 35 San Marcos TX 78666</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense / Travel in district gas for dropping flyers helpers</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

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

Date <b>10/8/2019</b>	Payee name <b>US Postal Service</b>
--------------------------	--

Amount (\$) <b>110.00</b>	Payee address; City; State; Zip Code <b>210 S Stagecoach TR San Marcos TX 78666</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>10/24/2019</b>	Payee name <b>Paragon Printing</b>
---------------------------	---------------------------------------

Amount (\$) <b>1,499.00</b>	Payee address; City; State; Zip Code <b>10423 McKalla Place Austin TX 78756</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
--	-------------------------------	---------------	-------------

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	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.

1 Total pages Schedule F1: 3      2 FILER NAME: Saul Gonzales      3 Filer ID (Ethics Commission Filers)

4 Date: 10/10/2019      5 Payee name: Color mix Graphics & Printing

6 Amount (\$): \$276.85      7 Payee address; City; State; Zip Code: 4045, C.M. Allen Parkway San Marcos TX 78666

8 PURPOSE OF EXPENDITURE: Printing/Advertising Expense

(a) Category (See Categories listed at the top of this schedule)

(b) Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

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

Date: 10/26/2019      Payee name: Mana's

Amount (\$): 35.19      Payee address; City; State; Zip Code: 807 Alabama St San Marcos TX 78666

PURPOSE OF EXPENDITURE: Food/Beverage Expense

Category (See Categories listed at the top of this schedule)

Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: 10/22/2019      Payee name: ~~Wonder World Center~~ Exxon Mobil Wonder World Center 2041 S IH 35 San Marcos TX 78666

Amount (\$): \$50.00      Payee address; City; State; Zip Code: wonder world center 2041 S IH 35 San Marcos TX 78666

PURPOSE OF EXPENDITURE: Travel indistrict/gas

Category (See Categories listed at the top of this schedule)

Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED