

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission Filers)</small>	2 Total pages filed;
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Clint	MI C
<small>NICKNAME</small>		<small>LAST</small>	<small>SUFFIX</small>
Ives			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / P.O. BOX: P. O Box 533	APT / SUITE #:	CITY: Inez
<input type="checkbox"/> change of address		STATE: TX	ZIP CODE 77968
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 649-2068	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Nancy	MI L
<small>NICKNAME</small>		<small>LAST</small>	<small>SUFFIX</small>
Ives			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO P.O. BOX PLEASE): 9583 J-2 Ranch Rd	APT / SUITE #:	CITY, STATE, ZIP CODE Inez TX 77968
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 550-2475	EXTENSION
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 checked="" type="checkbox"/> July 15 <input 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 2 / 25 / 2018		THROUGH Month Day Year 6 / 30 / 2018
11 ELECTION	ELECTION DATE Month Day Year 3 / 6 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Victoria County Commissioner Pct 4	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

OFFICE USE ONLY

Date Received
JUL 16 2018

Date Hand-delivered or Postmarked
M. Ives

<small>Receipt #</small>	<small>Amount</small>

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Clint C Ives

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

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

\$ 0

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

\$ 5,800.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,184.53

CONTRIBUTION
BALANCE

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

\$ 100.00

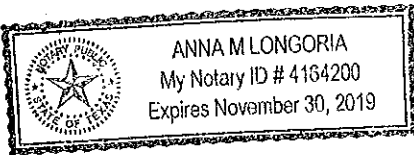
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Clint C Ives
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Clint C Ives, this the 06 day of July, 20 18, to certify which, witness my hand and seal of office.

Anna M Longoria
Signature of officer administering oath

Anna M. Longoria
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME **Clint C Ives** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 2/27/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (IC#: Glenn and Dorothy Ralston 6 Contributor address; City; State; Zip Code PO Box 609 Telferner, TX 77988	7 Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
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9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 2/27/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (IC#: Ben And Gay Heilker Contributor address; City; State; Zip Code PO Box 3882 Victoria, TX 77903	Amount of contribution (\$) 1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 3/2/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (IC#: Jason and Sharon Elder Contributor address; City; State; Zip Code 114 Creekside Victoria, TX 77904	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 3/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (IC#: Ronnie and Meg Reese Contributor address; City; State; Zip Code 198 Post Oak Bend Inez, TX 77968	Amount of contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 3/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (IC#: Tom and Lisa Null Contributor address; City; State; Zip Code 801 Champions Row Victoria, TX 77904	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/2/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jay and Barbara Lack 6 Contributor address; City; State; Zip Code 102 Creekside Victoria, TX 77904	7 Amount of contribution (\$) 75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 3/2/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jill Trevino Contributor address; City; State; Zip Code 116 Blue Rock Victoria, TX 77904	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 3/2/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RA Kuester Contributor address; City; State; Zip Code PO Box 7065 Victoria, TX 77903	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 3/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandy and Randy Muegge Contributor address; City; State; Zip Code 292 Buckingham St Victoria, TX 77904	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 3/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Estrella Solitario Ranch Contributor address; City; State; Zip Code 7519 Shannondale Dr Sugarland, TX 77479	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/2/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr Robert Gilliam 6 Contributor address; City; State; Zip Code PO Box 3330 Victoria, TX 77903	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/22/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger Contributor address; City; State; Zip Code Corpus Christi, TX	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/14/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin and Rhonda Chapman Contributor address; City; State; Zip Code 3906 Petra Path Austin, TX 78731	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr Dave Hanselka Contributor address; City; State; Zip Code 407 Conti Ln Victoria, TX 77904	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim and Diedre Webb Contributor address; City; State; Zip Code 107 Brushy Creek Victoria, TX 77904	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME **Clint C Ives** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5/3/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Emily Dial 6 Contributor address; City; State; Zip Code 101 Albany St San Antonio, TX 78209	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 5/9/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas and Grace Innes Contributor address; City; State; Zip Code 222 Sirocco Victoria, TX 77904	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Bland Contributor address; City; State; Zip Code Po Box 338 Victoria, TX 77902	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Hewitt Jr Contributor address; City; State; Zip Code Po Box 400 Victoria, TX 77902	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Morgan O'Connor Contributor address; City; State; Zip Code Po Box 290 Victoria TX 77902	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/28/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr A Kopecky	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 112 Hollywood Blvd Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert McKay	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 303 Leisure Ln Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Clint C Ives	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/26/2018	5 Payee name Chris Nicholson
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code PO Box 2522 Victoria TX 77902
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/27/2018	Payee name UPS Store
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Amount (\$) 1,205.13	Payee address; City; State; Zip Code 8806 N. Navarro Victoria TX 77904
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/27/18	Payee name Victoria Radio Works
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Amount (\$) 275.40	Payee address; City; State; Zip Code Hwy 87 Victoria, TX 77901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/2/2018	Payee name Victoria Radio Works
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Amount (\$) 204.00	Payee address; City; State; Zip Code Hwy 87 Victoria, TX 77901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 3/7/2018		5 Payee name Chris Nicholson			
6 Amount (\$) 2,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Po Box 2522 Victoria, TX 77902			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting		(b) Description (If travel outside of Texas, complete Schedule I)	
Date 4/11/2018		Payee name Gulfcoast Feed			
Amount (\$) 506.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2410 PT Lavaca Dr, Victoria, TX 77901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Supplies (Account due)		Description (If travel outside of Texas, complete Schedule I)	
Date 4/15/2018		Payee name Martin Printing			
Amount (\$) 489.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2407 N. Laurent Victoria, TX 77901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing (Account Due)		Description (If travel outside of Texas, complete Schedule I)	
Date 5/1/2018		Payee name Warriors Weekend Donation			
Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Victoria, TX (online Donation)			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule I)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Clint C Ives	3 ACCOUNT # (Ethics Commission File#)
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4 Date 6/2/2018	5 Payee name Chris Nicholson
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6 Amount (\$) 2,200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Po Box 2522 Victoria, TX 77902
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule 1)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule 1)
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule 1)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule 1)
------------------------	--	---

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