

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed Instructions.		1 Total pages filed:
2 CANDIDATE NAME	MS / MRS / MR FIRST MI	<b>OFFICE USE ONLY</b> Filer ID # <b>RECEIVED</b> SEP 22 2023 AUSTIN COUNTY ELECTIONS Date Rec'd: _____ Date Filed: _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
	NICKNAME LAST SUFFIX	
Andrea		
Cardenas		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
401 E. Strauss Street, Apt. 1, Bellville, TX 77418		
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	
( 979 ) 291-9504		
5 OFFICE HELD (if any)	County Clerk	
6 OFFICE SOUGHT (if known)	County Clerk	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX	
Andrea Cardenas		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE	
401 E. Strauss Street, Apt. 1, Bellville, TX 77418		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
( 979 ) 291-9504		
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.  I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  <u>Andrea Cardenas</u> <u>9-22-23</u> Signature of Candidate Date Signed	

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

11 CANDIDATE  
NAME

Andrea Cardenas

12 MODIFIED  
REPORTING  
DECLARATION

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**\*\* This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. \*\***

**\*\* The modified reporting option is valid for one election cycle only. \*\***  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**\*\* Candidates for the office of state chair of a political party  
may NOT choose modified reporting. \*\***

I do not intend to accept more than \$1,010 in political contributions  
or make more than \$1,010 in political expenditures (excluding filing  
fees) in connection with any future election within the election  
cycle. I understand that if either one of those limits is exceeded, I  
will be required to file pre-election reports and, if necessary, a  
runoff report.

2024

Year of election(s) or election cycle to  
which declaration applies

Andrea Cardenas

Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)

or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

# 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 NICKNAME LAST SUFFIX Andrea Cardenas	<b>OFFICE USE ONLY</b> Date Received <h2 style="font-size: 2em; margin: 0;">RECEIVED</h2> JAN 16 2024 AUSTIN COUNTY ELECTIONS Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 704 Bellville TX 77418 <input checked="" type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 291-9504		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Andrea Cardenas		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 E Strauss St. Apt 1 Bellville TX 77418 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 291-9504		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 9 / 22 / 2023    THROUGH    12 / 31 / 23		
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Austin County Clerk	13 OFFICE SOUGHT (if known)	
14 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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Andrea Cardenas</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,840</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,477.60</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>362.40</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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.

Andrea Cardenas

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Andrea Cardenas, and my date of birth is 05-10-72.

My address is PO Box 704, Bellville, TX, 77418, Austin.

Executed in Austin County, State of Texas, on the 16<sup>th</sup> day of January, 2024.

Andrea Cardenas

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,840
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,477.60
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Andrea Cardenas		3 Filer ID (Ethics Commission Filers)
4 Date Oct 10, 2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Prichardt	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 11014 Pless Rd. Cat Spring TX		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date Nov 9, 2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joetta Eberly \$750 for filing fee	Amount of contribution (\$) \$1,500
Contributor address; City; State; Zip Code 10353 Eburly Ranch Rd Chappell Hill TX		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date Dec 10, 2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Nava	Amount of contribution (\$) \$40
Contributor address; City; State; Zip Code 419 N Meinecke Belville TX 77418		
Principal occupation / Job title (See Instructions) Barber / Hair Stylist		Employer (See Instructions) Self-employed
Date Dec 23, 2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Bryant	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 2210 PO Box 1027 Belville TX 77418		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) 1st TX Home Health

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**

If the requested information is not applicable, DO NOT include this page in the report.

### 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 <i>Andrea Cardenas</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-15-23</i>	5 Payee name <i>Austin County State Bank</i>	
6 Amount (\$) <i>\$40.36</i>	7 Payee address; City; State; Zip Code <i>436 S Front St. Bellville TX 77418</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	(b) Description <i>Checks</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>11-20-23</i>	Payee name <i>Austin County Republican Party</i>	
Amount (\$) <i>\$750</i>	Payee address; City; State; Zip Code <i>856 W Main St. Bellville TX 77418</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
Date <i>11-20-23</i>	Payee name <i>U.S. Post Office</i>	
Amount (\$) <i>\$105.00</i>	Payee address; City; State; Zip Code <i>229 E Palm St. Bellville TX 77418</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Post Office Box</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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:	2 FILER NAME <i>Andrea Cardenas</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-1-23</i>	5 Payee name <i>Spirit T's</i>	
6 Amount (\$) <i>\$86.60</i>	7 Payee address; City; State; Zip Code <i>185 Holland St Bellville TX 77418</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>shirts</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>12-2-23</i>	Payee name <i>Herreras</i>	
Amount (\$) <i>\$101.61</i>	Payee address; City; State; Zip Code <i>1701 Hwy 90 W Ste. B Sealy TX 77474</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Sealy Fantasy of Lights</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
Date <i>12-8-23</i>	Payee name <i>Austin County Printing</i>	
Amount (\$) <i>\$394.03</i>	Payee address; City; State; Zip Code <i>6 N Kenney St. Bellville TX 77418</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Campaign Cards, Car magnets</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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 NICKNAME LAST SUFFIX Andrea Cardenas	<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">FEB 05 2024</div> <div style="font-size: 16px; font-weight: bold;">AUSTIN COUNTY ELECTIONS</div> <div style="font-size: 10px; margin-top: 10px;">Date Received</div> <div style="font-size: 10px; margin-top: 10px;">Date Hand-delivered or Date Postmarked</div> <div style="font-size: 10px; margin-top: 10px;">Receipt #      Amount \$</div> <div style="font-size: 10px; margin-top: 10px;">Date Processed</div> <div style="font-size: 10px; margin-top: 10px;">Date Imaged</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 704 Bellville, TX 77418 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 291-9504		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Andrea Cardenas		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 E Strauss Street Apt. 1 Bellville, TX 77418 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 291-9504		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year 01 / 01 / 2024      THROUGH      01 / 25 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) County Clerk	13 OFFICE SOUGHT (if known) County Clerk	
14 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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Andrea Cardenas</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>997.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>383.19</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>613.81</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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.

Andrea Cardenas  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Andrea Cardenas and my date of birth is 05/10/1972  
 My address is 401 E Strauss St. Apt 1 Bellville TX 77418 USA  
(street) (city) (state) (zip code) (country)  
 Executed in Austin County, State of Texas, on the 5<sup>th</sup> day of February, 20 24.  
(month) (year)  
Andrea Cardenas  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Andrea Cardenas</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>997</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>3,815.27</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>383.19</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Andrea Cardenas</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01-8-2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christie Whitesides</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>715 Texas Belville TX 77418</b>		
8 Principal occupation / Job title (See Instructions) <b>Deputy Clerk</b>		9 Employer (See Instructions) <b>Austin County Clerk's Office</b>
Date <b>1/5/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Castañeda</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>5943 HWY 159W Belville TX 77418</b>		
Principal occupation / Job title (See Instructions) <b>Fitness Instructor</b>		Employer (See Instructions) <b>Self-employed</b>
Date <b>1/5/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alfonso Cardenas, Jr</b>	Amount of contribution (\$) <b>\$95.00</b>
Contributor address; City; State; Zip Code <b>401E Strauss St. Apt 1, Belville, TX 77418</b>		
Principal occupation / Job title (See Instructions) <b>Customer Associate Service Associate</b>		Employer (See Instructions) <b>Walgreen's</b>
Date <b>1/5/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cyndey Pennison</b>	Amount of contribution (\$) <b>\$10</b>
Contributor address; City; State; Zip Code <b>312W Glenn Belville TX 77418</b>		
Principal occupation / Job title (See Instructions) <b>Assistant Manager</b>		Employer (See Instructions) <b>Maurices</b>

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Andrea Cardenas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/6/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrea Cardenas</i>	7 Amount of contribution (\$) <i>\$ 2.00</i>
6 Contributor address; City; State; Zip Code <i>401 E Strauss St Apt 1 Bellville TX 77418</i>		
8 Principal occupation / Job title (See Instructions) <i>County Clerk</i>		9 Employer (See Instructions) <i>Austin County Clerk's Office</i>
Date <i>1/8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Knapp</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>746 5th St. Bealy TX 77474</i>		
Principal occupation / Job title (See Instructions) <i>Insurance Agent</i>		Employer (See Instructions) <i>Woodmen of the World</i>
Date <i>1/5/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Corin Cardenas</i>	Amount of contribution (\$) <i>\$ 30.00</i>
Contributor address; City; State; Zip Code <i>2075 FM 389 Brenham TX 77833</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Eberly</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>10430 Eberly Ranch Chappell Hill, TX 77426</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Andrea Cardenas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/22/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Renee Eberly</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>10430 Eberly Ranch Chappell Hill TX 77426</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)

Date <i>1/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darren Detmer</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>Eberly Ranch Chappell Hill TX 77426</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)

Date <i>1/20/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn Hester</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>4975 FM 109 Newllm TX 78950</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>1/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Cooper</i>	Amount of contribution (\$) <i>\$10.00</i>
Contributor address; City; State; Zip Code <i>619 W main St. #104 Bellville TX 77418</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Andrea Cardenas</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>1/12/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joetta Eberly</u>	8 Amount of Contribution \$ <u>\$3,815.27</u>	9 In-kind contribution description <u>Signs</u>
7 Contributor address; City; State; Zip Code <u>10353 Eberly Ranch Rd Chappell Hill TX 77424</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Consultant</u>		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> 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)			

--

**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

If the requested information is not applicable, DO NOT include this page in the report.

### 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>Andrea Cardenas</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/5/24</b>	5 Payee name <b>Newman's Bakery</b>	
6 Amount (\$) <b>\$6.29</b>	7 Payee address; <b>504 E Main St. Bellville TX 77418</b>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	(b) Description <b>met with voter to discuss campaign</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 <b>1/5/24</b>	Payee name <b>Las Flores Mexican Restaurant</b>	
Amount (\$) <b>\$22.67</b>	Payee address; <b>5903 Commerce St. Wallis TX 77485</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Set up meet &amp; greet</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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

Date <b>1/18/24</b>	Payee name <b>Brenda Nava</b>	
Amount (\$) <b>\$25.00</b>	Payee address; <b>419 Meinecke St. Bellville TX 77418</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Hair styled for candidate forum</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/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 <u>Andrea Cardenas</u>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <u>1/20/24</u>	5 Payee name <u>Chevron -Kenny Express</u>
-----------------------	--

6 Amount (\$) <u>\$30.06</u>	7 Payee address; City; State; Zip Code <u>60110 Hwy 36 N Bellville, TX 77418</u>
------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Transportation Equipment &amp; Related Expense</u>	(b) Description <u>Putting out signs</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <u>1/20/24</u>	Payee name <u>Linseisen's Feed &amp; Supply</u>
---------------------	---

Amount (\$) <u>\$34.62</u>	Payee address; City; State; Zip Code <u>551 W Main Bellville TX 77418</u>
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Transportation Equipment &amp; Related Expense</u>	Description <u>Zip ties</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
---	-------------------------------	---------------	-------------

Date <u>1/20/24</u>	Payee name <u>Hometown Hardware</u>
---------------------	-------------------------------------

Amount (\$) <u>\$71.07</u>	Payee address; City; State; Zip Code <u>513 E Main St. Bellville TX 77418</u>
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Transportation Equipment &amp; Related Expense</u>	Description <u>T posts</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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 <i>Andrea Cardenas</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <i>1/22/24</i>	5 Payee name <i>Chamber of Commerce - Bellville</i>
-----------------------	---

6 Amount (\$) <i>\$100.00</i>	7 Payee address; City; State; Zip Code <i>742 W Main Bellville TX 77418</i>
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Booth - market days February 2024 &amp; March 2024</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>1/21/24</i>	Payee name <i>7-11</i>
---------------------	------------------------

Amount (\$) <i>\$35.02</i>	Payee address; City; State; Zip Code <i>322 E Main St Bellville TX 77418</i>
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation Equipment &amp; Related Expense</i>	Description <i>Fuel for putting out signs.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
---	-------------------------------	---------------	-------------

Date <i>1/23/24</i>	Payee name <i>Brand-It Graphix</i>
---------------------	------------------------------------

Amount (\$) <i>\$58.46</i>	Payee address; City; State; Zip Code <i>2507 Becker Dr Brenham TX 77833</i>
----------------------------	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 NICKNAME LAST SUFFIX Andrea Cardenas	<b>OFFICE USE ONLY</b> Date Received <h2 style="margin: 0;">RECEIVED</h2> FEB 26 2024 AUSTIN COUNTY ELECTIONS Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 704 Bellville TX 77418		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 291-9504		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Andrea Cardenas		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 E Strauss St. Apt. 1 Bellville TX 77418		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 291-9504		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 01 / 26 / 2024    THROUGH    02 / 24 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) County Clerk	13 OFFICE SOUGHT (if known) County Clerk	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ $\emptyset$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,600
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ $\emptyset$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,084.50 <del>1,396.22</del>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <del>1,521.72</del>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ $\emptyset$

18 SIGNATURE 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.

*Andrea Cardenas*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Andrea Cardenas and my date of birth is 05/10/1972.  
My address is 401 E Strauss St, Apt 1, Belville, TX, 77418, Austin.  
(street) (city) (state) (zip code) (country)

Executed in Austin County, State of TX, on the 26<sup>th</sup> day of February, 2024.  
(month) (year)

*Andrea Cardenas*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Andrea Cardenas</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,600</i>
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	\$ <i>2,084.50</i>
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Andrea Cardenas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/3/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce Noviskie</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/6/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maurice Newman</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>2645 Hwy 36 N Bellville, TX 77418</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>2/6/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lube Station</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>807 E Main St Bellville TX 77418</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/29/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tristan Coffey</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1553 Bell Oaks Dr Bellville TX 77418</i>		
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Andrea Cardenas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/21/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Byler</i>	7 Amount of contribution (\$) <i>2,000.00</i>
6 Contributor address; City; State; Zip Code <i>6708 Coshatte Rd Bellville TX 77418</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
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

If the requested information is not applicable, DO NOT include this page in the report.

### 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:	2 FILER NAME <i>Andrea Cardenas</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/29/24</i>	5 Payee name <i>Dollar General</i>	
6 Amount (\$) <i>4.33</i>	7 Payee address; City; State; Zip Code <i>327 Fowlkes St. Sealy TX 77474</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Balloon for table decor</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/5/24</i>	Payee name <i>El Jimador</i>	
Amount (\$) <i>21.91</i>	Payee address; City; State; Zip Code <i>864 E Hill St. Bellville TX 77485</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Beverages for meet &amp; greet</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
Date <i>2/9/24</i>	Payee name <i>Shell</i>	
Amount (\$) <i>25.03</i>	Payee address; City; State; Zip Code <i>800 W Main St Bellville TX 77418</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Gas to put up signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 <i>Andrea Cardenas</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>2/12/24</i>	5 Payee name <i>Bellville Times</i>
--------------------------	--

6 Amount (\$) <i>147.00</i>	7 Payee address; City; State; Zip Code <i>106 E Palm St. Bellville TX 77418</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Ad</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/17/24</i>	Payee name <i>Tony's Restaurant</i>
------------------------	--

Amount (\$) <i>210.70</i>	Payee address; City; State; Zip Code <i>1629 Meyer St. Sealy Bellville TX 77474</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>Lunch for door knocking Food for meet &amp; greet</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
---	-------------------------------	---------------	-------------

Date <i>2/19/24</i>	Payee name <i>Sealy News</i>
------------------------	---------------------------------

Amount (\$) <i>406.00</i>	Payee address; City; State; Zip Code <i>327 Fowlkes St Sealy TX 77474</i>
------------------------------	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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:	2 FILER NAME <i>Andrea Cardenas</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/12/24</i>	5 Payee name <i>Dollar General</i>	
6 Amount (\$) <i>6.50</i>	7 Payee address; City; State; Zip Code <i>651 E Main St Bellville TX 77418</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Decor for Meet &amp; Greet</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/10/24</i>	Payee name <i>Las Flores Mexican Restaurant</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>5903 Commerce St Wallis TX 77485</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <del>Event Expense</del> <i>Food/Beverage</i>	Description <i>Food for Meet &amp; Greet</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
Date <i>2/12/24</i>	Payee name <i>Sealy News</i>	
Amount (\$) <i>340.00</i>	Payee address; City; State; Zip Code <del>327 Fowlkes St</del> <i>800 W Main St Bellville TX 77418</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Ad</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 Andrea Cardenas	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------	---------------------------------------

4 Date 2/19/24	5 Payee name Bellville Times
-------------------	---------------------------------

6 Amount (\$) 175.50	7 Payee address; City; State; Zip Code 104 E Palm St Bellville TX 77418
-------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/21/24	Payee name Brand -IT Graphix
-----------------	---------------------------------

Amount (\$) 166.03	Payee address; City; State; Zip Code 2507 Becker Dr Brenham TX 77833
-----------------------	---

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

Date 2/23/24	Payee name Bellville Times
-----------------	-------------------------------

Amount (\$) 175.50	Payee address; City; State; Zip Code 106 E Palm St. Bellville TX 77418
-----------------------	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Andrea Cardenas</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/23/24</i>	<b>5</b> Payee name <i>Sealy News</i>	
<b>6</b> Amount (\$) <i>406.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>Sealy 327 Fowlkes St. Sealy TX 77474</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>Ad</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> 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
--	-------------------------------	---------------	-------------

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**