

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 #
(Ethics Commission filers)
55555555

2 PAGE #
1 of 12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Chris
NICKNAME LAST SUFFIX
Hightower

OFFICE USE ONLY

Date Received

RECEIVED - C/OH
JUL 15 PM 3:29

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
1201 W. Park Row Dr.
Arlington, TX 76013

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs. Martha
NICKNAME LAST SUFFIX
Marty Hubble

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
637 St. Charles Court
Arlington, TX 76013

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 633-2503

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
06/09/2011 06/30/2011

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
06/18/2011

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
Arlington City Council District 5

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Hightower, Chris (Mr.)

15 ACCOUNT # (Ethics Commission filers)
55555555

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 75.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 9,885.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 305.12**

4. TOTAL POLITICAL EXPENDITURES **\$ 18,060.34**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 3,432.03**

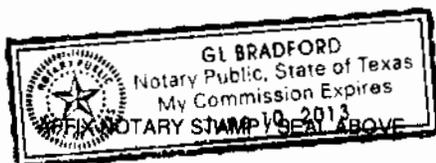
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

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



Sworn to and subscribed before me, by the said candidate, Chris Hightower, this the 15 day of July, 2011, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

GL Bradford
Print 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 PAGE # Schedule: 1/5 Report: 3/12	
2 FILER NAME Hightower, Chris (Mr.)		3 ACCOUNT # (Ethics Commission filers) 55555555	
4 Date 06/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abrams, Dick (Mr.) 6 Contributor address; City; State; Zip Code 4301 Briarhaven Road Fort Worth, TX 76109	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) small business owner		10 Employer (See Instructions) self	
Date 06/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amon, Jason Contributor address; City; State; Zip Code 1404 S. Adams Street Fort Worth, TX 76104	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/09/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anable, Thomas (Mr.) Contributor address; City; State; Zip Code 10158 Meadowcrest Drive Benbrook, TX 76126	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) self	
Date 06/09/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bazzell, Angela (Ms.) Contributor address; City; State; Zip Code 1900 Hi Line Drive Apt. 342 Dallas, TX 75207	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowman, Bonnie Contributor address; City; State; Zip Code 1601 University Drive Arlington, TX 76013	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 4/12	
2 FILER NAME Hightower, Chris (Mr.)		3 ACCOUNT # (Ethics Commission filers) 55555555	
4 Date 06/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butterfield, Colleen 6 Contributor address; City; State; Zip Code 1538 country Forest Court Grapevine, TX 76051	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/09/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Bronson (Mr.) 6 Contributor address; City; State; Zip Code 7108 Falling Springs Road Fort Worth, TX 76116	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DiStefano, Laura (Mrs.) 6 Contributor address; City; State; Zip Code 8433 Meadowbrook Drive Fort Worth, TX 76120	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) community volunteer	
4 Date 06/09/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dougherty, Maria (Mrs.) 6 Contributor address; City; State; Zip Code 815 Blossomwood Drive Artington, TX 76017	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/09/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griggs, Steven 6 Contributor address; City; State; Zip Code 6220 Gaston Avenue Suite 700 Dallas, TX 75214	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 4/5 Report: 6/12

2 FILER NAME Hightower, Chris (Mr.)

3 ACCOUNT # (Ethics Commission filers)
55555555

4 Date

06/09/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Maxwell, Stephen (Mr.)

6 Contributor address; City; State; Zip Code
3904 Driskell Blvd.
Fort Worth, TX 76107

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

06/17/2011

Full name of contributor out-of-state PAC (ID# _____)
McClintock, Lina (Mrs.)

Contributor address; City; State; Zip Code
1226 West Park Row Drive
Arlington, TX 76013

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/13/2011

Full name of contributor out-of-state PAC (ID# _____)
Noblett, Chet

Contributor address; City; State; Zip Code
301 W. Abram Street
Arlington, TX 76010

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/15/2011

Full name of contributor out-of-state PAC (ID# _____)
Pollock, John

Contributor address; City; State; Zip Code
1241 W. Green Oaks Blvd.
Arlington, TX 76013

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/16/2011

Full name of contributor out-of-state PAC (ID# _____)
Quirk, Lorie (Ms.)

Contributor address; City; State; Zip Code
2429 St. Gregory Street
Arlington, TX 76013

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 5/5 Report: 7/12

2 FILER NAME Hightower, Chris (Mr.)

3 ACCOUNT # (Ethics Commission filers)
55555555

4 Date
06/16/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Thompson, Kathleen

6 Contributor address; City; State; Zip Code
1570 Dublin Circle
Grapevine, TX 76051

7 Amount of contribution (\$)
\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
06/09/2011

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

Contributor address; City; State; Zip Code
1133 15th Street NW
Suite 350
Washington, DC 20005

Amount of contribution (\$)
\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/15/2011

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

Contributor address; City; State; Zip Code
1133 15th Street NW
Suite 350
Washington, DC 20005

Amount of contribution (\$)
\$1,200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 8/12		2 FILER NAME Hightower, Chris (Mr.)		3 ACCOUNT # (TEC filers) 55555555	
4 Date 06/28/2011		5 Payee name AMM Political			
6 Amount (\$) \$1,462.60		7 Payee address City; State; Zip Code 507 N. Sylvania Avenue Fort Worth, TX 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> phone consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/18/2011		Payee name Arlington Museum of Art			
Amount (\$) \$100.00		Payee address City; State; Zip Code 201 W. Main Street Arlington, TX 76010			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Room rental for fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/18/2011		Payee name Atomic Subs & Wings			
Amount (\$) \$467.54		Payee address City; State; Zip Code 1615 West Park Row Drive Arlington, TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Watch party	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/18/2011		Payee name Coker's Barbecue			
Amount (\$) \$81.89		Payee address City; State; Zip Code 2612 West Pioneer Parkway Arlington, TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 9/12		2 FILER NAME Hightower, Chris (Mr.)		3 ACCOUNT # (TEC filers) 55555555	
4 Date 06/11/2011	5 Payee name Graphics 2				
6 Amount (\$) \$1,087.00	7 Payee address City; State; Zip Code 507 S. Main Street Fort Worth, TX 76104				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> doorhangers for get out the vote activities		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/29/2011	Payee name Guthrie, Rachel				
Amount (\$) \$195.00	Payee address City; State; Zip Code 67 Black Bear Drive Unit 1505 Waltham, MA 02451				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website maintenance		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/13/2011	Payee name Mack Crouse Group				
Amount (\$) \$2,383.62	Payee address City; State; Zip Code 2001 N. Beauregard Street Alexandria, VA 22311				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Direct mail consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/16/2011	Payee name Mack Crouse Group				
Amount (\$) \$10,730.57	Payee address City; State; Zip Code 2001 N. Beauregard Street Alexandria, VA 22311				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Direct mail consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 10/12		2 FILER NAME Hightower, Chris (Mr.)		3 ACCOUNT # (TEC filers) 55555555	
4 Date 06/11/2011		5 Payee name Nizza Pizza			
6 Amount (\$) \$54.32		7 Payee address City; State; Zip Code 1430 S. Cooper Street Arlington, TX 76013			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> lunch for volunteer canvassers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/16/2011		Payee name Nizza Pizza			
Amount (\$) \$57.56		Payee address City; State; Zip Code 1430 S. Cooper Street Arlington, TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch for volunteer canvassers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/10/2011		Payee name Office Max			
Amount (\$) \$99.87		Payee address City; State; Zip Code 1303 North Collins Street Arlington, TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/19/2011		Payee name Print Masters			
Amount (\$) \$60.00		Payee address City; State; Zip Code 4076 East Lancaster Fort Worth, TX 76103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> T-shirts for volunteers on election day	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/5 Report: 11/12		2 FILER NAME Hightower, Chris (Mr.)		3 ACCOUNT # (TEC filers) 55555555	
4 Date 06/18/2011		5 Payee name SubWay			
6 Amount (\$) \$53.46		7 Payee address City; State; Zip Code 409 West Abram Street Arlington, TX 76010			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch for volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/16/2011		Payee name Tom Thumb			
Amount (\$) \$43.66		Payee address City; State; Zip Code 2611 West Park Row Drive Arlington, TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies for office	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/17/2011		Payee name Tom Thumb			
Amount (\$) \$23.52		Payee address City; State; Zip Code 2611 West Park Row Drive Arlington, TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/10/2011		Payee name U.S. Postmaster			
Amount (\$) \$580.00		Payee address City; State; Zip Code 300 E. South Street Arlington, TX 76010			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/5 Report: 12/12	2 FILER NAME Hightower, Chris (Mr.)	3 ACCOUNT # (TEC filers) 55555555
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4 Date 06/20/2011	5 Payee name Verio Web Hosting
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6 Amount (\$) \$149.95	7 Payee address City; State; Zip Code 1950 N. Stemmons Freeway Dalls, TX 75207
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> web hosting services
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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 06/16/2011	Payee name XPedX
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Amount (\$) \$124.66	Payee address City; State; Zip Code 2017 White Settlement Road Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paper supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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