## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how	to comple	te this form.	<b>1</b> Fi	ler ID (Ethics Com	nission Filers)	2 Total pages fi	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR		FIRST		I	ИІ	OFFICE	USE ONLY
NAME	NICKNAME		LAST			SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; А	PT / SUITE #;	CITY;	STATE; 2	ZIP CODE		
Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE	NUMBER		EXTENSION		Date Hand-delivered Receipt #	l or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR		FIRST		I	MI	Date Processed	Amount \$
NAME	NICKNAME		LAST			SUFFIX		
							Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX	PLEASE); APT /	SUITE #;	CITY;		STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE	NUMBER		EXTENSION			
TREASURER	AREA CODE	FILONE	NOMBER		EXTENSION			
PHONE	( )							
	( )							
9 REPORT TYPE	January 15		30th day before	election	Runoff		15th day ai treasurer a (Officeholde	
	July 15		8th day before e	election	Exceed Reportir	ed Modified ng Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD	Month	Day	Year			Month	Day Yea	r
COVERED	/	/ /	/	Т	HROUGH	/		
11 ELECTION	ELECTION DA	TE			EL	ECTION TYPE		
	Month Day	Year	Primary	/	Runoff	Other		
		/	Genera	ıl	Special	Description		
		/						
12 OFFICE	OFFICE HELD (if any)		1		13 OFFICE SOU	GHT (if known	)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. T	HESE EXPENDITUR	ES MAY HA	VE BEEN MADE WITH	OUT THE CANE	DIDATE'S OR OFFICEHO	MMITTEES TO SUPPORT .DER'S KNOWLEDGE OR F SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	EE NAME					
	OFNEDAL	СОММІТТЕ	EE ADDRESS					
Additional Pages	GENERAL							
	SPECIFIC	COMMITTE	EE CAMPAIGN TR	REASURER	NAME			
		COMMITT	EE CAMPAIGN TI	REASURE	R ADDRESS			
			GO TO	PAG	E 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		<b>16</b> 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	I swear, or affirm, under penalty of perjury, that the accompanying report is true required to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<i>!</i> :
(1) Affidavit		
NOTARY STAMP/SI	EAL	
Sworn to and subscrib	ed before me by this the	day of,
20, to cert	ify which, witness my hand and seal of office.	
Signature of officer admini	stering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declara	ation	
My name is	, and my date of birth is	
My address is	,,,	
		state) (zip code) (country)
Executed in	County, State of, on the day of (month	), 20 )) (year)
	Signature of Candio	late/Officeholder (Declarant)

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)							
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE								
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS								
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS								
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS								
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS								
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$						
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$						

## MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	<b>1</b> Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
		<b>6</b> Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
		ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

т	he Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ule A2:
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor 🗌 out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description
	<b>7</b> Contributor address; City; State;	Zip Code	Chaoli, if trougl outsi	de of Toylog, Complete Schedule T
<b>10</b> Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor 🗌 out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsid	de of Texas. Complete Schedule T.
Principal oco	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		-	a requirements.

## PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	lule B:
2	FILER NAME			3 Filer ID (Ethics C	Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		<b>7</b> Pledgor address; City; St	ate; Zip Code	Chock if travel out	      .
		mation / Job title (See Instructions)	11 Employer (See		ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	<b>11</b> Employer (See	instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Si	ate; Zip Code		     
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	bation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution   description
		Pledgor address; City; Si	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State	e; Zip Code		   
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	lf	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Inst		-	ı requirements.

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#### SCHEDULE E

	The	Inst	ruction Guide explai	ins how to compl	ete this form.	1 Total pages Schedule E:
2	FILER NAME					3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITE	EMIZED LOANS			\$
5	Date of loan	7	Name of lender	out-of-state l	PAC (ID#: )	9 Loan Amount (\$)
6	ls lender a financial Institution?	8	Lender address;	City;	State; Zip Code	10 Interest rate
	Y N					<b>11</b> Maturity date
12	Principal occupatio	on /	Job title (See Instructi	ons)	13 Employer (See Instructions)	
14	Description of Coll	latera	al		15 Check if personal fu account (See Instru	nds were deposited into political ictions)
16	GUARANTOR INFORMATION		Name of guarantor		1	<b>19</b> Amount Guaranteed (\$)
	not applicable	18	Guarantor address;		State; Zip Code	
20	Principal Occupat	tion (	(See Instructions)		21 Employer (See Instructions)	
	Date of loan		Name of lender	out-of-state	PAC (ID#: )	Loan Amount (\$)
	ls lender a financial	_	Lender address;	City;	State; Zip Code	Interest rate
	Institution? Y N					Maturity date
	Principal occupatio	on /	Job title (See Instructi	ons)	Employer (See Instructions)	
	Description of Colla	atera	I			inds were deposited into political
	none	1			account (See Instru	
	GUARANTOR INFORMATION		Name of guarantor			Amount Guaranteed (\$)
			Guarantor address;	City;	State; Zip Code	
	not applicable					
	Principal Occupati	ion (	See Instructions)		Employer (See Instructions)	
	lf le	ende			IES OF THIS SCHEDULE AS NI struction guide for additional	

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
<b>1</b> Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee n	ame				
<b>6</b> Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	<ul> <li>(See Categories listed at the top of this</li> </ul>	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

## UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

		EXPENDITURE CA	<b>ATEGORIES F</b>	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office Ove Polling Exp se Printing Ex		Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
		The Instruction Guide ex	xplains how to c	omplete this form.		
<b>1</b> Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEN	IZED UN	IPAID INCURRED O	BLIGATION	S	\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aus	stin, TX, officeholder living e	kpense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate / Officeholder name	e O	ffice sought	Office hel	d
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top	o of this schedule)	Description		
		Check if travel outside of Texas. Co	mplete Schedule T.	Check if Au	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate / Officeholder nam	e C	ffice sought	Office hel	d
	ΑΤΤΑ	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NE	EDED	

### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

	Т	he Instruction Guide explains how to complete this form.	1	Total p	ages S	chedule F3:		
2	FILER NAME		3	Filer I	D (Ethio	cs Commissi	on Filers)	
4	Date	5 Name of person from whom investment is purchased						
		<b>6</b> Address of person from whom investment is purchased; Cit	y;			State;	Zip Code	
		7 Description of investment						
		8 Amount of investment (\$)						
	Date	Name of person from whom investment is purchased						
		Address of person from whom investment is purchased; City	/;			State;	Zip Code	
		Description of investment						
		Amount of investment (\$)						
		·						
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEE	DED			

Forms provided by Texas Ethics Commission

	EXP	ENDITURE CAT	EGORIES	FOR BOX 10	)(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Po	de By Gift/Award	erage Expense Is/Memorials Expense	Office Ov Polling E Printing E		pense Transporta Travel In D Travel Out	District t Of District	g Expense ent & Related Expe / not listed above)
The Instruction	on Guide explains how to co	omplete this form.		USE A NEW P	AGE FOR EACH CRE		ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILER	ID (Ethics	Commission File
4 TOTAL OF UNITEMIZED E	XPENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institut	tion					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Crec	dit Card Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee add	łress;	City,	State,	Zip Code
B PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	isted at the top of this sched	ule)	(b) Description			
Non-Political	(c) Check if travel out	tside of Texas. Complete	e Schedule T.	C	Check if Austin, TX, officel	nolder living (	expense
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Off	ce Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Crec	dit Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee add	łress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	(a) Category (See Categories listed at the top of this schedule) (b)					
Non-Political	(c) Check if travel out	tside of Texas. Complete	Schedule T.		Check if Austin, TX, office	holder living	expense
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Offi	ce Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Crec	dit Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee add	łress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	isted at the top of this sched	ule)	(b) Description			
Non-Political	(C) Check if travel out	tside of Texas. Complete	Schedule T.		Check if Austin, TX, offic	ceholder livir	g expense
Complete ONLY if direct	Candidate / Officeholder			ce Sought		Office Held	

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### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE ${f G}$

			EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Acc Col Col Ci	vertising Expense counting/Banking nsulting Expense ntributions/Donations Made andidate/Officeholder/Politid dit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
4 7		0 EU ED NA				2 51 15 (51)	<b>0</b>
1	Fotal pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
4 [	Date	5 Payee nar	ne				
6 /	Amount (\$) Reimbursement from political contributions intended	7 Payee add	Iress;		City;	State;	Zip Code
8 E	PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description		
		(c) (	Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin,	, TX, officeholder living ex	pense
	nplete <u>ONLY</u> if direct anditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
[	Date	Payee nar	ne				
A	Amount (\$)	Payee add	lress;		City;	State;	Zip Code
	Reimbursement from political contributions intended						
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		(	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held
[	Date	Payee nar	ne				
A	Amount (\$)	Payee add	Iress;		City;	State;	Zip Code
	Reimbursement from political contributions intended						
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		(	Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin	, TX, officeholder living ex	pense
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED	

### PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office O Polling E Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distri Other (enter a categ	oment & Related Expense
		The Instruction Guide explain	ns how to	complete this form.		
<b>1</b> Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business	name			I	
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this se	chedule)	(b) Description		
	(c) (	Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
	c	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
	0	Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (	OF THIS	SCHEDULE AS NEE	DED	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

	The Instruction Guide explains how to com	plete this form.			
<b>1</b> Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name		<u> </u>		
<b>6</b> Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

Forms provided by Texas Ethics Commission

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	<b>5</b> Name of person from whom amount is received	<b>8</b> Amount (\$)
	<b>6</b> Address of person from whom amount is received; City; Sta	ate; Zip Code
	7 Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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

The Instru	uction Guide	e explains h	now to complete thi	s form.	<b>1</b> Total pages Schedule T:	
2 FILER NAME					3 Filer ID (Ethics Commiss	sion Filers)
4 Name of Contributor	Corporation	or Labor Org	ganization / Pledgor /	Payee	I	
5 Contribution / Expend	liture reported	l on:				
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name of	f person(s) t	raveling			
8 Departure city or name of departure location						
	9 Destinat	ion city or na	ame of destination loc	ation		
10 Means of transportat	ion	11 Purpos	e of travel (including r	name of conference, se	minar, or other event)	
Name of Contributor	/ Corporation	or Labor Org	ganization / Pledgor /	Payee		
Contribution / Expend	diture reported	d on:				
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name o	f person(s) t	raveling			
	Departu	re city or nai	me of departure locati	on		
	Destinat	ion city or na	ame of destination loc	ation		
Means of transportat	ion	Purpos	e of travel (including r	name of conference, se	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor Org	ganization / Pledgor /	Payee		
Contribution / Expend	diture reported	d on:				
Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedu	ule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name o	f person(s) t	raveling			
	Departu	re city or nai	me of departure locati	on		
	Destinat	ion city or na	ame of destination loc	ation		
Means of transportat	ion	Purpos	e of travel (including r	name of conference, se	eminar, or other event)	
	A	TTACH ADI	DITIONAL COPIES (	OF THIS SCHEDULE	AS NEEDED	

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## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

#### The Instruction Guide explains how to complete this form.

#### •• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1	C/OH NAME	2 Filer ID	(Ethics Commission Filers)

#### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

#### 4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

#### A. CAMPAIGN FUNDS

#### Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

#### Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

#### 5 OFFICEHOLDER

#### •• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

				OFFICE U	JSE ONLY
	AFFIDA CANDIDATE OR ( ELECTRONIC FIL	OFFICEHOLDER:		Date Received	
	An exemption affidavit must be	e submitted with each paper rep	ort.	Date Hand-delivered	or Date Postmarked
Beginning on January	1, 2025, a candidate or officeho	older who has accepted more t	han		
	tributions or made more than ust file all subsequent reports e	\$33,910 in political expenditu electronically.	res	Receipt #	Amount \$
				Date Processed	
Filer name		Filer ID #		Date Imaged	

- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the \_\_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

#### Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL			Signatur	e of Filer	
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 off	cer administering oath		Title of officer	administering o
		OR			
(2) Unsworn Declaration					
(2) Onsworn Declaration					
		, and my dat	e of birth is		
My name is					
My name is My address is(s Executed inCounty,	treet)	,(city)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, , , , , , , , , , , , , , , , , , , ,	(zip code) <sup>_,</sup> , 20	(country)