# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction 0                              | Gulde explains how    | to complete this form.       | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed:  |
|---|-----------------------|------------------------------|---|---|
| 3 CANDIDATE /<br>OFFICEHOLDER                       | MS / MRS / MR         | FIRST<br>JERRY               | MI                                      | OFFICE USE ONLY   |
| NAME  | NICKNAME              | LAST<br>SCHMIDT              | SUFFIX                                  | Date Received   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX      | ; APT / SUITE #; C           | CITY; STATE; ZIP CODE                   | Date Received  NOTH  NOTH   |
| Change of Address                                   |                       |                              |   | 1   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | (806 )                | PHONE NUMBER<br>445-1326     | EXTENSION                               | Date Hand-delivered or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER                             | MS/MRS/MR<br>MRS      | FIRST<br>EMILY               | MI                                      | Receipt # Amount \$   |
| NAME  | NICKNAME              | LAST                         | SUFFIX                                  | Date Flocessed  |
|   |                       | SCHMIDT                      |   | Date Imaged   |
| 7 CAMPAIGN  | STREET ADDRESS        | (NO PO BOX PLEASE); APT / SI | JITE #; CITY;                           | STATE; ZIP CODE   |
| TREASURER<br>ADDRESS                                | 990 CR 482            | Spur, TX 79370               |   |   |
| (Residence or Business)                             |                       |                              |   |   |
| 8 CAMPAIGN  | AREA CODE             | PHONE NUMBER                 | EXTENSION                               |   |
| TREASURER<br>PHONE                                  | (806)                 | 445-1189                     |   |   |
| 9 REPORT TYPE                                       | January 15            | 30th day before el           | lection Runoff                          | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only)   |
|   | July 15               | 8th day before ele           | ction Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED                                | Month                 | Day Year                     | Month                                   | Day Year  |
| COVERED   | 2 /                   | / 25 / 24                    | тнкоидн 5                               | / 18 / 24   |
| 11 ELECTION   | ELECTION DA           | <b>-</b>                     | ELECTION TYPE                           |   |
|   | Month Day             | Year Primary                 | Runoff Other Description                |   |
|   | 5 / 28 /              | ✓ 24 ☐ General               | Special                                 |   |
| 12 OFFICE   | OFFICE HELD (if any)  |                              | 13 OFFICE SOUGHT (if known Sheriff      | ))  |
| 14 NOTICE FROM POLITICAL                            | THE CANDIDATE / OFFIC | EHOLDER. THESE EXPENDITURES  | MAY HAVE BEEN MADE WITHOUT THE CAN      | IADE BY POLITICAL COMMITTEES TO SUPPORT<br>DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEE(S)  | COMMITTEE TYPE        | COMMITTEE NAME               | ES TOTES ON THIS INFORMATION ONLY IS    | THE RECEIVE NOTICE OF SUCH EXPENDITURES.  |
| Additional Pages                                    | GENERAL               | COMMITTEE ADDRESS            |   |   |
| -   | SPECIFIC              | COMMITTEE CAMPAIGN TREA      | ASURER NAME                             |   |
|   |                       | COMMITTEE CAMPAIGN TRE       | ASURER ADDRESS                          |   |
|   |                       |                              | THIS                                    | FILED FOR RECORD  |
| <del></del>   |                       | COTO                         | PAGE 2                                  | OC O'CLOCK A  |
|   |                       | GQ (Q)                       | PAGE 2                                  | DANAY CARNES  |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

DANAY CARNES

COUNTY CLERK, DICKENS CO. TEXAS

BY DEPUTY

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME<br>JERRY SCHMIDT  |   |  | 16 Filer ID   | (Ethics Commissi     | ion Filers)      |
|--------------------------------|---|--|---------------|----------------------|------------------|
| 17 CONTRIBUTION<br>TOTALS      | TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT |  | Y .           | \$                   |                  |
|                                | 2. TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOA                                 | BUTIONS<br>NS, OR GUARANTEES OF LOANS)   | ,             | \$ 5C                | 00.00            |
| EXPENDITURE<br>TOTALS          | 3. TOTAL UNITEMIZED POLITICA  | L EXPENDITURE.                           | ,             | \$                   |                  |
|                                | 4. TOTAL POLITICAL EXPEND   | ITURES                                   | Ş             | 1,03                 | 3.66             |
| CONTRIBUTION<br>BALANCE        | 5. TOTAL POLITICAL CONTRIBUT<br>OF REPORTING PERIOD                                 | TIONS MAINTAINED AS OF THE LA            | ST DAY        | <b>■ 1,13</b>        | 88.86            |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING                              | F ALL OUTSTANDING LOANS AS O<br>G PERIOD | FTHE          | \$                   |                  |
| 18 SIGNATURE I                 | swear, or affirm, under penalty of perjury, the                                     | hat the accompanying report is tru       | e and corre   | ct and includes a    | il information   |
| re                             | quired to be reported by me under Title 15, E                                       | lection Code.                            |               |                      |                  |
|                                |   |  |               |                      |                  |
|                                |   | Signature of Ca                          | andidate or   | Officeholder         |                  |
|                                |   | •  |               |                      |                  |
|                                |   |  |               |                      |                  |
|                                | Please comp   | lete either option belov                 | w.            |                      |                  |
|                                | i icase comp  | icic citiici option belot                |               |                      |                  |
|                                |   |  |               |                      |                  |
|                                |   |  |               |                      |                  |
| (1) Affidavit                  |   |  |               |                      |                  |
|                                |   |  |               |                      |                  |
| NOTARY STAMP/SEA               | L   |  |               |                      |                  |
| Sworn to and subscribed        | before me by  | this the                                 |               | day of               |                  |
|                                | which, witness my hand and seal of office.  |  |               | •                    |                  |
| ,,, <u></u> ,,,                | ,, ,, ,   |  |               |                      |                  |
| Signature of officer administe | ering oath Printed name of offi   | cer administering oath                   | Ti            | tle of officer admin | istering oath    |
|                                |   | OR                                       |               |                      |                  |
| (2) Unsworn Declarati          | on  |  |               |                      |                  |
|                                |   |  |               |                      |                  |
|                                | <del></del>   |  | ,             |                      |                  |
| iviy address is                | (street)  |  | state) (zi    | o code) (co          | intry)           |
| Executed in                    |   |  |               | , ,                  | -·· <b>··</b> // |
|                                | County, State of  | (mont)                                   | h) .          | (year)               |                  |
|                                |   | Signature of Candi                       | date/Officeho | older (Declarant)    |                  |

## **SUBTOTALS - C/OH**

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

|     | 19 FILER NAME JERRY SCHMIDT   |   |    |                    |  |
|-----|---|---|----|--------------------|--|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |   |    | SUBTOTAL<br>AMOUNT |  |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS   |   | \$ | 500.00             |  |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                           |   | \$ |                    |  |
| 3.  | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS  |   |    |                    |  |
| 4.  | SCHEDULE E: LOANS   | \$  |    |                    |  |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO                            | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS |    |                    |  |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | (s)   |    |                    |  |
| 7.  | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             |   |    |                    |  |
| 8.  | 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      |   |    |                    |  |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI                             | \$  |    |                    |  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A                            | \$  |    |                    |  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO                         | NTRIBUTIONS   | \$ |                    |  |
| 12. | 2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |   |    |                    |  |

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

| If the reques            | ted information is not applicable                   | e, DO NOT in     | clude this page in the      | report.                               |
|--------------------------|---|------------------|-----------------------------|---------------------------------------|
| The                      | Instruction Guide explains how to                   | complete this    | form.                       | 1 Total pages Schedule A1: 1          |
| 2 FILER NAME<br>JERRY SC | HMIDT   |                  |                             | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                   | 5 Full name of contributor BRETT AUSTIN             |                  | (ID#:)                      | 7 Amount of contribution (\$)         |
| 03/07/2024               | 6 Contributor address;<br>1134 CR 384 SPU           | city;            | State; Zip Code             | 500.00                                |
| 8 Principal occu         | pation / Job title (See Instructions)               |                  | 9 Employer (See Instru      | ctions)                               |
| · ·                      | ·   |                  | ,,                          |                                       |
| 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 Instru        | ctions)                               |
| Date                     | te 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 Instru        | ctions)                               |
| 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 Instru        | ctions)                               |
|                          |   |                  |                             |                                       |
|                          | ATTACH ADDITIO                                      | NAL COPIES (     | OF THIS SCHEDULE AS I       | 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:                               |                                |  |  |
|---|----------------|---|--|--------------------------------|--|--|
| 2   | FILER NAMI     |   |  | 3 Filer ID (Ethics Co          | mmission Filers)                                 |  |
| 4   | TOTAL O        | F UNITEMIZED IN-KIND POLITICAL CONTRIE  | BUTIONS  | \$                             |  |  |
| 5   | Date           | 6 Full name of contributor  |  | 8 Amount of<br>Contribution \$ | 9 In-kind contribution<br>description            |  |
|   |                | 7 Contributor address; City; State;   |  | Charle of terrors and a        | <br>   |  |
| _   |                |   |  | <u> </u>                       | de of Texas. Complete Schedule T.                |  |
|   | ·              | upation / Job title (FOR NON-JUDICIAL) (See Instructions)                               | 11 Employe   | er (FOR NON-JUDICI/            | AL)(See Instructions)                            |  |
|   |                | principal occupation (FOR JUDICIAL)   | 13 Contribu  | utor's job title (FOR JU       | DICIAL) (See Instructions)                       |  |
| 14  | Contributor's  | employer/law firm (FOR JUDICIAL)  | 15 Law firm  | n of contributor's spou        | se (if any) (FOR JUDICIAL)                       |  |
| 16  | If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                               |  |                                |  |  |
|   | Date           | Full name of contributor  |  | Amount of<br>Contribution \$   | In-kind contribution<br>description              |  |
|   |                | Contributor address; City; State;   | Zip Code   | Check if travel outside        | <br> <br> <br> de of Texas. Complete Schedule T. |  |
|   | Principal occ  | upation / Job title (FOR NON-JUDICIAL) (See Instructions)                               | Employe  | er (FOR NON-JUDICIA            | _ <del></del>                                    |  |
|   | Contributor's  | principal occupation (FOR JUDICIAL)   | Contribu   | itor's job title (FOR JU       | DICIAL) (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)                               |  |                                |  |  |
|   |                |   |  |                                |  |  |
|   |                |   |  |                                |  |  |
|   |                |   |  |                                |  |  |
|   |                | •   |  |                                |  |  |
|   |                |   |  |                                |  |  |
|   |                | <u> </u>  |  | -                              |  |  |
|   | ı              | ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction |  |                                | requirements.                                    |  |

Forms provided by Texas Ethics Commission

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## **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

| Th              | ne Instruction Guide explains how to complete this form. | 1 Total pages Sched        | ule B:                                  |
|-----------------|--|----------------------------|---|
| 2 FILER NAM     | E  | 3 Filer ID (Ethics C       | ommission Filers)                       |
| 4 TOTAL O       | F UNITEMIZED PLEDGES                                     | \$                         | <del>-</del>                            |
| 5 Date          | 6 Full name of pledgor                                   | ) 8 Amount<br>of Pledge \$ | 9 In-kind contribution description      |
|                 | 7 Pledgor address; City; State; Zip Code                 |                            | <br>                                    |
|                 |  | Check if travel outs       | [.<br>ide of Texas. Complete Schedule T |
| 10 Principal oc | cupation / Job title (See Instructions) 11 Employer (See | Instructions)              |   |
| Date            | Full name of pledgor                                     | Amount of Pledge \$        | In-kind contribution<br>description     |
|                 | Pledgor address; City; State; Zip Code                   | •                          |   |
|                 |  | Check if travel outs       | .<br>de of Texas. Complete Schedule T   |
| Principat occ   | supation / Job title (See Instructions) Employer (See    | Instructions)              |   |
| Date            | Full name of pledgor out-of-state PAC (ID#:              | Amount of Pledge \$        | In-kind contribution<br>description     |
|                 | Pledgor address; City; State; Zip Code                   | ,                          |   |
|                 |  | Check if travel outsi      | de of Texas, Complete Schedule T        |
| Principal occ   | cupation / Job title (See Instructions) Employer (See    | Instructions)              |   |
| Date            | Full name of pledgor                                     | Amount of Pledge \$        | In-kind contribution<br>description     |
|                 | Pledgor address; City; State; Zip Code                   | · <b>!</b><br> <br>        |   |
|                 |  | Check if travel outsi      | de of Texas. Complete Schedule T.       |
| Principal occi  | upation / Job title (See Instructions) Employer (See     | Instructions)              |   |
| -               |  |                            |   |
|                 |  |                            |   |
|                 |  |                            |   |

## LOANS SCHEDULE E

| If the requested                           | I information is not applicable, DO NO  | T include this page in the re               | port.  |
|--|---|---|--|
| The  | Instruction Guide explains how to compl | lete this form.                             | 1 Total pages Schedule E:                      |
| 2 FILER NAME                               |   |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 TOTAL OF UN                              | IITEMIZED LOANS                         | \$  |  |
| 5 Date of loan                             | _                                       | PAC (ID#:)                                  | 9 Loan Amount (\$)                             |
| 6 Is lender<br>a financial<br>Institution? | 8 Lender address; City;                 | State; Zip Code                             | 10 Interest rate                               |
| □ Y □ N                                    |   |   | 11 Maturity date                               |
| 12 Principal occupation                    | on / Job title (See Instructions)       | 13 Employer (See Instructions)              |  |
| 14 Description of Coll                     | ateral                                  | 15 Check if personal fun-                   | ds were deposited into political               |
| 16 GUARANTOR INFORMATION                   | 17 Name of guarantor                    |   | 19 Amount Guaranteed (\$)                      |
| not applicable                             | 18 Guarantor address; City;             | State; Zip Code                             |  |
| 20 Principal Occupat                       | ion (See Instructions)                  | 21 Employer (See Instructions)              |  |
| - I inicipal occupat                       | ion (cee manucions)                     | 21 Employer (See instructions)              |  |
| Date of loan                               | Name of lender                          | PAC (ID#:)                                  | Loan Amount (\$)                               |
| Is lender<br>a financial<br>Institution?   | Lender address; City;                   | State; Zip Code                             | Interest rate                                  |
| Y N  |   |   | Maturity date                                  |
| Principal occupation                       | on / Job title (See Instructions)       | Employer (See Instructions)                 | <u>                                       </u> |
| Description of Colla                       | ateral                                  | Check if personal fundaccount (See Instruct | ds were deposited into political ions)         |
| GUARANTOR<br>INFORMATION                   | Name of guarantor                       |   | Amount Guaranteed (\$)                         |
|  | Guarantor address; City;                | State; Zip Code                             |  |
| not applicable                             |   |   |  |
| Principal Occupati                         | on (See Instructions)                   | Employer (See Instructions)                 |  |
| lf le                                      | ATTACH ADDITIONAL COP                   | IES OF THIS SCHEDULE AS NEE                 |  |

## 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

Event Expense Fees Food/Beverage Expense Git/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

| Credit Card Payment  | The Instruction Guide explains how to o                          | complete this form.      | Calor (cinci a carogor)       | , not noted above, |
|--|--|--------------------------|-------------------------------|--------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>JERRY SCHMIDT                                    |                          | 3 Filer ID (Ethics            | Commission Filers) |
| 4 Date<br>02/29/2024   | 5 Payee name JERRY SCHMIDT                                       |                          |                               |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;                    | State;                        | Zip Code           |
| 31.78  | 209 E HILL ST SPUR, TX 79370                                     |                          |                               |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description          |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | EVENT EXPENSE  |                          | OTHERS - FOOI<br>THE CANIDATE |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi           | in, TX, officeholder living   | ехрепѕе            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name                                    | Office sought            | (                             | Office held        |
| Date   | Payee name   |                          |                               |                    |
| 03/02/2024   | MADISON HOLCOMB  |                          |                               |                    |
| Amount (\$)  | Payee address;   | City;                    | State;                        | Zip Code           |
| 100.00   | SPUR, TX   |                          |                               |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description              |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | ADVERTISING  | DISTRIBUTE               | CAMPAIGN F                    | LYERS              |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi           | in, TX, officeholder living e | expense            |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought            | C                             | Office held        |
| Date   | Payee name   |                          |                               |                    |
| 03/02/2024   | BEATRICE REDOELLI  |                          |                               |                    |
| Amount (\$)  | Payee address;   | City;                    | State;                        | Zip Code           |
| 125.00   | SPUR, TX   |                          |                               |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description              |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | ADVERTISING  | DISTRIBUTE CAMPAIGN FLYE |                               | YERS               |
|  | n, TX, officeholder living e                                     | xpense                   |                               |                    |
| 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 NEE          | EDED                          | -                  |

## 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriats 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)

| Geutoaid Fayillent  | The Instruction Guide explains how to                            | complete this form.                              |                                       |  |  |
|---|--|--|---------------------------------------|--|--|
| 1 Total pages Schedule F1:                                  | 2 FILER NAME<br>JERRY SCHMIDT                                    |  | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date  | 5 Payee name   |  |                                       |  |  |
| 03/02/2024  | JAGGER ZARATE  |  |                                       |  |  |
| 6 Amount (\$)   | 7 Payee address;   | City;  | State; Zip Code                       |  |  |
| 130.00  | SPUR, TX   |  |                                       |  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description                                  |                                       |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                | ADVERTISING  | DISTRIBUTE                                       | CAMPAIGN FLYERS                       |  |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust                                    | in, TX, officeholder living expense   |  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name                                    | Office sought                                    | Office held                           |  |  |
| Date  | Payee name   |  |                                       |  |  |
| 03/02/2024  | BRANDON GARZA WEST   |  |                                       |  |  |
| Amount (\$)   | Payee address;   | City;  | State; Zip Code                       |  |  |
| 125.00  | SPUR, TX   |  |                                       |  |  |
|   | Category (See Categories listed at the top of this schedule)     | Description                                      |                                       |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                | ADVERTISING  | DISTRIBUTE                                       | CAMPAIGN FLYERS                       |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, TX, officeholder living expense |                                       |  |  |
| Complete ONLY if direct expenditure to benefit C/OF         | Candidate / Officeholder name                                    | Office sought                                    | Office held                           |  |  |
| Date  | Payee name   |  |                                       |  |  |
| 03/02/2024  | JD HAMILTON  |  |                                       |  |  |
| Amount (\$)   | Payee address;   | City;  | State; Zip Code                       |  |  |
| 130.00  | SPUR, TX   |  |                                       |  |  |
|   | Category (See Categories listed at the top of this schedule)     | Description                                      |                                       |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                | ADVERTISING  | DISTRIBUTE                                       | CAMPAIGN FLYERS                       |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, TX, officeholder living expense |                                       |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate / Officeholder name                                    | Office sought                                    | Office held                           |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE                                  | EDED                                  |  |  |

## 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

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JERRY SCHMIDT 3 4 Date 5 Payee name 03/07/2024 OFFICE DEPOT 6 Amount (\$) 7 Payee address; City; State; Zip Code 42.63 LUBBOCK, TX (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE STICKERS FOR ELECTION POSTERS AND ADVERTISING OF **FLYERS** EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date THE TEXAS SPUR 04/12/2024 Amount (\$) Payee address; City; State: Zip Code 109.85 PO BOX 430 SPUR, TX 79370 Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING NEWSPAPER AD OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 05/16/2024 THE TEXAS SPUR Amount (\$) Payee address; City; State: Zip Code PO BOX 430 SPUR, TX 79370 239.40 Category (See Categories listed at the top of this schedule) Description **PURPOSE ADVERTISING** NEWSPAPER AD OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (act of District)

| Contributions/Donations Made By<br>Candidate/Officeholder/Political | Committee   | Gift/Awards/Memorials Expense<br>Legal Services | Printing Ex    | rpense<br>fages/Contract Labor | Travel        | Out Of District<br>(enter a category | / not listed above) |
|---|-------------|---|----------------|--------------------------------|---------------|--------------------------------------|---------------------|
|   |             | The Instruction Guide expl                      | ains how to c  | omplete this form.             |               |                                      | •                   |
| 1 Total pages Schedule F2:  | 2 FILER     | NAME  |                |                                | 3 Filer       | ID (Ethics Co                        | ommission Filers)   |
| 4 TOTAL OF UNITEM   | IZED UN     | PAID INCURRED OB                                | IGATION        | s                              | \$            |                                      |                     |
| 5 Date  | 6 Payee     | name  |                |                                |               |                                      |                     |
| 7 Amount (\$)   | 8 Payee     | address;  |                | City;                          |               | State;                               | Zip Code            |
| 9 TYPE OF EXPENDITURE   | F           | Political                                       | Non-Po         | itical                         |               |                                      |                     |
| PURPOSE OF EXPENDITURE  | (a) Categor | y (See Categories listed at the top of t        | his schedule)  | (b) Description                |               |                                      |                     |
|   | (c)         | Check if travel outside of Texas, Complete      | e Schedule T.  | Check if Au                    | stin, TX, off | iceholder living e                   | xpense              |
| 11 Complete ONLY if direct expenditure to benefit C/OH              | Can         | didate / Officeholder name                      |                | ffice sought                   | -             | Office he                            | d ·                 |
| Date  | Payee       | name  |                |                                |               |                                      |                     |
| Amount (\$)   | Payee       | address;  |                | City;                          |               | State;                               | Zip Code            |
| TYPE OF EXPENDITURE   | F           | Political                                       | Non-Po         | litical                        |               |                                      |                     |
| PURPOSE<br>OF<br>EXPENDITURE  | Categor     | y (See Categories listed at the top of the      | his schedule)  | Description                    |               |                                      | , , , , , ,         |
|   |             | Check if travel outside of Texas, Comple        | te Schedule T. | Check if A                     | ustin, TX, of | fficeholder living                   | expense             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Cano        | lidate / Officeholder name                      | 0              | ffice sought                   |               | Office hel                           | d                   |
|   |             |   |                |                                |               |                                      |                     |
|   | ATTAC       | H ADDITIONAL COPIES                             | 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.

| The Instruction Guide explains how to complete this form. |   |        | 1 Total pages Schedule F3: |                 |             |  |
|---|---|--------|----------------------------|-----------------|-------------|--|
| 2 FILER NAME  |   | 3 F    | iler ID                    | (Ethics Commiss | ion Filers) |  |
| 4 Date  | 5 Name of person from whom investment is purchased          |        |                            |                 |             |  |
|   | 6 Address of person from whom investment is purchased; City | <br>'; |                            | State;          | Zip Code    |  |
|   | 7 Description of investment                                 |        |                            |                 |             |  |
|   | 8 Amount of investment (\$)                                 |        |                            |                 | <u>.</u>    |  |
| 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 N   | NEEDI                      | ED              |             |  |

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

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

|   | EXF                          | PENDITURE CAT                           | EGORIES                           | FOR BOX 10(a)  |                                   |                            |   |
|---|------------------------------|---|-----------------------------------|--|-----------------------------------|----------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit | By Gift/Awar                 | verage Expense<br>rds/Memorials Expense | Office O<br>Polling E<br>Printing | payment/Reimbursement<br>vertiead/Rental Expense<br>Expense<br>Expense<br>Wages/Contract Labor | Transpor<br>Travel In<br>Travel O | District<br>ut Of District | g Expense<br>nent & Related Expens<br>y not listed above) |
| The Instruction   | Guide explains how to c      | omplete this form.                      |                                   | USE A NEW PAGE FO  | R EACH CR                         | EDIT CARE                  | ISSUER  |
| 1 TOTAL PAGES<br>SCHEDULE F4:   | 2 FILER NAME                 |   |                                   |  | 3 FILER                           | ID (Ethics                 | Commission Filers   |
| 4 TOTAL OF UNITEMIZED EXP   | enditures Charged to         | A CREDIT CARD                           |                                   |  | \$                                |                            |   |
| 5 CREDIT CARD<br>ISSUER   | Name of financial institu    | ution                                   |                                   |  | •                                 |                            | ,   |
| 6 PAYMENT   | (a) Amount Charged           | (b) Date Expenditu                      | re Charged                        | (c) Date(s) Credit Card  | Issuer Paid                       |                            |   |
| 7 PAYEE   | (a) Payee name               |   | (b) Payee ad                      | ldress;  | City,                             | State,                     | Zip Code  |
| 8 PURPOSE OF EXPENDITURE  Political   | (a) Category (See Categories | listed at the top of this sched         | iuie)                             | (b) Description  |                                   |                            |   |
| Non-Political   | (c) Check if travel or       | utside of Texas. Complete               | Schedule T.                       | Check if A   | ustin, TX, office                 | aholder living             | expense   |
| 9 Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder     | name                                    | Off                               | ice Sought   |                                   | Office Held                |   |
| PAYMENT   | (a) Amount Charged           | (b) Date Expenditu                      | re Charged                        | (c) Date(s) Credit Card  | ssuer Paid                        |                            |   |
| PAYEE   | (a) Payee name               |   | (b) Payee ad                      | dress;   | City,                             | State,                     | Zip Code  |
| PURPOSE OF EXPENDITURE  Political   | (a) Category (See Categories | listed at the top of this sched         | lale)                             | (b) Description  |                                   |                            |   |
| ☐ Non-Political   | (c) Check if travel or       | utside of Texas. Complete               | Schedule T.                       | Check if A   | Austin, TX, offic                 | eholder living             | expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder     | name                                    | Off                               | ice Sought   |                                   | Office Held                | -   |
| PAYMENT   | (a) Amount Charged<br>\$     | (b) Date Expenditu                      | re Charged                        | (c) Date(s) Credit Card I  | ssuer Paid                        |                            |   |
| PAYEE   | (a) Payee name               |   | (b) Payee ad                      | dress;   | City,                             | State,                     | Zip Code  |
| PURPOSE OF EXPENDITURE  Political   | (a) Category (See Categories | listed at the top of this sched         | ule)                              | (b) Description  |                                   |                            |   |
| ☐ Non-Political   | (c) Check if travel ou       | itside of Texas. Complete               | Schedule T.                       | Check if   | Austin, TX, off                   | iceholder livin            | g expense   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder     | name                                    | Off                               | ice Sought   |                                   | Office Held                |   |
|   | ATTACH ADDI                  | TIONAL COPIES                           | OF THIS                           | SCHEDULE AS NE   | EDED                              |                            |   |

Forms provided by Texas Ethics Com

Reset Form

s.s

Reset Page

Revised 1/1/2024

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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 Gif/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.

|  |  | complete this forms                 |                                      |             |  |  |
|--|--|-------------------------------------|--------------------------------------|-------------|--|--|
| 1 Total pages Schedule G:  | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filer |                                      |             |  |  |
| 4 Date   | 5 Payee name   |                                     | 1                                    | _           |  |  |
| 6 Amount (\$)  Reimbursement from political contributions          | 7 Payee address;   | City;                               | State;                               | Zip Code    |  |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) | (b) Description                     |                                      |             |  |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin                     | in, TX, officeholder living ex       | rpense      |  |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH | Complete ONLY if direct  |                                     |                                      |             |  |  |
| Date   | Payee name   |                                     |                                      |             |  |  |
| Amount (\$)  | Payee address;   | City;                               | State;                               | Zip Code    |  |  |
| Reimbursement from political contributions intended                |  |                                     |                                      |             |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)     | Description                         |                                      |             |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi                      | tin, TX, officeholder living expense |             |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C          |  | Office sought                       |                                      | Office held |  |  |
| Date   | Payee name   |                                     |                                      |             |  |  |
| Amount (\$)  | Payee address;   | City;                               | State;                               | Zip Code    |  |  |
| Reimbursement from political contributions intended                |  |                                     |                                      |             |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)     | Description                         |                                      |             |  |  |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Austin                     | in, TX, officeholder living ex       | xpense      |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                | Candidate / Officeholder name                                    | Office sought                       | <del></del>                          | Office held |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEE!                    | DED                                  |             |  |  |

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

#### SCHEDULE H

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instruction Guide explains how t                             | o complete this form.                            |                              |                    |  |
|--|--|--|------------------------------|--------------------|--|
| 1 Total pages Schedule H:  | 2 FILER NAME   |  | 3 Filer ID (Ethics           | Commission Filers) |  |
| 4 Date   | 5 Business name  |  | <del> </del>                 |                    |  |
| 6 Amount (\$)  | 7 Business address;  | City;  | State;                       | Zip Code           |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) | (b) Description                                  |                              |                    |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin                                  | , TX, officeholder living ex | pense              |  |
| 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office expenditure to benefit C/OH |  |  |                              | Office held        |  |
| Date   | Business name  |  |                              |                    |  |
| Amount (\$)  | Business address;  | City;  | State;                       | Zip Code           |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)     | Description                                      |                              |                    |  |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Austin, TX, officeholder living expense |                              |                    |  |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name                                    | Office sought Office held                        |                              |                    |  |
| Date   | Business name  |  |                              | · · ·              |  |
| Amount (\$)  | Business address;  | City;  | State;                       | Zip Code           |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)     | Description                                      |                              |                    |  |
|  | Check if travel outside of Texas, Complete Schedule T.           | Check if Austin, TX, officeholder living expense |                              |                    |  |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name                                    | Office sought                                    |                              | Office held        |  |
|  | ATTACH 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 co                               | mplete this form.             |                                 | r                 |
|------------------------------|--|-------------------------------|---------------------------------|-------------------|
| 1 Total pages Schedule I:    | 2 FILER NAME   | -                             | 3 Filer ID (Ethics C            | ommission Filers) |
| 4 Date                       | 5 Payee name   |                               | <u> </u>                        |                   |
| 6 Amount (\$)                | 7 Payee address;   | City                          | State                           | Zip Code          |
| 8 PURPOSE OF EXPENDITURE     | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (Ser          | e instructions regarding type o | f information     |
| Date                         | Payee name   |                               |                                 |                   |
| Amount (\$)                  | Payee address;   | City                          | State                           | Zip Code          |
| PURPOSE<br>OF<br>EXPENDITURE | Category (See instructions for examples of acceptable categories.)     | Description (Se<br>required.) | e instructions regarding type o | of information    |
| Date                         | Payee name   |                               |                                 |                   |
| Amount (\$)                  | Payee address;   | City                          | State                           | Zip Code          |
| PURPOSE<br>OF<br>EXPENDITURE | Category (See instructions for examples of acceptable categories.)     | Description (Serequired.)     | e instructions regarding type o | of information    |
| Date                         | Payee name   | <del></del>                   |                                 |                   |
| Amount (\$)                  | Payee address;   | City                          | State                           | Zip Code          |
| PURPOSE<br>OF<br>EXPENDITURE | Category (See Instructions for examples of acceptable categories.)     | Description (Ser              | e instructions regarding type c | f information     |
|                              | ATTACH ADDITIONAL COPIES OF THIS                                       | S SCHEDULE AS NE              | EDED                            |                   |

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

### SCHEDULE K

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

| The          | 1 Total pages Sche  | dule K:                |                      |
|--------------|---|------------------------|----------------------|
| 2 FILER NAME |   | 3 Filer ID (Ethic      | s Commission Filers) |
| 4 Date       | 5 Name of person from whom amount is received               |                        | 8 Amount (\$)        |
|              | 6 Address of person from whom amount is received; City; Sta | te; 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   | ite; 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; Stat  | e; 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   | te; Zip Code           |                      |
|              | Purpose for which amount is received Check if p             | 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 Instruction Guide explains how to complete this form   | 1 Total pages Schedule T:   |  |  |  |  |  |
| 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                                   |  |  |  |  |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |   |  |  |  |  |  |
| 5 Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  6 Dates of travel  7 Name of person(s) traveling  8 Departure city or name of departure location  9 Destination city or name of destination location |   |  |  |  |  |  |
| 10 Means of transportation 11 Purpose of travel (including name of travel)   | f conference, seminar, or other event)                                  |  |  |  |  |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  | <del></del>   |  |  |  |  |  |
| Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS   |   |  |  |  |  |  |
| Dates of travel  Name of person(s) traveling  Departure city or name of departure location   |   |  |  |  |  |  |
| Destination city or name of destination location   |   |  |  |  |  |  |
| Means of transportation Purpose of travel (including name of conference, seminar, or other event)  |   |  |  |  |  |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |   |  |  |  |  |  |
|  | nedule C2 Schedule D Schedule F1 nedule H Schedule COH-UC Schedule B-SS |  |  |  |  |  |
| Dates of travel Name of person(s) traveling  |   |  |  |  |  |  |
| Departure city or name of departure location   | Departure city or name of departure location                            |  |  |  |  |  |
| Destination city or name of destination location   |   |  |  |  |  |  |
| Means of transportation Purpose of travel (including name of   | of conference, seminar, or other event)                                 |  |  |  |  |  |
| ATTACH ADDITIONAL COPIES OF TH   | IS SCHEDULE AS NEEDED   |  |  |  |  |  |

# 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 N  |   | 2 Filer ID (Ethics Commission Filers)    |  |  |  |
| 3 | SIGNA   | TURE  | <u> </u>                                 |  |  |  |
|   |   |   |  |  |  |  |
|   | 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.  |   |  |  |  |  |
|   |   | Signatu   | re of Candidate / Officeholder           |  |  |  |
| 4 |   | WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> If you are not an officeholder. ••   |  |  |  |  |
|   | A.  | CAMPAIGN FUNDS  |  |  |  |  |
|   | Chec  | conly one:  |  |  |  |  |
|   |   | I do not have unexpended contributions or unexpended interest or income earned from   | om 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 in accordance with the requirements of Election Code, § 254.204. |   |  |  |  |  |
|   | B. ASSETS   |   |  |  |  |  |
|   | Check   | conly one:  |  |  |  |  |
|   |   | I do not retain assets purchased with political contributions or interest or other incom  | e 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.   |   |  |  |  |  |
|   |   | <u></u>   | Signature of Candidate                   |  |  |  |
| 5 |   | EHOLDER   |  |  |  |  |
|   | •• Com  | plete this section <i>only</i> if you are an officeholder ••  |  |  |  |  |
|   |   | I am aware that I remain subject to filing requirements applicable to an officeholder who offile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political corpolitical contributions or interest or other income from political contributions. | after filing the last required report as |  |  |  |
|   |   | Si  | gnature of Officeholder                  |  |  |  |



## **AFFIDAVIT FOR** CANDIDATE OR OFFICEHOLDER: **ELECTRONIC FILING EXEMPTION**

An exemption affidavit must be submitted with each paper report.

|                               | indidate or officeholder who has accepted more than made more than \$32,810 in political expenditures ibsequent reports electronically. | Receipt#       | Amount \$ |
|-------------------------------|---|----------------|-----------|
|                               |   | Date Processed |           |
| Filer name                    | Filer ID #  | Date Imaged    |           |
| 1 Lower or affirm that I have | not acconted more than \$32,810 in political co   | ntributions (  | or made   |

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 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 \$32,810 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                     |                       | -                          |                  | Signature     | e of Filer       |                    |
| Sworn to and subscribed before        | me by                 |                            | thi              | is the        | day of           |                    |
| 20, to certify which, v               | witness my hand and s | seal of office.            |                  |               |                  |                    |
| Signature of officer administering oa | th Pr                 | inted name of officer admi | niștering oath   |               | Title of office  | r administering oa |
|                                       |                       | OR                         |                  |               |                  |                    |
| (2) Unsworn Declaration               |                       |                            |                  |               |                  |                    |
| My name is                            |                       | ·                          | and my date of b | oirth is      |                  |                    |
| My address is                         | (street)              |                            | (city)           | (state)       | (zip code)       | (country)          |
| Executed in                           | County, State of _    | , on the                   | day of _         | (month)       | , 20<br>(year)   |                    |
|                                       |                       | •                          | Si               | gnature of Fi | iler (Declarant) |                    |

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

**OFFICE USE ONLY** 

Date Hand-delivered or Date Postmarked

Date Received