CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR MI OFFICE USE ONLY Date Received ILED For regard in my office day of Fcb 2020		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP & DE LOUGH APT / SUITE #; CITY; STATE; ZIP & DE LOUGH APT / S. MARTINEZ, County Clerk Wilson County, Texas AREA CODE PHONE NUMBER EXTENSION		
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Peceipt # Amount \$ NICKNAME LAST SUFFIX Date Hand-delivered or Date Postmarked MI Receipt # Amount \$ Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE 5902 Heather Blossom Jane Kingwood Tt 77345 AREA CODE HONE NUMBER EXTENSION		
TREASURER PHONE 9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 02/03/2020 THROUGH		
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special		
12 OFFICE	OFFICE HELD (If any) Wilson County Constable Pc+4 Constable Pc+4		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Jerry La Levy Tra			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	PON E	
٠	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0
	4. TOTAL POLITICAL EXPENDITURES \$ 3,108. 78		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder			
Sworn to and subscribed before me, by the said			
Juile Gargein Kritee Landlin Clerk			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C	commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$3,108.78
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	ry b. Talley J	Γ.	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
	6 Contributor address; City; State;	Zip Code	NONE	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor uut-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	ions)	
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	cions)	
	ATTACH ADDITIONAL COPIES Of			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A2:		
2 FILER NAME Jerry L. Talley J	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$		
5 Date 6 Full name of contributor	8 Amount of . 9 In-kind contribution Contribution \$. description		
7 Contributor address; City; State; Zip Cod			
	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor	Amount of . In-kind contribution Contribution \$. description		
Contributor address; City; State; Zip Co			
	Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JDDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedu	ıle B:
2 FILER NAME	erry b. Talley	Ir.	3 Filer ID (Ethics Co	ommission 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
	7 Pledgor address; City; State; Z		NO	NE
			Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z			•
			Check if travel outside	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledge. Out-of-state PAC (ID#:		Amount of Pledge \$. In-kind contribution description
	Pledgor address; City; State; Z			· ·
				de 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; Z	ip Code		
			Check if travel outside	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				
l If c	contributor is out-of-state PAC, please see instr	uction guide for a	dditional reporting	requirements.

	LOANS			SCHEDULE E
	The	Instruction Guide explains how to comple	1 Total pages Schedule E:	
2	JRI	y b-Talley	Ir.	3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS		\$
5	Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate
	YN			11 Maturity date
12	Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Colla	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		18 Guarantor address; City; S	State; Zip Code	
	not applicable			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
1	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate
	Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral	Check if personal funds were	deposited into political
	none		account (See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City; S	State; Zip Code	
_	not applicable	On (See Instructions)	Employer /S Itti	
	Principal Occupation (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex		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 co	omplete this form.	
1 Total pages Schedule F1:	2 FILER-NAME DE TAIL	ay Jy	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
0		6	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		side of Texas. Complète Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F2: 2 FILERNAME January January 3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITE	MIZED UNPAID INCURRED OBLIGATIONS \$			
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Political			
10	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
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 Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		4
т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	my L- Talley Ir.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	NONE	
	6 Address of person from whom investment is purchased; C	ity; 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; Ci	ty; State; Zip Code
	Description of investment	
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	EXPENDITURE CATEGORIES FOR BOX Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this	ursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District tt Labor Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILERNAME 1811 L. Taller	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CA	ARD \$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
0		
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sough	ot Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
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 Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sough	nt Office held
expenditure to benefit C/OH	, 5	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Loan Fees Office Food/Beverage Expense Politie By Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement e Overhead/Rental Expense rig Expense ring Expense ries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Jerry 6- Tal	ley Ir.
4 Date 1 - 28 - 20	5 Payee name Wilson Count	y News
6 Amount (\$) 2,090.08	7 Payee address; City; State; Zip Code . 1012 C Street	
Reimbursement from political contributions intended	Floresville, TX	78114
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Λ 0	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Newspaper Adv.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held
experience to belieff of		
Date	Payee name	
1-29-20	wilson County	News
Amount (\$)	Payee address; City; State; Zip Code	
1,028.70	1012 C Street	
Reimbursement from political contributions intended	Floresville, TX	78114
BURDOCE	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	A	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Newspaper Adv.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description
OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 211 4 Date Business name 6 Amount (\$) Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Comple **PURPOSE** OF Check if Austin, TX, officeholder living **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME Jerry Laller	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				

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

SCHEDULE K

	Instruction Guide explains how to complete this form.	1 Total pages Schedule	K:			
2 FILER NAME	erry L- Talley IV	3 Filer ID (Ethics Co	ommission Filers)			
4 Date	5 Name of person from whom amount is received NON 6 Address of person from whom amount is received; City; State;	Zip Code	Amount (\$)			
	7 Purpose for which amount is received Check if	political contribution retu	urned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if	political contribution retu	urned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if	political contribution retu	urned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if	political contribution retu	urned to file			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:		
2 FILER-NAME Lerry L. Talley Jr.					3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expend	liture reported	on:					
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule B(J) Schedule C2 Schedule D Schedule F1 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 conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	liture reported	d on:	2				
Schedule A2							
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS							
Dates of travel	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 Pu			Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor	Payee			
Contribution / Expend	liture reported	on:					
Schedule A2	Sche	dule 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 of person(s) traveling						
Departure city or name of departure location Destination city or name of destination location							
						Means of transportation	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							