## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Go	1 Filer ID (Ethics Commission Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI OFFICE USE ONLY  Date Riceived  Date Riceived  Tim SHUART  Trim day of day
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11-15 O Clock P.O. BOX 356 STOCK AQUE TX 8160 EVAS MARTINEZ County Clerk Wilson County Texas  By War Dept
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  (830) 391-0626  Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME,	MS / MRS / MR FIRST MI Receipt # Amount \$  MTS Rhonda R  NICKNAME LAST SUFFIX  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  PO BOX 35%  Stockdale TX 78160
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (830) 391-0705
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   0 / 6 / 2020 THROUGH   0 / 26 / 2020
11 ELECTION	ELECTION DATE  Month  Day  Year  Primary  Runoff  Description  Special
12 OFFICE	OFFICE HELD (It any)  13 OFFICE SOLIGHT (It KNOWN)  Wilson County Sheriff
	GO TO PAGE 2

- FILED	
For record in my office	
at o clock M	
Vy son County Texas	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	- <	15	Filer ID (Ethics Commission Filers)		
$\overline{}$	IM H	twall	,		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTION'S ACCEPTED OR POLITICAL EXPENDITURE IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUS VISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN IRES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	•			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME	*		
Additional Pages	4				
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI			
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$  200.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 3118.32				
CONTRIBUTION BALANCE	5. TOTAL OF RE				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT	7				
			rjury, that the accompanying report is mation required to be reported by me		
1	MARGARET HAST	INGS under Title 15, Election Code.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	NOTARY PUBLIC STATE OF TEXA		1		
TE OF SET	MY COM. EXPIRES 07- ID# 1120020=		lidate or Officeholder		
AFFIX NOTARY ST	AMP/SEALABOVE				
		by the said Jim Stewart	, this the		
Sworn to and subsider of Octob.	-	, by the said	, this the		
		Socially winds, with reasoning reason of office.	0 (0)		
Margaret	Vactiviza	Margaret Hastings	City Clark.		
Signature of officer administering oath Printed Name of officer administering oath Title of officer administering oath					

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THE RANGE TO BE SEEN TO

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Cor			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1200.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3118.32		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12	SCHEDULE-K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

\* 1 3

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### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The li	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jim Stewart	3 Filer ID (Ethics Commission Filers)
4 Date (0)/5/ /225	5 Full name of contributor   out-of-state PAC (ID#:	7 Amount of contribution (\$)
	10 Box 201 Floresville TX 78114	
8 Principal occup	sation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
15/	Jim Kotowske Contributor address; City; State; Zip Code	500.0
1200	3872 FM 537 Floresville TX 78114	9
	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
15/	Frankie Brockman Contributor address; City; State; Zip Code POBOX 68 Stockdolp TX 78160	200.00
	pation / 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	pation / Job title (See Instructions) Employer (See Instru	lactions)
5		
-	. *	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for addition	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

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## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

			/
Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAME	=		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	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 occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employs	er (FOR NON-JUDICIAL) (See Instructions)
	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if алу) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State; Zip Co		
	/	Y	Check if travel outside of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL) (See Instructions)
	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fin	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		•
		a	
	ATTACH ADDITIONAL COPIES OF f contributor is out-of-state PAC, please see instruction	THIS SCHED	OULE AS NEEDED additional reporting requirements.

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	\$
5 Date 6 Full name of pledgor  ut-of-state PAC (ID#:	8 Amount . 9 In-kind contribution of Pledge \$ . description
7 Pledgor address; City; State; Zip Code	
10 Principal occupation / Job title (See Instructions)  11 Employer (See	Instructions)
Date Full name of pledgor □ out-of-state PAC (ID#:)	Amount · In-kind contribution of Pledge \$ · description
Pledgor address; City; State; Zip Code	
	Check if travel outside of Texas, Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of pledgor out-of-state PAC (ID#:	Amount of . In-kind contribution Pledge \$ . description
Pledgor address; City; State; Zip Code	
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)
Date Full name of pledgor out-of-state PAC (ID#	Amount of In-kind contribution Pleage \$ description
Pledgor andress; City; State; Zip Code	
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see instruction guide for	

LOANS	-	SCHEDULE E
The Instruction Guide explains how to complet	te this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 7 Name of lender  out-of-state PA	AC (ID#:)	9 Loan Amount (\$)
a financial Institution?	ate; Zip Code	10 Interest rate  11 Maturity date
YN		
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral	15 Check if personal funds were account (See Instructions)	deposited into political
none	See Instructions)	
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)
18 Guarantor address; City; Si	tate; Zip Code	
not applicable		
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender Lender address, City; S a financial institution?	State; Zip Code	Interest rate
Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral .	Check if personal funds were account (See instructions)	deposited into political
GUARANTOR Name of guarantor INFORMATION Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)
not applicable	*	
Principal Occupation (See Instructions)	Employer (See Instructions)	4
ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS Nestruction guide for additional	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	F F	Event Expense Fees Food/Beverage Expense Bitt/Awards/Memorials Expense Legal Services	Office Overhe Polling Expen Printing Expen		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Oredit Galor ayrilent		The Instruction Guide expla	ins how to com	plete this form.	
1 Total pages Schedule F1:	2 FILER NAI	JIM Stews	art		3 Filer ID (Ethics Commission Filers)
4 Date 10/6/2020	5 Payee nam	ilson Count	y New	15	
6 Amount (\$)	7 Payee add	ress; City; State;			
37.10	1012	C Street Flo	presville	TX 7	8114
8	(a) Category	See Categories listed at the top of thi	s schedule) (	(b) Description	
PURPOSE OF		* * * * * * * * * * * * * * * * * * *			utside ofTexas. Complete Schedule T.
EXPENDITURE	Adv	extising Ex	pine	Check if Austr	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	Office held
Date	Рауее пап	ne			
10/6/2020 Stockdole Athletic Association					
Amount (\$)	Payee add	iress; City; State;	Zip Code		
120.00		Stockdale	TX	78160	
	Category	(See Categories listed at the top of th	is schedule)	Description	
PURPOSE					utside of Texas. Complete Schedule T.
EXPENDITURE	Alve	tising Expe	nse	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder name		Office sought	Office held
Date	Payee na	me			
10/6/2020	Wil	son Court	New	5	
Amount (\$)	Payee add				
179.14	1012	c Street Fl.	oresville	e TX >	78114
	Category	(See Categories listed at the top of ti	his schedule)	Description	
PURPOSE				Check If travel	outside of Texas. Complete Schedule T.
EXPENDITURE	Adv	orth Sing Expen	-06	Cheak If Aust	tin, TX, officeholder living expense
Complete ONLY if direct	Candida	ate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	H				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME River Bend Got Course/ City; State; Zip Code 4 Date 6 Amount (\$) Club Dr. Floresville TX 78114 1242.28 101 (a) Category (See Categories listed at the top of this schedule) (b) Description Check If travel outside of Texas. Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense OF EXPENDITURE Event Expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Рауее пате Wayne Hawk memorial Golf Towner Payee address; City; State; Zip Code Amount (\$) Stockdole TX 78160 200,00 Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Donations Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Wilson County NAWS Payee address; City; State; Zip Code 1012 C. Street Floresville TX 78114 1339.80 Category (See Categories listed at the top of this schedule) Check If travel outside of Texas. Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense OF EXPENDITURE Advertising Expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## **UNPAID INCURRED OBLIGATIONS**

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 explain	es how to complete this form.			
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	GATIONS	\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
		/	, , '		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF	(a) Category (See Categories listed at the top of the	Check	ftravel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check	If Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Рауее пате	-	ı		
Amount (\$)	Payee address; City; State;	Zip Code			
		•	*		
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Checi	tion If travel outside of Texas. Complete Schedule T. K. If Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED		

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## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

		1 Total pages Schedule F3:
	he Instruction Guide explains how to complete this form.	i lotal pages ochleddie F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Ci	ty, 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	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense		EXPENDITURE CATE	GORIES FOR E		Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense		Fees Food/Beverage Expense	Office Overhead/F		Transportation Equipment & Belated Expense
Contributions/Donations Made By	Y	Gift/Awards/Memorials Expense	Polling Expense Printing Expense		Travel In District Travel Out Of District
Candidate/Officeholder/Politica	Committee	Legal Services	Salaries/Wages/C	Contract Labor	Other (enter a category not listed above)
	*	The Instruction Guide expla	ins how to comple	ete this form.	
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGEI	) TO A CREDI	TCARD	\$
5 Date	6 Payee	name			
7 Amount (\$)	8 Payee	address; City; State;	Zip Cade		
				/.	3
* * '		* × *	/	C . "	
9 TYPE OF EXPENDITURE		Political	Nøn-Political		
10			_/		
10	(a) Catego	Ory (See Categories listed at the top of	this schedule)	(b) Description	on
PURPOSE		/		Check	If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE					
EXPENDITORE				Check	If Austin, TX, officeholder living expense
					*
11 Complete ONLY if direct		offidate / Office / Color	SAC William		
expenditure to benefit C/O	Car H	ndidate / Officeholder name	Office	sought	Office held
Date	D=::-	Famo /			
	Payee				,
Amount (\$)	Payee	address; City; State	; Zip Code		
×1			79		
	,				
TYPE OF EXPENDITURE		Political	Non-Politica	ď	
	Cateo	ODV (See Categories listed at the	#hilabd, 1	Danasia	ion
BURBOSE	/ Caleg	Ory (See Categories listed at the top of	unis schedule)	Descript	
PURPOSE	/			Check	If travel outside of Texas, Complete Schedule T.
EXPENDITURE	V			Check	If Austin, TX, officeholder living expense
/					
C					
Complete ONLY If direct expenditure to benefit C/O	Car	ndidate / Officeholder name	Office	sought	Office held
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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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			EXPEND	DITURE CATE	GORIES	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 B Gitt/Awards/Mer Legal Services The Instruct	norials Expense	Office Ov Polling E Printing E Salaries/		Travel In District Travel Out Of Dis	uipment & Related Expense
_								
	Total pages Schedule G:						3 Filer ID (Et	nics Commission Filers)
4	Date 6	5 Payee nar	ne					
6	Amount (\$)	7 Payee ad	dress;	City; State; Zi	p Code		The state of the s	
_	Reimbursement from political contributions intended							4
8	PURPOSE	(a) Category	(See Categories list	ed at the top of this so	hedule)	(b) Description		
	OF EXPENDITURE						side of Texas. Complete S TX, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/0	Candic DH	late / Officehol	der name		Office sought		Office held
	Dete							
	Date	Payee nar	me 					
	Amount (\$)	Payee ad	dress;	City; State; Zi	p Code			
	Reimbursement from political contributions intended						~	
	PURPOSE	Category	(See Categories list	ted at the top of this so	chedule)	(b) Description		
	OF		/			Check if travel out	side of Texas. Complete S	chedule T.
	EXPENDITURE						TX, afficeholder living	
	Complete ONLY if direct expenditure to benefit C/	Candid OH	date / Officehol	der name		Office sought		Office held
	Date	I _	1					
		Payee na						
	Amount (\$)	Payee ad	idress;	City; State; Z	ip Code			3
	Reimbursement from polltical contributions intended							
	PURPOSE	Category	(See Categories lis	ted at the top of this so	chedule)	(b) Description		0
	OF	1				Check If travel out	tside of Texas. Complete 5	Schedule T.
	EXPENDITURE						, TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/		date / Officeho	lder name		Office sought	,, omboridae nymy	Office held
L								
	5							
	,	ATTA	ACH ADDITIO	NAL COPIES C	OF THIS	SCHEDULE AS NEE	EDED	
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## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

·							
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Legal Services	e Expense emoriais Expense s	Office Ov Polling Ex Printing Ex Salaries		Transportation E Travel in Distric Travel Out Of D	
1 Total pages Schedule H:	2 FILER NA					3 Filer 10 (1	Ethics Commission Filers)
4 Date	5 Business	name					
6 Amount (\$)	7 Business	address;	City; State; 2	Zip Code		/	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories	listed at the top of this	schedule) (b	Check if travel outsid	e of Texas. Complete Si X, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeho	older name		Office sought		Office held
Date	Business	name	/		×		
Amount (\$)	Business	address;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categories	listed at the top of this	schedule)		de afTexas. Complete S X, officeholder living	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeho	older name		Office sought	10	Office held
Date	Business	name					
Amount (\$)	Business	address;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	' (See Categories	s listed at the top of this	schedule)		de of Texas. Complete S	
Complete ONLY if direct expenditure to benefit C/O	Candid H	ate / Officeho	older name		Office sought		Office held
	ТТА	ACH ADDIT	FIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

# 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	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address; City, State; Zip Code						
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.)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

with the

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:						
2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
4 Date 5 Name of person from whom amount is received	& Amount (\$)						
6 Address of person from whom amount is received; Ci	ity; State; 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; Cit	ity; State; 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; Cr	ity; State; 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; Ci	ity; State; Zip Code						
Purpose for which amount is received	Check if political contribution returned to filer						
ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED						

			A. J.

IN-KIND CONTRIBUTIONS OF TRAVEL OUTSIDE OF	R POLITICAL EXPEN		SCHEDULE T				
	The Instruction Guide explains how to complete this form.  1 Total pages Schedul						
2 FILER NAME	2 FILER NAME 3 Filer ID (Ethic						
4 Name of Contributor / Corporation or Labor Organiz	/ .	3					
5 Contribution / Expenditure reported on:							
Schedule A2 Schedule B	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D						
Schedule F2 Schedule F4 S	chedule G Schedule H	Schedule COH-U	Schedule F1  C Schedule B-SS				
6 Dates of travel 7 Name of person(s) trave							
8 Departure city or name of	departure location						
. 9 Destination city or name	of destination location	* *					
10 Means of transportation 11 Purpose of t	avel (including name of conference, s	eminar, or other event)					
Name of Contributor / Corporation or Labor Organiz	ation / Pledgor / Payee						
Contribution / Expenditure reported on:							
Schedule A2 Schedule B S	chedule B(J) Schedule C2	Schedule D	Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H Sche			C Schedule B-SS				
Dates of travel Name of person(s) trave	, -						
Departure city or name o	departure location						
Destination city or name	of destination location		A CONTRACTOR OF THE CONTRACTOR				
Means of transportation Purpose of	ravel (including name of conference,	seminar, or other event)					
Name of Contributor / Corporation or Labor Organiz	ation / Pledgor / Payee						
Contribution / Expenditure reported on:							
Schedule A2 Schedule B	chedule B(J) Schedule C2	Schedule D	Schedule F1				
Schedule F2 Schedule F4	chedule G Schedule H	Schedule COH-L					
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	ravel (including name of conference,	seminar, or other event)					
ATTACH ADDITIO	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL E AS MEEDED						

			And I
		s	

## 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	H NAME . 2 Filer ID (Ethics	Commission Filers)					
3	SIGNA	NATURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
		Signature of Candidate	Officeholder					
-21								
4	FILER Com	ER WHO IS NOT AN OFFICEHOLDER omplete A & B below only if you are not an officeholder						
	A.	CAMPAIGN FUNDS						
	Chec	eck only one:						
		I do not have unexpended contributions or unexpended interest or income earned from political contril	outions.					
		I have unexpended contributions or unexpended interest or income earned from political contributions may not convert unexpended political contributions or unexpended interest or income earned on popersonal use. I also understand that I must file an annual report of unexpended contributions and unexpended contributions or unexpended interest or income earned on political contributions longer that this final report. Further, I understand that I must dispose of unexpended political contributions and unincome earned on political contributions in accordance with the requirements of Election Code, § 254.2	fitical contributions to that I may not retain an six years after filing					
	B.	ASSETS						
	Chec	eck only one:						
		I do not retain assets purchased with political contributions or interest or other income from political co	ontributions.					
		I do retain assets purchased with political contributions or interest or other income from political contributions or interest or other income from political contributions or interest or other income from popersonal use. I also understand that I must dispose of assets purchased with political contributions in requirements of Election Code, § 254.204.	butions. I understand					
		Signature of Can	odidate					
5	o. I follocoloc							
	Complete this section anily if you are an officeholder							
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a crifile. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last officeholder, I retain political contributions, interest or other income from political contributions, or assets p cal contributions or interest or other income from political contributions.	required report so as					
		Signature of Office	eholder					

Start S.

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