CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH instruction Guide explains how to complete this form. MS / MRS / MR FIRST МΙ 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME are Received TIME SUFFIX NICKNAME unolds JAN 3 0 2025 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** MAILING CONNIY ØDERK **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered of Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME **SUFFIX** Date Imaged nrissy eunoids STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE 7 CAMPAIGN TREASURER Fm 3065 **ADDRESS** 7593X (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION TREASURER** 240 2473 PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day COVERED 2024 **THROUGH** ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Month Day Year Description General Special OFFICE HELD (if any) OFFICE SOUGHT, 12 OFFICE 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		· · · · · · · · · · · · · · · · · · ·
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ D
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ D
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. TOTAL POLITICAL EXPENDITURES	\$ D
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$. D
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ D
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	quired to be reported by me under Tifle 15, Election Code.	
	home	_
		ndidate or Officeholder
	Signature of Car	ididate of Officeribide
	Please complete either option below	· · · · · · · · · · · · · · · · · · ·
	* · · · · · · · · · · · · · · · · · · ·	•
(1) Affidavit	WENDY SUE BENDY Notary ID #131480440	
(1) Alliantic	My Commission Expires	
	March 7, 2026	
NOTARY STAMP/SEA		.1
Sworn to and subscribed	before me by Tony Reynolds this the	30th day of January,
20 <u>25</u> , to certify	which, witness my hand and seal of office.	0
Wender Sue ?	sendu Wendy Sue Bendy	City Secretary
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
·	OR	
(2) Unsworn Declarati	An	
(2) Oliswolli Decialati	on .	
My namo ie	and my date of birth is	
		-
iviy address is		
	, ,	tate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candida	ate/Officeholder (Declarant)



Filer name

(4) Affidavit

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE U	OFFICE USE ONLY				
Date Received					
Date Hand-delivered	or Date Postmarked				
Receipt#	Amount\$				
Date Processed	·				
_					
Date imaged	-				
					

- 1. 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.
- 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 Tyle Conty Cle report due on Jan-15-25 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) Allidavit						
NOTARY STAMP/SEAL				Signature	of Filer	
Sworn to and subscribed before me by			this the		day of	 ,
20, to certify which, witness my	hand and seal of off	īce.				
Signature of officer administering oath	Printed nan	ne of officer administr	ring oath		Title of officer	administering oath
		OR				
(2) Unsworn Declaration		•				
My name is	<u> </u>	, an	d my date of t	oirth is		·
My address is(s	treet)	,	(city)	(state)	(zip code)	(country)
Executed in County,	State of	, on the	day of _	(month)	, 20 (year)	
			Si	gnature of Fi	er (Declarant)	

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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID ((Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$
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	OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR	NED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	quested information is not applicable, be not informed this page in a	
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NA	ME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:	_) 7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	•••
8 Principal o	occupation / Job title (See Instructions) 9 Employer (See Inst	ructions)
Date	Full name of contributor	_) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal o	ccupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date	Full name of contributor	_) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal c	occupation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor	_) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal o	occupation / Job title (See Instructions) Employer (See Inst	ructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

				<u>-</u>		
Th	e instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAME	=		3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor ut-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description		
			Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (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 Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUD!CIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (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)					
	ATTAOLI ADDITIONAL CORPO CES	······································	U E AO NEEDED			
į	ATTACH ADDITIONAL COPIES OF T			requirements.		

PLEDGED CONTRIBUTIONS

SCHEDULE B

	., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	sica information is not applicable, 20 to 1 in		<u> </u>			
	The	instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF	UNITEMIZED PLEDGES		\$			
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description		
		7 Pledgor address; City; St	ate; Zip Code		 		
				Check if travel outs	I. ide of Texas. Complete Schedule T.		
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)			
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; St	ate; Zip Code		1 1		
				Check if travel outs	I . ide of Texas. Complete Schedule T.		
F	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)			
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; St	ate; Zip Code		 		
				Check if travel outs	 ide of Texas. Complete Schedule T.		
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; State	; Zip Code		 		
					ide of Texas. Complete Schedule T.		
F	Principal occur	oation / Job title (See Instructions)	Employer (See	Instructions)			
	•						
		ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see inst			requirements.		

LOANS SCHEDULE E

	If the requested information is not applicable, DO NOT include this page in the report.							
	The	Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule E:				
2	FILER NAME			3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UN	IITEMIZED LOANS		\$				
6	Date of loan	7 Name of lender ut-of-	state PAC (ID#:)	9 Loan Amount (\$)				
6	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date				
	Y N			11 Watunty date				
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)					
14	Description of Colle	ateral	Check if personal ful account (See Instru	nds were deposited into political ctions)				
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)					
	Date of loan	Name of lender ☐ out-of-	state PAC (ID#:)	Loan Amount (\$)				
	is lender a financial	Lender address; City;	State; Zip Code	Interest rate				
	Institution?			Maturity date				
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)					
	Description of Colls	ateral	Check if personal fu	nds were deposited into political ctions)				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
		Guarantor address; City;	State; Zip Code					
	not applicable							
	Principal Occupation	on (See Instructions)	Employer (See Instructions)					
_ 		ATTACH ADDITIONAL (COPIES OF THIS SCHEDULE AS NE	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER N	IAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payeen	ame		<u> </u>	
6 Amount (\$)	7 Payee a	ddress;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	(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 Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name	Office sought		Office held
Date	Payee na	ame			
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		tate / Officeholder name	Office sought		Office held
Date	Payee n	ame			
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name	Office sought		Office held
	AT	TACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBL	IGATIONS	\$
5 Date	6 Payee name		•
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	<u></u>
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political [Non-Political	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of th	is schedule) Description	
	Check if travel outside of Texas. Complete	e Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
		-	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

					_				
	7	he Instruction Guide explains how to complete this form.	1	Total p	ages S	chedule i	F3:		
2	FILER NAME		3	Filer ID	(Ethic	s Commi	ssion F	ilers)	
4	Date	5 Name of person from whom investment is purchased				-			
		6 Address of person from whom investment is purchased; City	 /i	•••••		State;	 Z	Zip Code	
		7 Description of investment							
	,	8 Amount of investment (\$)		··					
	Date	Name of person from whom investment is purchased					•		
		Address of person from whom investment is purchased; City	· · · · ·	*****	******	State;	z	ip Code	•••••
		Description of Investment			 				
		Amount of investment (\$)							
									:
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEEC	ED				
-or	ms provided by 1	Texas Ethics Commission www.ethics.state.tx.us					F	Revised 1	/1/2024

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Award	rage Expense s/Memorials Expense rices	Polling E Printing I	verhead/Renta Expense Expense Wages/Contra	· 1	Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense y not listed above)
The Instruction	Guide explains how to co	mplete this form.	_	USE A NEW	PAGE FOR EA	ACH CREDIT CARE	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME		-			3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A	CREDIT CARD		•		\$	
5 CREDIT CARD ISSUER	Name of financial institution						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) C	redit Card Issue	r Paid	
	\$						
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City	, State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (see Categories ils	sted at the top of this sched	dule)	(b) Descripti	ion		<u> </u>
Non-Political	(c) Check If travel out	side of Texas, Complete	e Schedule T.		Check if Austin,	TX, officeholder 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) C	redit Card Issue	r Paid	
	\$						
PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (see Categories lis	sted at the top of this sched	lule)	(b) Descripti	on		
Political Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.		Check If Austin	, TX, officeholder living	expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) C	redit Card Issue	r Paid	
	\$						
PAYEE	(a) Payee name		(b) Payee ad	l	City	, State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories IIs	sted at the top of this sched	lule)	(b) Descripti	on	• •	·····
Political Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.	J	Check If Aust	in, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	· · · · · · · · · · · · · · · · · · ·
	ATTACH ADDIT	TIONAL COPIES	OF THIS	SCHEDUL	E AS NEED	ED	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services		s/Wages/Contract Labor	Other (enter a catego	
		The instruction Gui	de explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NA	ME	_		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nar	ne		- · · · · · · · · · · · · · · · · · · ·		
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code
political contributions intended						
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 e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder nan	ne	Office sought		Office held
Date	Payee nar	пе				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
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 e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder nan	ne	Office sought		Office held
Date	Payee nan	ne				-
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
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 ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder nam	ne	Office sought		Office held
	ATTA	CH ADDITIONAL CO	OPIES OF THIS S	SCHEDULE AS NEED!	ED	

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		g Expense s/Wages/Contract Labor o complete this form,	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	6 Business name	· · · · · · · · · · · · · · · · · · ·	
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 expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zlp Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name	·	
Amount (\$)	Business address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description .	
PURPOSE OF			
EXPENDITURE	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	S SCHEDULE AS NEE	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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	· · · · · · · · · · · · · · · · · · ·	L	
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Serequired.)	e instructions regarding type	of information
Date	Payee name	**************************************		
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type	of information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

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

SCHEDULE K

		<u> </u>	•	
	The	instruction Guide explains how to complete this form.	1 Total pages Sched	ule K:
2	FILER NAME		3 Filer ID (Ethics	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; Stat	e; Zip Code	
		7 Purpose for which amount is received Check if	oolitical contribution r	eturned 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	political contribution r	eturned 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 r	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	political contribution r	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	13 flot applicable, DO 1401 file	nade tills page in	the reports	
The Instruction Guid	e explains how to complete this	form.	1 Total pages Schedule T:	
2 FILER NAME	[3 Filter ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation	or Labor Organization / Pledgor / Pe	ayee		
5 Contribution / Expenditure reporte	d on:		•	
,	nedule B Schedule B(J)	Schedule C2	Cabadula D. Cabadula 84	
	= ``		Schedule D Schedule F1	
	nedule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel 7 Name of	of person(s) traveling			
8 Depart	ure city or name of departure location	n		
9 Destina	tion city or name of destination locat	tlon		
10 Means of transportation	11 Purpose of travel (including na	me of conference, sem	ninar, or other event)	
Name of Contributor / Corporation	or Labor Organization / Piedgor / Pi	ayee	·	
Contribution / Expenditure reporte	d on:		- "	
Schedule A2 Sch	nedule B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
	nedule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel Name of person(s) traveling				
Depart	ure city or name of departure location	n		
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				
Contribution / Expenditure reporte	d on:			
Schedule A2 Sched	lule B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2 Sched	lule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel Name	of person(s) traveling			
Depart	ure city or name of departure location	n		
Destina	ation city or name of destination loca	ition	-	
Means of transportation	Purpose of travel (including na	ame of conference, sen	ninar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	•• Complete only If "Report Type" on page 1 is m	arked "Final Report" ••
		· · · · · · · · · · · · · · · · · · ·
1 C/OF	INAME	2 Filer ID (Ethics Commission Filers)
3 SIGN	ATURE	
desig	not expect any further political contributions or political expenditures in conn nating a report as a final report terminates my campaign treasurer appointn paign contributions or make any campaign expenditures without a campaign	nent. I also understand that I may not accept any
	_	Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER omplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Ch	eck only one:	
	I do not have unexpended contributions or unexpended interest or inco	me earned from political contributions.
	I have unexpended contributions or unexpended interest or income earn may not convert unexpended political contributions or unexpended integers personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on filing this final report. Further, I understand that I must dispose of unexpended or income earned on political contributions in accordance with the state of the stat	terest or income earned on political contributions to unexpended contributions and that I may not retain political contributions longer than six years after pended political contributions and unexpended
В,	ASSETS	
Che	eck only one:	
	I do not retain assets purchased with political contributions or interest o	or other income from political contributions.
	I do retain assets purchased with political contributions or interest or off that I may not convert assets purchased with political contributions or in personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	nterest or other income from political contributions to
	_	Signature of Candidate
	ICEHOLDER omplete this section only if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended of an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ontributions if, after filing the last required report as molitical contributions, or assets purchased with
	-	Signature of Officeholder