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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A The Instruction Guide explains how to complete this form. 2 FILER NAME LEVIN FREED 30385 Jacqueline RL Perryslaurg, OH 43551 8 Principal occupation / Job title (See Instructions) SR. Executive Compansation Advisor Marathon Petroleum Corp Amount of contribution (\$) Cary Rever Contributor address. Silv State Zip Code 30385 Jacqueline Pl. Perrysburg OH 43531 Principal accupation / Job title (See Instructions) Retired Amount of contribution (S) Teri Ellisor Contributor address; City: State: Zip Code POBOX 471 COldspring TI 7133) Principal occupation / Job title (See Instructions) Real Estate Investor Self Employ-ed Amount of contribution (\$) Principal uccupation / 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. Forms provided by exas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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

SCHEDULE H

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NON-POLITICAL EXPENDITURES

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE K CONTRIBUTIONS RETURNED TO FILER If the requested information is not applicable, DO NOT include this page in the report. 1 Inthi pages Schedule K, The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5. Name of person from whom amount is received. 4 Date 8 Amount (\$) 6 Address of person from whom amount is received. City, 7 Purpose for which amount is received Check it political contribution returned to file: Name of person from whom amount is received Date Amount (\$) Address of person from whom amount is received. City: State - Zip Cude Purpose for which amount is received Check if political contribution returned to files Name of person from whom amount is received. Date Amount (\$) Address of person from whom amount is received; City: Purpose for which amount is received Sheck if political contribution returned to filer Name of person from whom amount is received Date Amount (\$) Address of person from whom amount is received; City State: Zib Code Check if publical contribution returned to filer Purpose for which amount is received ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

· Complete only if "Report Type" on page 1 is marked "Final Report" -

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2 Filer ID (Ethics Commission Citers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

Idd not have unexpended contributions or unexpended interest or income earned from political contributions

These 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. It 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 only one:

tide not retain assets purchased with political contributions of interest or other income from political contributions.

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

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ...

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

Signature of Officeholder

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	3
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
	SCHEDULE B: PLEDGED CONTRIBUTIONS	4
4	SCHEDULE E: LOANS	s 2817.86
45	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	1
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	3
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	£ 2819.80
1 C	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	8
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instruction Guide explains ho	w to complete this form.	1 Fota pages Schedule A1
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report. 1 fora sages Schedule Ad The Instruction Guide explains how to complete this form: 2 FILER NAME Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date 6 Full raine of contributor | circlestate PAC now F 8 Amount of 9 (n-kind contribution Dontribution S 4 description State: Zip Code 7 Contributor address City. Elicok it trave outside of Texas, Complete Screente 1 10 Principal occupation; Job title (FOR NON-JUDICIAL)(See Instructions) 11 Employer (FOR NON-JUDICIAL)(See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 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 D GALL) Full name of contributo: @ cores alone PAC IDE _ Date Amount of In-kind contribution Contribution \$ description Contributor address; State; Zip Code City; Check fitrave outside of Texas, Complete Schedule 7 Principal occupation . Job title (FOR NON-JUDICIAL) (See Instituctions) Employer (FOR NON-JUDIC AL)(See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (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.

Contributor's employer/law firm (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report, 1 Total plages Schedule 9 The Instruction Guide explains how to complete this form, 2 FILER NAME 3 Citer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full came of oleston Lout-It-pains TWC Its 9 In kind contributors 7 Pladgor address: State: Zin Code 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount Full name of pledgor Out-of-state PAC IQU In-kind contribution of Pledge \$ Pledgor address: City State ZIO Code Check if travel outside of Turas. Complete Schoolin ! Principal occupation / Job title (See Instructions) Employer (Sine Instructions) Date Full name of pledgor Control-state PAC (ID# Amount of In-kind contribution Pledge \$ description Pledgor address: City State - Zip Code Check if travel outside of Texas, Complete Schedule 1

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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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)

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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PURCHASE OF INVESTMENTS MADE

SCHEDULE F3

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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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)

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

SCHEDULE H

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

SCHEDULE K

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

SCHEDULE T

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APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. MS/MRS/MR FIRST CANDIDATE OFFICE USE ONLY NAME NICKNAME APT / SUITE #; CITY: CANDIDATE ADDRESS / PO BOX: STATE; ZIP CODE MAILING ADDRESS HAZEROVE LILLY LN CLERKEANS TY 77328 CANDIDATE AREA CODE PHONE NUMBER EXTENSION PHONE (934) 489-7383 OFFICE Date Impide HELD (if any) **OFFICE** SOUGHT Act 3 CONSTABLE (if known) NICKNAME LAST SUFFIX CAMPAIGN TREASURER NAME ANAURA MRS. STREET ADDRESS: APT/SUITE #; CITY: STATE: CAMPAIGN ZIP CODE TREASURER STREET 380 HARGEOVE LINDY LN **ADDRESS** (residence or business) CLOVERSON 77328 AREA CODE PHONE NUMBER CAMPAIGN TREASURER PHONE (936) 828-7381 10 CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. Signature of Candidate **GO TO PAGE 2**

CANDIDATE MODIFIED REPORTING DECLARATION

11 CANDIDATE NAME FORM CTA PG 2

- 12 MODIFIED
 REPORTING
 DECLARATION

 COMPLETE THIS SECTION ONLY IF YOU ARE
 CHOOSING MODIFIED REPORTING
 - •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
 - •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
 - •• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to which declaration applies Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages file The C/OH Instruction Guide explains how to complete this form. ANDIDATE/ MS / MRS / MR OFFICEHOLDER OFFICE USE ONLY NAME Date Recoived NICKNAME SUFFIX treed 4 CANDIDATE ADDRESS / PO BOX: ZIP CODE 380 Hargrove Lilley Lane **OFFICEHOLDER** Cleve burd MAILING **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** (936) PHONE MS / MRS / MR CAMPAIGN TREASURER NAME NICKNAME SUFFIX Dale Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 380 Hargrove Lilley Lane CAMPAIGN STATE, ZIP CODE TREASURER Gleveland 77728 ADDRESS Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (936) 828-7381 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 07/01/23 THROUGH 12/ 31 /23 1 ELECTION ELECTION DATE ELECTION TYPE Runoff Ulher Other General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 CANDIDATES 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 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2** egidad bij Tarra Erkina Gallari (18 more othics state to ...

CAMPAIG	N FINANCE REPORT	
16 C/OH NAME	16 F/e	D (Ethics Commiss on Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE FLECTRONICALLY)	s 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE	s 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2819.80
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	s 0
OUTSTANDING DAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OURSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	s ()
18 SIGNATURE IS	swear, or affirm, under penalty of perjury, that the accompanying report is true and co	rrect and includes all informati
	Signature of Candidate of Please complete either option below:	or Officeholder
I) Affidavit		or Officeholder
1) Affidavit N O TARY STAMP/SEAL	Please complete either option below:	or Officeholder
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}	FILER NAME 20 Filer ID (Ethics (Commission Filors)		
21	SCHEDULE SUBTOTALS	SUBTOTAL		
3	NAME OF SCHEDULE	AMOUNT		
3	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	5		
à	SCHEDULE E: LOANS	\$ 58H'80		
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
5	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7	SCHEDULE 13 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
2	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2819.80		
i.	SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$		
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	4		
1	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	\$		

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1	The Instruction Guide explains how to complete	this form	1 Fotal pages Schodule A1
FILER NA	ME		3 Felor ID (Elhics Commission Filers)
Date	5 Full name of contributor	1965 (1938	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	N. T. C.
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ancipal oc	cupation / Job title (See Instructions)	Employer (See Instruc	itions)
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dincipal oce	cupation / Job title (See Instructions)	Employer (See Instruc	tions)
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	The Instruction Guide explains how to complete this form.		1 Total pages Schedu	ule A2:
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TO AL	OF UNITEMIZED IN-KIND POLITICAL CONTRIBUT	TONS	\$	
Onte	6 Full name of contributor		8 Amount of Contribution \$	9 In kind contribution description
	7 Contributor address; City; State; Zip	Code		
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Date	Full name of contributor	Code	Amount of Contribution \$	In-kind contribution description
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If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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TOTAL (OF UNITEMIZED PLEDGES		\$	
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	7 Pledgor address; City St	ate; Zip Code		1 1 1
Principal of	ccupation / Job title (See Instructions)	11 Employer (S		side of Texas, Complete Schedu
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ate	Full name of pledgor aut of state PAC (ID#	Zip Code	Amount of Pledge \$	In-kind contribution description
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LOANS the request	ed information is not applicable, DO	NOT include this page in the re	SCHEDULE E
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OTAL OF U	INITEMIZED LOANS		\$ Z819.80
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is lender a financial institution?		velad TX 77328	10 Interest rate
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Description of Co	Haterai	15 Check if personal fun account (See Instruc	kts were deposited into political tions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address: City:	State: Zip Coda 21 Employer (See Instructions)	
Date of loan	Name of lender gut-of-sta	ate PAC (IDV	Luan Amount (\$)
Is lender a financial Institution?	Lendor address; City,	State; Zip Code	Interest rate
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rincipal occupati	on / Jab title (See Instructions)	Employer (See Instructions)	
Description of Collateral		Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor	- I	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State: Zlp Codo	
	0	Employer (See Instructions)	

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)** Advirtiting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Rotated Expense Accountry/Banking Fees Food/Beverage Expense Poling Expense Finiting Expense Salanes/Wages/Contract Labor Cornulling Expense Cur introduces Donastons Made By Fragel Out Of District Candidate Officensisters Falorical Committee Legal Shrvices Office (a liter a raitegory not listed above). Greet Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Flers) 4 Date 5 Payee name 6 Amount (S) State 7 Payee address; City (a) Category (See Categories listed at the top of this schoole) (b) Description 3 **PURPOSE** EXPENDITURE Check if have outside of Texas, Complete Sphacule 1 Check if Aust i 1x, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address: Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if traval outside of Texas. Complete Schoolite T. Check if Austin TX officerolder (ving expense Office sought Candidate / Officeholder name Office held Complete ONLY I direct expend ture to benefit C/OF Payee name Date Amount (\$) Payee Address. City; State Zip Code Category (See Categorics listed at the top of his schedule) Description PURPOSE OF EXPENDITURE Childr Triavers abide of Texas, Contribete Schedule I. Check if Austin TX office roide amig expelled Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		EXPENDITURE C	ATEGORIES FOI	R BOX 10(a)		41
Advintuing Expense Accounting Bunking Conjuiting Expense Conjut ulions/Dunations Mado B Cundelate/Officeholde Politica		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memonals Expe Logal Sorvices The Instruction Guide	Office Overho Polling Expense Printing Expense Salaries/Wagi	nse es/ContractLabor	Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out Of District Other (enter a calegory	ont & Related Expons
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Amount (\$)	8 Payee	address;		City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	(a) Categor	y (Sen Celagories fisten at the to Check darage outside al Tyzas, Ali		Description Check # Aus	itin TX officeholaar kving e	∗pensc
Complete ONLY it direct expenditure to beneat C/CH		didate / Officaholder nan	ne Offic	e sought	Office hel	d
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complete QNLY if direct adencifure to benefit C/QH	Cand	idate / Officeholder nam	e Office	sought	Office heli	n

PURCHASE OF INVESTMENTS MADE SCHEDULE F3 FROM POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schodule F3 The Instruction Guide explains how to complete this form. 2 FLERNAME 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; City; State: Zip Code 7 Description of investment 8 Amount of investment (\$) Date Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code Description of investment Amount of investment (\$)

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Sate	Payee name			
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested in	formation is not applicable, DO NOT include	de this page in the report.
	EXPENDITURE CATEGOR	ES FOR BOX 8(a)
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4 pate Z b 23	San Sacinto Coor	tu
6 Amount (\$)	7 Payee address.	City; State; Zip Code
Reimbursement from political contributions intended	, and the second	Coldspins TX 77328
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Filins Fee
) Complete ONLY if direct expanditure to benefit 0/0H	Candidate / Officeholder name KEVIN FREED	Office sought Office held Office held
12/12/23	Payce name WAC MART	
Amount (\$) Reimbursement from political contributions intended	Payer address: CHUTCH	Livingston IX 21p Code 7735
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description ARINTER + HAVE
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17 (20 Z3	Century II Printins	
Reinbursement from solitical contributions ntended	Payce address: 1506 W Washinston	LIUINSSTON TX 77351
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE	Chrick It have to ask of circus. Campiero Scheriole T.	Check if Austin, TX, officeholder leving expense.
panditure to benefit C/OH	Candidate / Officeholder name Keuin Freed	Office sought Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested in	formation is not applicable, DO NOT includ	e this page in the re	port.
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omplete <u>ONLY</u> 1 direct pandilure to penefit C/OH	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
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inflete ONLY if direct andrure to benefit C/OH	Sandidate / Sineariologi Harrig	Office sought	Office held
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE H the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Accounting Exponse Accounting Banking Consulting Expense Contributions Dentations Made By Event Expense Loan Repayment/Reimburgement Solicitation/Fundraising Expense Coan Repayment Reimoursement Office Overhead/Rental Expense Pulling Expense Printing Expense Saledes/Wages/Contract Labor Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out Of Eastriet Legal Services Candicate/Officeholdes/Political Committee Other (enter a category not listed above) Card Card Paymant The Instruction Guide explains how to complete this form. 1 Tour pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Finis) 4 Date 5 Business name 6 Amount (S) 7 Business address; City State Zin Cnde 8 (a) Category (See Categories listed at the ton of this schedule) (b) Description PURPOSE EXPENDITURE Check if travel outside of Texas Common editions of T Check if Supply IX influentiated in the same say Candidate / Officeholder name Complete ONLY if direct Office sought espenditure to benefit C/OH Date Business name Business address; Amount (\$) City State Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Chick if Irave outside of Texas Complete Schedule T. Check if Austin, TXL officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Ambunt (\$) 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 14 officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expanditure to benefit C/OII

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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required)	instructions regarding type of	intermation	

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

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Ictal pages Schedule I: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 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 Cates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, sominar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on Schedule A2 Schedule B Schedule B(J) ___ Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G 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 C: niribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schodule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Cates 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, seminal, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER FORM COR-C/OH 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: OFFICE USE ONLY MS / MRS / MR 3 CANDIDATE/ OFFICEHOLDER NICKNAME SUFFIX 4 ORIGINAL REPORT January 15 Final report TYPE July 15 Exceeded modified reporting 30th day before election Other (specify) 15th day after treasurer appointment (officeholder only) 8th day before election 5 ORIGINAL PERIOD COVERED Date Im THROUGH 6 EXPLANATION OF CORRECTION Iswear, or affirm, under penalty of perjury, that this corrected report is true and correct. 7 SIGNATURE Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Signature of Candidate/Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP SEAL Sworn to and subscribed before me by ___ _ this the ____ day of _, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration (street) (state) (country) on the Signature of Candidate/Officehoder (Declarant) Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enler that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filling penalty and state the basis of your request.
- 7. Signature. If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

100	1	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruct	ion	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDE	R	MS/MRS/MR KEVIN J	OFFICE USE ONLY
NAME	l	NICKNAME LAST SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDE	R	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CCDE	RAT
MAILING ADDRESS	l	380 Hargrove Willey kn	NIST NIST
Change of Addre	SS	AREA CODE PHONE NUMBER EXTENSION	5 5 M
5 CANDIDATE/ OFFICEHOLDE PHONE	R	AREA CODE PHONE NUMBER EXTENSION (936) 829-7383	Date Hand belivered or Date Positivarked
6 CAMPAIGN TREASURER	İ	MS / MRS / MR FIRST	Receipt.
NAME	ı	NICKNAME CLAST A SUFFIX	Date Percent
	L	treed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	l	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 11-44 L. CITY:	STATE; ZIP CODE
(Residence or Busine	ss)	Cleveland TX 77328	
8 CAMPAIGN TREASURER PHONE	ı	AREA CODE PHONE NUMBER EXTENSION	
	Ļ	(936) 828-1381	
9 REPORT TYPE		January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	Ļ	July 15 Sth day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	l	Month Day Year Month O/ O/ 24 THROUGH O/	Day Year / 25 / 24
11 ELECTION	İ	ELECTION DATE ELECTION TYPE	
	l	Month Day Year Primary Runoff Description	
		03 / 05 / 24 General Special	
12 OFFICE		OFFICE HELD (if any) 13 OFFICE SOUGHT (Fknown)	Pot 3
14 NOTICE FROM POLITICAL		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MATHER CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME	
Additional Pages		GENERAL COMMITTEE ADDRESS	
		SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	P	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 2 **CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 100 **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE: **TOTALS** \$ **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 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 Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by ______ this the _____ day of _ _, to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is _, and my date of birth is (zip code) (country) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) Kevin Freed 21 SCHEDULE SUBTOTALS SUBTOTAL NAME OF SCHEDULE **AMOUNT** 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDJLE E: LOANS \$ 3272.16 4. 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 198 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. 452.36 SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11.0 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1.		
2 FILER NAME	Kevin Freed	3 Filer ID (Ethics Cornmission Filers)		
4 Date	5 Full name of contributor By Let Contributor address; City; State; Zip Code	7 Amount of contribution (\$)		
	30385 Jacqueline Pl Pemabog 0443			
/	ec. Confination Advisor Bemployer (See Instructions) 4 Confination Advisor Maratha	a Petrokum Corp		
Date	Full name of contributor	Amount of contribution (\$)		
Voory	Carry Herter	b ~ ~ ~		
·raci	Contributor address; City; State; Zip Code	500		
	30385 Jacqueline Pl Remyslag OH 439	31		
Principal occup	pation / Josephite (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
Yword	Contributor address; City; State; Zip Code	\$ 500		
	POBOX 471 Coldspring 1X 7781			
Principal occup	Detion Lob title (See Instructions) Employer (See Instructions) Employer (See Instructions)	manued		
Date	Full name of contributor	Amount of contribution (\$)		
428/24	Contributor address; City; State; Zip Code	\$ 200		
•	5383 CR447 Anderson TR 7886			
Principal occup	Refreed Employer (See Instructions) Employer (See Instructions)	ions)		
	P.			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:
2 FILER NA	ME	3 Filer ID (Ethics Commission Filers)
1 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date	6 Full name of contributor out-of-state PAC (ID#	Zip Code 8 Amount of Centribution \$ In-kind contribution description Check if travel outside of Texas, Complete Schedule
l0 Principal o	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
2 Contributor	r's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
4 Contributor	r's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
6 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date	Contributor address; City; State;	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor	's principal occupation (FOR JUD CIAL)	Contributor's Job title (FOR JUDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDI¢IAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 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#:_ Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Full name of pledgor Amount In-kind contribution U out-of-state PAC (ID# of Pledge \$ description Pledgor address; State, Zip Code City: Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution unt-of-state PAC (ID#; Full name of pledgor 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) Amount of In-kind contribution Date Full name of pledgor Dut-of-state PAC (ID#:_ 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) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

	 		
LOANS If the requeste	ed information is not applicable, DO NO	T include this page in the re	SCHEDULE E
Th	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	evin Freed		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$ 327216
5 Date of loan	7 Name of lender out-of-state Keyn Freed	PAC (ID#)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; 580 Hargrove L	State; Zip Code	10 Interest rate
Y N	agueland IX	77328	11 Maturity date
Conne	ISP PD [mestigator	13 Employer (See Instructions)	DA)
14 Description of Co	ua:erai	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state f	PAC (ID#)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN			Maturity date
Principal occupati	or / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund account (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	ол (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COPII	ES OF THIS SCHEDULE AS NEE truction guide for additional rep	

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 Loan
Fees Office
Food/Geverage Expense Pollin
Gift/Awards/Memorials Expense Salar
Legal Services Salar

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of Distric:

Candidate/Officeholder/Politica	al Committee	Legal Ser	vices		Salaries/M	Vages/Contract L	abor	Other (ent	er a categon	not listed a	above)
Credit Card Payment		The Ins	truction Gu	iide explain	s how to c	omplete this 1	form.		Posta	S P	
1 Total pages Schedule F1	2 FILER N	NAME	Free	d				3 Filer I	D (Ethics	commissio	on Filers)
4 Date 1/20/24	5 Payee n	ame	FR	red	USI	PostC	(C)ce	,			
6 Amount (\$)	7 Payee a	iddress; Uy (S	v onve	TZ	7733	City	<i>(</i> ;	8	State;	Zip Co	de
8 PURPOSE	(a) Catego	ry (See Cate	gories listed at	the top of this s	schedule)	(b) Descrip	otion				
OF EXPENDITURE		Post	isl			5	stan	MS			
	(c)	Check if trave	e autside of Tex	as. Complete Sc	thedule T.	Ch	eck if Austin	n, TX, officeh	iolder living a	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Offic	eholder nai	ne		Office so	ought		C	ffice held	d
Date	Payee n	ame									
Amount (\$)	Payee a	ddress;				City	rç	S	State;	Zip Co	de
PURPOSE OF EXPENDITURE	Categor	y (See Categ	cries listed at th	he top of this so	chedule)	Descrip	otion				
		Check if Irave	outside of Texa	as. Complete Sci	hedule T.	Che	eck if Austin	, TX, officeh	older living e	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Office	eholder nan	ne		Office so	ought		c	ffice held	
Date	Payee n	ame									
Amount (\$)	Payee a	ddress;				City	;	S	itate;	Zip Co:	de
PURPOSE OF EXPENDITURE	Category	/ (See Catego	ries listed at th	e top of this sch	hedule)	Descrip	tion				
		Checkifiave	outside of Texa	s. Complete Sch	nedule T.	Che	ck if Austin,	TX, officeho	older living a	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Offic	enolder na	пе		Office so	ought		Č	office hel	d
	AT	TACH AD	DITIONAL	COPIES	OF THIS S	SCHEDULE	AS NEE	DED			

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/Rembursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Travel in District Polling Expense, Gift/Awards/Memorials Expense Contributions/Donatons Made By Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder Political Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; Zip Code TYPE OF Political EXPENDITURE Non-Political (a) Category (See Categorical Issued at the top of this schedule) 10 (b) Description PURPOSE OF EXPENDITURE vel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate // Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete <u>CNLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

ii the reques	ned information is not applicable, be not include this page in	rule report.	
Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:	
2 FILER NAME		3 Filer ID (Ethics Commission	n Flers)
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased; City	y; State;	Zip Code
	7 Description of investment		
	8 Amount of investment (\$)		
Date	Name of person from whom investment is purchased		
	Address of person from whom investment is purchased; City	State;	Zip Code
	Description of investment		
	Amount of investment (\$)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. USE A NEW PAGÉ FOR EACH CREDIT CARD ISSUER 1 TOTAL PAGES 2 FILER NAME 3 FILER ID (Ethics Commission Filers) SCHEDULE F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution 5 CREDIT CARD **ISSUER 6 PAYMENT** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name (b) Payee address; City. State, Zip Code 8 PURPOSE OF (a) Category (See Categories listed at the pop of this schedule) (b) Description **EXPENDITURE** Political Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY If direct Office Sought Office Held expenditure to benefit C/ON **PAYMENT** (a) Amount Charged (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged \$ PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description EXPENDITURE Political Non-Political (c) ____ 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 (a) Amount Charged (b) Date Expenditure Charged **PAYMENT** (c) Date(s) Credit Card Issuer Paid \$ PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political (c) 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Travel Out Of District Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Viemonals Expense Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. ostace 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount 7 Payee address; political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Amount (\$) State: Zip Code Reimbursement from political contributions intended 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 Office sought Candidate / Officeholder_pame Office held Complete ONLY if direct expenditure to benefit C/OH City: State; Zip Code political contributions Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

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

SCHEDULE H

If the requested	information is not applicable, DO NOT incl	ude this page in the re	eport.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholden/Po Credit Card Payment	Fees C Food/Beverage Expense P de By Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement iffice Overhead/Rental E≍pense olling Expense rinting Expense alaries/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 H:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thy sched-	(b) Description	×
	(c) Check if travel outside of Toxas Complete Schedul	eT. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C		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 schedu		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Descript cn	
	Check if travel outside of Texas, Complete Schedule	T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/3	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME	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 regarded.)	arding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarded.)	arding type of information
Date	Рауее пате		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regardured.)	arding type of information
Date	Payee name		
Amount (\$)	Payee addrcss;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See instructions regarder)	ırding type of information
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED	

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

SCHEDULE K

If the requ	uested information is not applicable, DO NOT include this pa	age in the report.	
т	he Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAM	JE	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City;	State; Zip Code	8 Amount (\$)
	7 Purpose for which amount is received Che	eck 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;	State; Zip Code	
	Purpose for which amount is received Che	eck if political contribution	returned to filer
Date	Name of person from whom/amount is received. Address of person from whom amount is received; City;	State; Zip Code	Amount (\$)
	Purpose for which amount is received Che	eck 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;	State: Zip Code	
	Purpose for which amount is received Che	ck if political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHED	DULE AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 /Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule B(J) Schedule A2 Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule COH-UC Schedule B-SS Schedule H 7 Name of person(s) traveling 6 Dates of travel 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 / 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 Name of person(s) traveling Dates of travel 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 Contribution / Expenditure reported on: Schedule B Schedule B(J) Schedule C2 Schedule A2 Schedule D Schedule F1 Schedule F4 Schedule G Schedule COH-UC Schedule B-SS Schedule F2 Schedule H Name of person(s) traveling Dates of travel 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) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Flers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE ! OFFICE USE ONLY KEVIN OFFICEHOLDER NAME Date Received SU=FIX NICKNAME FREED) APT / SUITE #, ZIE CODE 4 CANDIDATE ADDRESS / PO BOX 390 Hargrove Lilley Lane OFFICEHOLDER MAILING Cleveland, TR 77328 ADDRESS Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (936) 828-7383 PHONE MS / MRS I MR 6 CAMPAIGN TREASURER Y М 4NUSERIA Date Placeson NAME SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #. STATE ZIP CODE 7 CAMPAIGN 380 Hargrove Lilley have TREASURER ADDRESS Cleveland, TX 77328 (Residence of Business) PHONE NUMBER EXTENSION AREA CODE 8 CAMPAIGN TREASURER PHONE 828-1381 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) July 15 Reporting Limit 10 PERIOD COVERED THROUGH 01/26/24 24 24 ELECTION TYPE 11 ELECTION Runoff Other Description 13 OFFICE SOUGHT (F known) OFFICE HELD (if any) 12 OFFICE anstable THIS SOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITLRES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPEC:FIG COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIIII AIC		Willow Resident		
15 C/OH NAME			16 Filer ID (E	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	S	
	2,	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS)	S	0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0
	4.	TOTAL POLITICAL EXPENDITURES	\$	646.28
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	646.28 835.72 3272.16
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	327216
18 SIGNATURE	I swear.	or affirm, under penalty of perjury, that the accompanying report is true	and correct	and includes all information
		o be reported by me under Title 15. Election Code.		
		Signature of Ca	ndidate or Of	ficeholder
		Disease complete either ention below		
		Please complete either option below	<i>/</i> .	
(4) Affiland				
(1) Affidavit				
NOTARY STAMP/S	EAL			
Sworn to and subsects	ad batara	this the	da	v of
Sworn to and subscrib			Ua	y of
20 to cer	tify which.	witness my hand and seal of office		
Signature of office admin	ictoring on	h Printed name of officer administering oath	Title	of officer administering oath
Signature of on ce admin	iste iligiba		11110	or officer definitional ring detail
		OR	- 7	
(2) Unsworn Declar	ation			
My name is	FUL	FREED and my date of birth is	05/29	5/64
-	90 H	argrove Liller have Cleveland	12 7	7338
ing address is	,		state) (zip c	ode) (country)
Executed in San	Jacin	County, State of Texas, on the 26 day of Feb.		24
		/ - \(\tau_{\text{month}}\))	(year)
		Signature of Candid	late/Officehold	er (Declarant)
		Signature of Candid	ate/Officeffold	er (Decialatif)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NA	AME 1/		20 Filer ID (Ethics Co	mmission Filers)
			n Freed		
21		LE SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
3.		SCHEDULE A1:	MONETARY POLITICAL CONTRIBUTIONS		s
2		SCHEDULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		S
3.		SCHEDULE B: I	LEDGED CONTRIBUTIONS		\$
4.		SCHEOULE E: 1	OANS		\$ 3272.16
5.		SCHEOULE F1:	POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 3272.16 \$ 666.28
6.		SCHEDULE F2:	UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3:	PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.		SCHEDULE F4:	EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.		SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11,		SCHEDULE I: NO	N-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K:	NTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	DINS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	If the requested information is not applicable, DO NOT include this page in the report.						
	The	Ins	struction Guide explains how to complete this form.	1 Total pages Schedule A1			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
4	Date	5	Full name of contributor	7 Amount of contribution (\$)			
		6	Contributor address; City; State; Zip Code				
8	Principal cec	upat	on / Job title (See Instructions) 9 Employer (See Instruc	lions)			
	Date		Full name of contributor	Amount of contribution (\$)			
			Contributor address; City: State; Zip Code				
	Principal occu	patio	n / Job title (See Instructions) Employer (See Instruct	ions)			
	Date		Full name of contributor	Amount of contribution (\$)			
		100	Contributor address; City: State; Zip Code				
	Principal occu	patic	on / Job title (See Instructions) Employer (See Instructions)	ons)			
	Date		Full name of contributor	Amount of contribution (\$)			
			Contributor address; City; State; Zip Code				
	Principal occu	patio	n / Job title (See Instructions) Employer (See Instructions)	ons)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

Forms provided by Taxas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

NON-MONETARY (IN-KIND) POLITICAL

SCHEDULE A2 CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer D (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 6 Full name of contributor out-of-state PAC (ID#:_ 5 Date Amount of 9 In-kind contribution Contribution \$ description 7 Contributor address; State; Zip Code Check if travel outside of Texas, Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (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 contr butor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor Amount of In-kind contribution Date Contribution \$ description City; Contributor address; State: Zip Code 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 JUDICIAL) 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 frm 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.

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report, Total pages Schedule B: The Instruction Guide explains how to complete this form. 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#_ Amount 9 In-kind contribution of ⊃ledge \$ description 7 Pledgor address: City: State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount Full name of pledgor out-of-state PAC (ID#. In-kind contribution of ⊇ledge \$ 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 Amount of Full name of pledgor out-of-state PAC (ID#:_ In-kind contribution Pl∈dge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas, Complete Schedule T Principal cocupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Full name of pledgor out-of-state PAC (ID#._ Amount 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) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting 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 complete this form.	The Instruction Guide explains how to complete this form.						
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 PAC (ID#	9 Loan Amount (\$)						
6 Is lender 8 Lender address; City; State; a financial Institution?	Zip Code 10 Interest rate						
Y N	11 Maturity date						
12 Principal occupation / Job title (See Instructions) 13 Employer (See	ee Instructions)						
/	ck if personal funds were deposited into political						
16 GUARANTOR 17 Name of guarantor	19 Amount Guaranteed (\$)						
18 Guarantor address; Cfty; State:							
20 Principal Occupation (See Instructions) 21 Employer (Se	ee Instructions)						
Date of loan Name of lender out-of-state PAC (ID#:							
Is lender Lender address; City; State; a financial	Interest rate						
Institution? Y N	Maturity date						
Principal occupation / Job title (See Instructions) Employer (Se	ee Instructions)						
	ck if personal funds were deposited into political unt (See Instructions)						
GUARANTOR Name of guarantor INFORMATION	Amount Guaranteed (\$)						
	Zip Code						
not applicable Principal Occupation (See Instructions) Employer (See	ee 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 If the requested information is not applicable, DO NOT include this p

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 Controutions/Donations Made E Condidate/Officeholder/Politic Credit Card Payment		Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Frinting Expense Galaries/Wages/Contract Labor thow to complete this form.	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 F1:	2 =	LER NAME		3 Files (D. (Ettiss O		
- 1		LEVIN TREED		3 Filer ID (Ethics Commission Filers)		
4 Data 26124		Century II Printi	na			
6 Amount (\$) 525	7 P	ayee address; 1500 N Washing Lwinston TX	tori	State; Zip Code		
8	(a)	Category (See Categories listed at the top of this sche		1		
PURPOSE OF EXPENDITURE		PRINTING Expense	(b) Description 4 5	- 4x4 519n5		
	(c)	Check if travel outside of Texas. Complete Sched	Jule T. Check if Austin	n. TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	4	Candidate / Officeholder name Kein In Theed	Office sought Constabl	Office held LE PCT 3		
Date 2/W /24	Р	Century Ithru	tus			
Amount (\$)	Pi	eyec address; 1506 Washinstan Living ston TR	City:	State; Zìp Code		
PURPOSE OF EXPENDITURE	С	ategory (See Categories listed at the lop of this sched	Description 18 X Z Y 10 - St gm			
		Check if Iravel outside of Texas, Complete Schedu	ule 1. Check if Austin,	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Randidate / Officeholder name Revin Freed	Constible	Office held		
Date	P	ayee name				
Amount (\$)	Pe	yee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Ca	Itegory (See Categories listed at the top of this schedu	ule) Description			
		Check if travel outside of Texas. Complete Schedul	lle T. Check if Austin,	TX, officeholder living expense		
Camplete ONLY II direct expenditure to benefit G/OH		Candidate / Officeholder name	Office sought	Office held		
		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Constitute Made By Candidate/Officeholder/Political Co	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Expendit Control	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 F2: 2	FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZ	ED 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) PURPOSE OF EXPENDITURE	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	in, TX officeholder living expense			
11 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			
TYPE OF EXPENDITURE	Political Non-Political	9			
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 Aus	stin, TX, officeholder living expense			
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			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		_								
	The	a In	struction	Guide explains how to complete this form.	1	Total pa	iges Sch	nedule F	3	
2 FILER	NAME	Ì			3	Filer ID	(Ethics	Commis	sion Filers)	
4 Date		5	Name of	person from whom investment is purchased						
	3.0	6	Address	of person from whom investment is purchased; Cit	ty;	SKENERIN	**************************************	State;	Zip Code	25645454
		7	Description	n of investment	7					
		8	Amount	of investment (\$)						
Date			Name of	person from whom investment is purchased						
	0.0	1.4	Address	of person from whom investment is purchased; City	y:			State;	Zip Code	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
			Descripti	on of investment						
			Amount	of investment (\$)						
		Ì		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

If the requested information is not applicable, DO NOT include this page in the report.				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donalions/Made B Candidate/Officeholder/Politica				
1 Total pages Sch∋dule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State, Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 1 Austin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
ATTACHMENT AND THE PARTY OF THE	B 1 1 4445/0000			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Cancidate/Officeholder/Politic			Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schecule G:	2 FIL	ER NAME	<	3 Filer ID (Ethics Commission Filers)		
4 Dale	5 Pay	vee name				
6 Amount (\$) Reimbursemen from political contributions intended	7 Pag	vee address;	City.	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Ca	tegory (See Categories listed at the top of this scho	edule) (b) Description			
	(c)	Check if travel outside of Texas. Complete Scheo	dule T. Check of Austin	, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held		
Date	Pay	ree name				
Amount (\$')	Pay	vee address;	City;	State; Zip Code		
political contributions intended						
PURPOSE OF EXPENDITURE	Cá	stegory (See Catedories listed at the top of this sch	edule) Description			
		Check Accord outside of Texas. Complete Sched	dule T Check if Austin	n, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expanditure to benefit C/C		Candidate / Officeholder name	Office sought	Office held		
Date	Pa	ee name				
Arrount (\$)	Pay	vee address;	City;	State; Zip Code		
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Ca	tegory (See Categories listed at the top of this scho	edule) Description			
		Check if travel outside of Texas Complete Sched	dule T. Check if Austin	. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held		
		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	ED		

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

SCHEDULE H

in the requested information is not applicable, be not include this page in the report.						
		EXPENDITURE CAT	regories F	DR BOX 8(a)		
Advertising Expense Accot nting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pot Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule H:	2 FILER N				3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name				
6 Amcunt (S)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of th	is schedule) (I	o) Description		
- 100 miles (1 a miles	(c) C	check if travel outside of Texas Complete	Schedule T.	Check if Austir	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit Ch		ate / Officeholder name	Of	fice sought		Office held
Date	Business	name		<i>.</i>		
Amount (\$)	Business	address;	1	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	s schedule)	Description		
	С	heck if travel outside of Texas. Complete	Schedule T.	Check f Austin	. TX, officeholder living ex	pense
Complete QNEY if direct expenditure to benefit C/C		te / Officeholder name	Of	īce sought	(Office held
Date	Business	name				
Amcunt (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	s schedule)	Description		
	c	heck if travel outside of Texas Complete	Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ON_Y direct expenditure to benefit \$/0		te / Officeholder name	Off	fice sought	C	Office held
	ATTA	ACH ADDITIONAL COPIES	S OF THIS SC	HEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	complete this form.
1 Total pages Schedule	2 FILER NAME	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	7
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	IS SCHEDULE AS NEEDED

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of porson from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	ate; Zip Code
	7 Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received: City; St	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Z p 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; St.	ate; Zip Code
	Purpose for which amount is received Check if	pol tical 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

FOR TRAV	EL OUTSIDE OF TEXAS	001125022			
If the requested information is not applicable, DO NOT include this page in the report.					
The Ins	struction Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Name of Contilbut	or / Corporation or _abor Organization / Pledgor / Payee				
5 Contribution / €>pe	enditure rep <mark>orted on</mark>	1			
Schedule A	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel	7 Name of person(s) traveling				
5	8 Departure city or name of departure location				
	9 Destination city or name of destination location				
10 Means of transpor	tation 11 Purpose of travel (including name of conference	e, seminar, or other event)			
Name of Contribute	or / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expe	aditure reported on:				
Schedule A	2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F.					
Dates of travel	Name of person(s) traveling	Schedule COH-UC Schedule B-SS			
Dates of travel	Traine of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transport	tation Purpose of travel (including name of conference	e, seminar, or other event)			
Name of Contribute	or / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expe	nditure reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Scredule 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 transport	ation Purpose of travel (including name of conference	, seminar, or other event)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

			C	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
	0.6011		•• ()	ompiete only if		e on page	і із шагкесі	rina		Filoro)	
1	C/OH I	NAME							2 Filer ID (Ethics Commission	ruers)	
3	SIGNA	ATURE									
J	SIGNATURE										
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.										
							Sig	ignatur	e of Candidate / Officehold	er	
4		FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder									
	Α.	A. CAMPAIGN FUNDS									
	Check only one:										
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.										
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.									
	B.	ASSETS									
	Chec	k only one	:								
I do not retain assets purchased with political contributions or interest or other income from polit						e from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I under that I may not convert assets purchased with political contributions or interest or other income from political contributions are contributions. I also understand that I must dispose of assets purchased with political contributions in accordance we requirements of Election Code, § 254.204.								utions to		
							=	Si	gnature of Candidate		
5 OFFICEHOLDER •• Complete this section only if you are an officeholder ••											
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if. after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.									oort as	
								Sig	nature of Officeholder		