EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Constituting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	By Gift/Awards/Memorials Expense Pi	olling Expense rinting Expense alaries/Wages/Contract Labor	Travel In District Travel Out Of Distri Other (enter a cate;	ict gory not listed above)
	The Instruction Guide explains he	ow to complete this form.		
1 Total pages Schedule F4:	2 FILERNAME Sonny R. Atchley		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$	
5 Date 10 - 09 - 2019	6 Payee name Vista Print			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
147.21	275 Lyman St.	MA	02451	
9 TYPE OF Expenditure	Political I	Non-Political		
10	(a) Category (See Categories listed at the top of this sched	(b) Description		
PURPOSE OF Expenditure	Advertising Expense	MAGNETIC	Auto Sibn	5
	(c) Chock if traval outside of Taxas. Complete Schade	uleT. Check if Ausl	lin, TX, officeholder livin	д өхрөлзө
i1 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF	Category (See Categories listed at the top of this sched	ule) Description		
EXPENDITURE	Check if travel outside of Texas, Complete Schedu	ule T. Check if Aust	in, TX, officeholder ilving	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEFI	DED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Foot/Beverage Expense Gift/wards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expenso Polling Expense Printing Expenso Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out off District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how t	o complete this form.		,
1 Total pages Schedule G:	Sonny Ray Atch 1-	ez	3 Filer ID (Ethics Commi	ssion Filers)
08/28/19	San Japanto County &	lection F	tDmino	
6 Amount (\$) 8 , 5(p	/ Payee address;	City;		p Code
Reimbursement/rom political contributions intended	51 E Pinc AVE	Colds	Pring TY	7733/
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	VoteR	LIST-	
	(c) Check if travel outside of Texas Complete Schedule T.	Chack if Austin,	TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office I	neld
Date	Payee name			
11/09/19	San Jacinto County RP			
Amount (\$)375.00	Payee address;	City;	State; Zip	Code
Reimbursement from political contributions intended	201 Hwy 150	Coldsprin	ig TX 17	33/
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	FEES	APPLICATION F	or Place on B	allst
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office h	eld
Date	Payee name			
12-03-19	Shepherd Chamber of Comm	rerce		
Amount (\$) 10.00	Payee address;	City;	State: Zip C	ode
Reimbursement from political contributions intended	10251 Hwy 150	Shepherd	TX 77:	371
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	FEES	Parade Float	Entrance Fee	
	Check If travel outside of Texas, Complete Schedule T.		TX, officeholder living expense	
complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	D	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Gulde explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SOUNY R. ATCHLEY

4 Date 11-14-19 5 Payee name Vista Print Discover 7 Payee address; 10-09-19 6 Amount (\$) [47.2] City; Zip Code P.O. BOY 790113 St. Louis MD 63179political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Advertising Expense MAGNETIC AUTO SIGNS Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name 09-18-19 Vista Print Amount (\$) 31,38 Zip Code Walthan MA 275 Wyman St. Reimbursement from political contributions 02451 intended Category (See Categories listed at thir top of this schedulo) Description **PURPOSE** Campaign Business Cards Advertising Expense EXPENDITURE Cneck If travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Jand R Sibns
Payee address;
11345 Crossno 11-08-19 Amount (\$) (43)4 State: Zip Code 77328 TX Cleveland Reimbursementfrom political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF Advertising Expense

Checkiftravel culside of Taxas. Complete Schedule T. YARD CAMPAIGN SIGNS EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Foot/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Exponse Polling Exponse Printing Exponse Solaries/Wages/Contract Labor

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

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G. 2 FILER NAME Sonny R. Atchley
5 Payee name
Walmart Supercenter
7 Payee address; 3 Filer ID (Ethics Commission Filers) 4 Date 12-05-19 6 Amount (\$) 51,07 City; State; Zip Code Walmart Super 1620 West Church St. Reimbursement from political contributions (b) Description 77351 intended (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Campaign Float Decorations OF Advertising Expense EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) Payee address; City; 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zip Code Reimbursoment from political contributions intended Category (See Calegories listed at the top of this schedule) Description URPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

Se	ee CTA Instruction Guide for detailed instructions.	1 Total pages filed:		
2 CANDIDATE NAME	MS/MRS/MR FIRST MI R. Sonny Ray" NICKNAME LASTATCHEY SUFFIX	OFFICE USE ONLY Filer ID # Date Roceived >		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY: STATE; ZIP CODE 2211 FM 1127 Shepherd TX 77371	Date Hand-denvordd or Postmarked		
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 761-8011	Receipt a Amount S Date Processed		
5 OFFICE HELD (if any)		Date Imaged		
6 OFFICE SOUGHT (if known)	Constable Pet. 2 San Jacinto Co.			
7 CAMPAIGN TREASURER NAME	MR. Sonny R Ray' A.	tast suffix		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; 2211 FM 1127 Shepherd TX	ZIP CODE 7737/		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 761-8011			
IO CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tex	as Government Code.		
	I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of		
	I am aware of the restrictions in title 15 of the Election Conform corporations and labor organizations.	ode on contributions		
	Signature of Candidate	//c//9 Date Signed		
	GO TO PAGE 2			

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE



Se	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:	
2 CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE	DNIV
NAME	MR. Sonny R	Filor ID #	JAL!
	NICKNAME LAST SUFFIX	Date Receive	Na
	- Atchley -		COUNTY INISTRATOR
3 CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE		
MAILING ADDRESS	2211 Fm 1127 Shepherd TX 77371	2023	2 8
		Date Hund-delegated or Postmo	
	ADEA CODE		A A
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Ambur	AČ ION
	(281)761-9006	Date Processed	ECL
5 OFFICE		Date Imaged	SA
HELD (if any)	Constable		
6 OFFICE SOUGHT	PCT. 2 Constable		
(if known)			
7 CAMPAIGN TREASURER		LAST SUFFI	
NAME	MR. SONNY R.	Atchley	
8 CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CO)Œ
TREASURER STREET	2211 Fm 1127 Shepherd	7X 773	71
ADDRESS (residence or business)			
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION		
PHONE	(900) 761-900C		
0 CANDIDATE SIGNATURE	Lam aware of the Nonetiam Lew Chapter 572 of the T		S = 4 =
	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government	,ode.
	I am aware of my responsibility to file timely reports as the Election Code.	s required by title	5 of
	I am aware of the restrictions in title 15 of the Election 0 from corporations and labor organizations.	Code on contributio	ns
	DR-W	11/03/2023	
	Signature of Candidate	/ Daile Signed	
	GO TO PAGE 2		

	E MODIFIED FORM CTA G DECLARATION PG
1 CANDIDATE NAME	Sonny R. Atchley
2 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.
-	2024
	Year of election (s) or election cycle to which declaration applies Signature of Candidate
Т	his 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 CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1		
The C/OH Instruction	Guide explains how to	complete this form	1 Filer ID (Ethics Comm	ission Filers) 2 Intal p	ages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	SONNY	R	OF	FFICE USE ONLY
,_	NICKNAME.	LAST	* (E)***	Date Receiv	ed Def
		ATCHLEY		E-mail	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 22/1 Fm 112	APT / SUITE #: SHEPF		37 /	C C C G
Change of Address				() and () and () and () and ()) % 54
5 CANDIDATE/ OFFICEHOLDER PHONE	(281) 76	PHONE NUMBER	EXTENSION	Date Honne	olivered of Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / WR MR MICKNAME	PRST SONNY EAST	R	Date Purcent	
		ATCHLEY	31.	IFFIX Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO ZZII FM 112	PO BOX PLEASE); APT / S	SHEPHER	D TX	ZIP CODE 7737/
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	treas	day after campaign surer appointment seholder Only)
	July 15	8th day before ele	ection Exceeded		Report (Attach C/OH - FR)
0 PERIOD	Month	Day Year		Month Day	Year
COVERED	7/	01 / 2020	THROUGH	12 / 31 /	2020
11 ELECTION	ELECTION DATE		EUEC	HON-TYPE	
	Month Day	Year Primary 2020 General		lher escription	
2 OFFICE	OFFICE HELD (if any)	edet.	13 OFFICE SOUGH		
	San Jacinto		Pct. 2 Co San Jaci	nstable nto County	
	II.	GO ТО	PAGE 2	•	•

1 17

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	2 A=		15 Filer ID (Ethics Commission Filers)
Sonny	R. ATCHL	e y	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMUTEE NAME	
		7470 F	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		e e e e e e e	802 E
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		. 8 8	W
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
			11.9
17 CONTRIBUTION		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH	
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0
F:		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE			
TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS.	\$ 0
	0.1122.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION			*
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ O
	OT NE		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 VY OF THE REPORTING PERIOD	* O
18 AFFIDAVIT	JENNIFER ELL Notary Public, St Comm, Expires	ate of Texas true and correct and includes all info 02-23-2022 under Title 15, Ejection Code	erjury, that the accompanying report is ormation required to be reported by me
1 miles	THE RESERVE OF THE PARTY.	Jones Kas	Celch.1
		Signature of Con-	fidate or Officeholder
		Signature of Other	
AFFIX NOTARY STAMI	V SEALABOVE		F (1)
			74
Sworn to and subser	ibed before me, b	y the said Jennifer Ellen Green	, this the/
day of December	, 20_20, t	o certify which, witness my hand and seal of office.	
Im might 8	llendree	n Jenrifer Ellen Green (aret Clirk
signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer administering oath

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" · · C/OH NAME 2 Filer ID (Ethics Commission Filers) Sonny R. Atchley 3 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. Jonny Lalak Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER .. Complete A & B below only if you are not an officeholder. Α. 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 filling 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: I do not retain assets purchased with political contributions or 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 --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. Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



Atchled T/SUITE #: Sheph TONE NUMBER FIRST Sonny LAST Atchled Sheph TONE NUMBER TONE NUMBE	EXTENSION R STATE: ZI	Date Received P CODE Date Handyadu	JUL 1 4 202 vered or Date Posuparked Amount \$2.00
S heph ONE NUMBER FIRST SUNNY LAST OX PLEASE): AT / SUI	EXTENSION EXTENSION MI R SU	Date Hand-richt Receip Date Imaged STATE	Verded or Date Posuparked Amount \$2 ZIP CODE
FIRST Sonny LAST Atchic	MI R SU	Date Processed Date Imaged STATE	Amount \$
OX PLEASE); AT / SUI	3.11		
			-
9006	EXTENSION		
30th day before election		treasure (Officeho	y after campaign er appointment older Only) eport (Attach C/OH - FR)
Yoar 20	THROUGH	Manfil Day Y	ogar P⊮i
	Runolf	ION TYPE	
L General			
_	General	General Special 13 OFFICE SOUGHT	ELECTION TYPE Runoff Other Description

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 CIOH NAME Atchleu	Sonn	y Ray	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	NOTE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE OF POLITICAL EXPENDIDATE OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WAS ENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	. in the second second
	GENERAL		and the second
		COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE	\$
	A. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
Notary 1	E ANN BARNES Public, State of Texa Expires 04-20-2021 Bry ID 126969687	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is primation required to be reported by me
		Signature of Carl	didate or Officeholder
AFFIX NOTARY STAME	7/SEALABOVE		
		y the said Lee Hinn Barnes	
day of Au,ly_	, 20 _, t	o certify which, witness my hand and seal of office.	
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer administering oath

NON-MONETARY (IN-KIND) FUL.. CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) At Chiley Sonny Ray 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 2 FILER NAME 9 In-kind contribution Amount of description Contribution \$ Out-of-state PAC (ID# 6 Full name of contributor Date State; Zip Code Check if travel outside of Texas. Complete Schedule T. City: 7 Contributor address; 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Amount of description Contribution \$ Full name of contributor Out-of-state PAC (IDII) Date Zip Code Check if travel outside of Texas, Complete Schedule T. State: city; Contributor address; Employer (FOR NON-JUDICIAL)(See Instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Confributor's job title (FOR JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm o contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 1/1/20:

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. www.ethics.state.tx.us provided by Texas Ethics Commission

The Instruction Guide explains how to complete this form,	1 Total pages Schedule B:
4 TOTAL OF UNITEMIZED PLEDGES 2 FILER NAME SONNY RAY 4 TOTAL OF UNITEMIZED PLEDGES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	\$ 0
Date 6 Full name of pledgor	8 Amount 9 In-kind contribution of Pledge \$ description
7 Pledgor address; City, State; Zip Code	Check if travel outside of Texas. Complete Scheduld
Principal occupation / Joh title (See Instructions)	e Instructions)
Date Full name of plethor Out-of-state PAC (ID#	Amount In-kind contribution of Pledge \$ description
Pledgor address; Cily: State; Zip Code	
Principal accountation (Joh Hills (Can Instructions)	Check if travel outside of Texas, Complete Schedule
Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)
Date Full name of pledgor ☐ out-of-state PAC (10#:	Amount of In-kind contribution Pledge \$ description
Principal occupation / Job title (See Instructions) Employer (See	Check if travel outside of Texas. Complete Schedule
Date Full name of pledgor	Amount of In-kind contribution description
Pledgor address; City: State; Zip Code	Check if travel outside of Texas. Complete Schedule
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see Instruction guide for	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020



POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
AccountingBanding
Consulting Expense
Contributions/Donatons Made By
Candidate/Officebolder/Political Committee

Event Expense Fees Foot/fleverage Expense Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sabries/Wages/Contract Labor

Schatolion/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other features

1 Total pages School	The instruction Guide explains i	Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above
pages schedu	The Instruction Guide explains I	tow to complete this form.	, not used above
4 Date	5 Parent Chian Connu	Kn.	3 Filer ID (Ethics Commission Fil
0	5 Payee name Sonny	Nau	- Interest In
6 0	, ,	1	
6 Amount (\$)	7 Payee address;	· ·	
	, , dyee address;		
1	I □	City;	Otal
	1		State: Zip Code
0			
8	(a) Category (c		
PURPOSE	(a) Category (See Categories listed at the top of this sched	ula)	V
OF	State Content	(b) Description	
EXPENDITURE	1		
LABITORE		1	
		1	
	(c) Check (I travel putpide 457		
9 Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Schedula	T. I a	
expenditure to benefit C/	Candidate / Officeholder name	Check if Aust	in, TX, officoholder living expense
- 13 delient C/	On anne	Office sought	sybeuse
Data		ç aduğnı	Office held
Date	Payee name		- med rigid
	,	7/10	
		×*	
		U.S.	
Amount (\$)			
(4)	Payee address		
		City;	
		City,	State; Zip Code
			zip Code
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	Calegory (See Categories listed at the fou of this schedule)		
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PURPOSE	at my tab of this schedule)	Doggani di	
PURPOSE OF	at the top of this schedule)	Description	
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OF	Check if travel outside of Toxas. Complete Schedule T. Candidate / Officeholder name	Check if Austin. T	X, officeholder living expense Office held
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Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Check if travel outside of Toxas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address;	Check if Austin, T	Office held
Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Check if travel outside of Toxas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address;	Check if Austin, 7 Office sought	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Check if travel outside of Toxas: Complete Schedule T. Candidate / Officeholder name Payce name	Check if Austin, 7 Office sought	Office held
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OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date PURPOSE	Check if travel outside of Toxas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address;	Check if Austin, 7 Office sought	Office held
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Complete ONLY if direct expenditure to benefit C/OH Date PURPOSE OF EXPENDITURE	Check if travel outside of Toxas. Complete Schedule T. Candidate / Officeholder name Payor name Payee address; Category (See Categories listed at the top of this schodule) Check if travel outside of Texas. Complete Schodule T.	City:	Office held State: Zip Code
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Complete ONLY if direct expenditure to benefit C/OH Date PURPOSE OF EXPENDITURE	Check if travel outside of Toxas. Complete Schedule T. Candidate / Officeholder name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Toxas. Complete Schedule T. Candidate / Officeholder name	City: Description Check if Austin, TX, or Office sought	Office held State: Zip Code
Complete ONLY if direct expenditure to benefit C/OH Date PURPOSE OF EXPENDITURE	Check if travel outside of Toxas. Complete Schedule T. Candidate / Officeholder name Payor name Payee address; Category (See Categories listed at the top of this schodule) Check if travel outside of Texas. Complete Schodule T.	City: Description Check if Austin, TX, or Office sought	Office held State: Zip Code fficeholder living expense

LOANS

SCHEDULE E

The	Instruction Guide explains	how to compl	ete this form.	1 Total pages Schedule E
FILER NAME	y Sonny	Ray		3 Filer ID (Ethics Commission Filers)
	IITEMIZED LOANS	0		\$ -
Date of loan	7 Name of lender		PAC (ID#)	9 Loan Amount (\$)
ts tender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate 11 Maturity date
YN				
2 Principal occupation	on / Jub title (See Instructions)	13 Employer (See Instructions)	
4 Description of Coll	lateral		15 Check if personal fun	ds were deposited into political
none			account (See Instruc	
6 GUARANTOR INFORMATION	17 Name of guarantor		/	19 Amount Guaranteed (\$)
	18 Guarantor address;	cary.	State; Zip Code	
not applicable		/		
Principal Occupation	tion (See Instructions)		21 Employer (Sur Instructions)	
Date of loan	Name of lender	out-of-state	PAC (IDII	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State, Xin Code	Interest rate
Institution?		/		Maturity date
ΥN		/_		L
Principal occupati	on / Jab title (See Instruction:	5)	Employer (See Instructions)	
Description of Coll	lateral	Y	Check if personal fur account (See Instruc	nds were deposited into political stions)
none	Name of guarantor			Amount Guaranteed (5)
GUARANTOR INFORMATION	/		State; Zip Code	
not applicable	Guarántor address;	City;	State; Zip Code	
	ion (See Instructions)		Ernployer (See Instructions)	ı

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		SCHEDULE 1-2
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officaholder/Politic	al Committee Legal Services Prioring Expense Saluries/Wages/Contract Labor The Instruction Guide explains how to complete the	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	Atchlen Com P	3 Filter ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5 Date	6 Payee name	* -
7 Amount (\$)	8 Payee address; City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this schedule) (b) Description	
1 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Payee name	TX, officeholder fiving expense Office held
Amount (\$)	Payee address; City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Calegory (See Calegories listed at the top of this schedule) Description	
omplete ONLY if direct kpenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Check if Austin, T) Candidate / Officeholder name Office sought	Office hold
		\
AT provided by Texas Ethics Comm	TACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		1 Total pages Schedule F3:
	he Instruction Guide explains how to complete this form.	/
Ato	hley Sonny Ray	3 Filer ID (Ethics Commission Filers)
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	Crane Chair State To Code
	Address of person from whom investment is purchased:	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (onter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Zip Code TYPE OF Political EXPENDITURE Non-Political 10 (a) Category 1600 Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Toxas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City. State: Zip Code TYPE OF EXPENDITURE Political Non-Political 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 exponse Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rontal Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Exponse Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G 3 Filer ID (Ethics Commission Filers) Date 6 Amount (\$) 7 Payee address: City; State: Zip Code Ecombursement from political contributions intended (b) Description 8 (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE (c) Chook If travel outside of Texas, Complete Schedule T. Check if Austin, TX, office tolder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City: State; Zip Code Reimbursement from political contributions ntended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Submitted I. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payce address; City. State: Zip Code Reimbursement from political contribution 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 Candidate / Officeholder name Office sought, Office held Complete CNLY If direct expenditure to benefit (10)1 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to co	mplete this form.	
Total pages Schedule I	2 FILERNAME Atchley Sonny		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	r	
Amount (\$)	7 Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See in required)	nstructions regarding type of information
Date	Payee namo		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for oxamples of acceptable categories.)	Description (See in required)	nstructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required)	istructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	structions regarding type of information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

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

SCHEDULE K

Ti	he Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAM	E (1) 11 (1)	3 Files ID 25"	Description 50
	Atchley Sonny Ray	3 Filer ID (Ethics	Commission Filers)
Date	5 Name of person from whom amount is accoived		8 Amount (\$)
	CANAL		/
	6 Address of person from whom amount is received; City;	State; Zip Code	1
,			1
	\		<i>f</i>
	7 Purpose for which amount is received Check	k if political contribution r	eturned to filer
			1
	1		<i>[</i>
Date	Name of person from whom amount is received	1	Amount (\$)
		1	
	COCCO DE LA LETE LE LE LETE LE LETE LE LE LETE LE LE LE LE LETE LE LE LE LE LETE LE LE LETE LE		
	Address of person from whom amount is received; City;	State: Zip Code	
	Purpose for which amount is received Check	if political contribution re	turned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City S		
	Aduress of person from whom amount is received; City S	State; Zip Code	
	Purpose for which amount is received Chack		
	Check	inpolitical contribution ret	turned to filer
	<i></i>		
Date	Name of severe to		
	Name of person from whom amount is received		Amount (\$)
	L		
	Address of person from whom amount is received; City; S	tate; Zip Code	
			1
	Purpose for which amount is roceived	P. 1933 1	_
	Check	f political contribution retu	irned to filer
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED	/
_			· · ·

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

SCHEDULE T

The Instr	uction Guid	e explains how to complete th	is form.	1 Total pages Schedule T:		
2 FILER NAME	2 FILER NAME Atchley Sonny Ray					
A Name of Contributor	/ Corporatio	vor Labor Organization / Pledgor /	Hiyou			
5 Contribution / Expend	diture reporte	d on:				
Schodule A2			Schedule C2	Schedule D	Schedule F1	
Schedule F		nedule F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
6 Dates of travel	7 Name o	of person(s) traveling				
	8 Depart	re city or name of departure locati	ion			
				J		
	9 Destina	tion city or name of destination loc	cation			
10 Means of transportat	ion	11 Purpose oNravel (including r	name of conference,	seminar, or other event)		
Name of Contributor	/ Carparation	or Labor Organization / Rledgor /	Doving			
Name of Continutor	/ Corporation	or Labor Organization / Riedgor /	rayee			
Contribution / Expend	diture reporte	d on:				
Schedule A2	☐ Sch	edule B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2		edule F4 Schedule G	7			
			Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name o	f person(s) traveling				
	Departu	re city or name of departure locati	an			
	Destinal	tion city or name of destination loc	cation			
		<i>f</i>				
Means of transportat	ion	Purpose of travel (including r	name of conference	seminar, or other event)		
, , , , , , , , , , , , , , , , , , , ,				or other eventy		
Name of Contributor /	' Corporation	or Labor Organization / Pledgor /	Payee			
Contribution / Expend	liture reported	don:				
Schedule A2	Schedu	ule B	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedu	/ -	Schedule H	Schedule COH-uc	Schedule B-SS	
Dates of travel	Name 9	person(s) traveling			/	
	Departu	te city or name of departure locati	on			
	Destinat	lon city or name of destination loc	atlon			
Means of transportati	on	Purpose of travel (including r	name of conference,	seminar, or other event)		
. /						
./	Α٦	TTACH ADDITIONAL COPIES (OF THIS SCHEDUL	.E AS NEEDED		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Т	he Instruction Guide explains ho	w to complete t	his form.	1 Total pages Schedule A1
2 FILER NAM	chley Sonny	Ran		3 Filer ID (Ethics Commission Filers)
Date		0	,	
1	5 Full name of contributor	out-of-state	PAC (ID#)	7 Amount of contribution (\$)
	6 Contributor address;	Cîty;	State; Zip Code	-
/				¥ ×
Deinging and	cupation / Job title (See Instructions		Y	y"
i micipar or.	Corporation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Date	Full name of contributor	Out-of-state F	AC (ID#:)	W .
				Amount of contribution (\$)
				V:
	Contributor address;	City;	State; Zip Code	
			2	
Principal again	upolica / lab till (C			
- micipal occi	upation / Job title (See Instructions)	(-	Employer (See Instruc	ctions)
		1		
Date	Full name of contributor	[] oot of state P/	AC IID#	
		() safer state ()	10 (10)	Amount of contribution (\$)
			F	
	Contributor address;	City;	Slate; Zip Code	
		/		
Principal occu	upation / Job title (See Instructions)			
	apation, and little (See mistractions)	1	Employer (See Instruc	tions)
	-p	_/		
Date	Full name of contributor	out-of-state PA	0.000	
		out-or-state PA	C (ID#)	Amount of contribution (\$)
	Contributor address/	City;	State; Zip Code	
Principal accu	pation / Job title (See Instructions)		<u>-</u>	
Throiper odda	patient / 505 img/size instructions)		Employer (See Instruct	(enoi)
			L	
/				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Atchlen Sonny Ran	20 Filer ID (Ethics Co	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ -
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SEHEDULE E: LOANS		s 0
5.	SOFIEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL OF	CONTRIBUTIONS	s 0-
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	* 0
3.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$ 0
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ 0
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0
2,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	s O-

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
G CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR MK, SONNY NICKNAME LAST ATCHCEY	MI R SUFFIX	OFFICE USE ONLY Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE /	100.5.	city; state; zip code herd TX 7737/ EXTENSION	JAN 0 8 2020 CONTO COU ON AD MENSTER
OFFICEHOLDER PHONE	(281) 761	9066	Date Hund delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR. SDNNY NICKNAME LAST ATCHLEY	MI R SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 2211 FM 1127	uite#; city; state; Shepherd TX	ZIP CODE 7737/
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (28) 761 - 9004	EXTENSION	
REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year 07 / 01 / 19	THROUGH 12 /	Day Year / 31 / 19
ELECTION	ELECTION DATE Month Day Year Primary 03/03/20 General	ELECTION TYPE Guider Description Special COUNT	The contract of the contract o
OFFICE	OFFICE HELD (II any)	PC + 7 Car	rstable

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

20 011		15 Filer ID (Ethics Commission Filers)
SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		\$ 0
		\$ 0-
4. TOTAL	POLITICAL EXPENDITURES	\$-0
		DAY &
		\$ ()
tary Public, State of omm. Expires 02-23	true and correct and includes all info under Title 15, Election Code. Texas -2022 307	perjury, that the accompanying report is cormation required to be reported by me
	by the said Journal Ellen Filen	this the
	INIS BOX IS FOR IN SUPPORT THE CANE KNOWLEDGE OF CO. OF SUCH EXPENDIT COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL F. PLEDGE 2. TOTAL GOTHER 3. TOTAL F. UNLESS 4. TOTAL F. OF REP 6. TOTAL F. LAST D. OTAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDISHIPMENT THE CAMBIOATE / OFFICIEIOLDETH. THESE EXPENDITURES MAY HAVE BEEN MADE WE KNOWLEDGE OR COMSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE COMMITTEE NAME GENERAL GENERAL GENERAL COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMM. 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD I SWEAR, OR affirm, under penalty of true and correct and includes all infunder Title 15, Election Code. LENNIFER ELLEN GREEN THE REPORTING PERIOD I SWEAR, OR AFFIRM, UNDER THE REPORTING PERIOD I SWEAR, OR AFFIRM AND

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 [ller ID (Ethics Commission Filers)	
	onny Ray Atchies	V	
21 S	NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$-0-	
2,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$6	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.	_
a.	SCHEDULE E: LOANS	\$	_
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	ITIONS \$	
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	* 	×
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRI	IBUTIONS \$ C	-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 147.	2]
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	3 Pages \$ 1272.	4
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	ITIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RI	ETURNED \$ -	
	19		

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Travel In District Travel Out Of District Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME Atchley Sonny 4 Date Business name 6 Amount (\$) 7 Business address: City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE EXPENDITURE Check if travel outside of Texas, Complete S Check if Austin, TX officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; Zip Code City State: Category (See Categories listed at the top of this schedule) Descrinto PURPOSE OF XPENDIT Check if Iravel outside of Texas Complete Schodula T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct explanature to benefit C/OH Date Business name Amount (\$) Business address; City; State: Zip Code Category Description o Categories listed at the top of PURPOSE OF EXPENDITURE Check if travel outside Check If Austin, TX. cholder living expense Candidate / Officeholder Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

B PURPOSE Categories.) (a) Category (See instructions for wamples of acceptable Categories.) (b) Description See Instructions regarding type of information required.) (b) Description See Instructions regarding type of information required.) (c) State Zip Cod Purpose Category (See instructions for examples of acceptable required.) Payee name City State Zip Cod Purpose Category (See instructions for examples of acceptable required.) Purpose Category (See instructions for examples of acceptable required.) Payee address: City State Zip Cod Purpose Category (See instructions for examples of acceptable required.) Description (See instructions regarding type of information required.)		The Instruction Guld	e explains how to com	plete this form.		
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Amount (\$) Payee address City State Zip Cod Purpose Expenditure Date Payee name Category (See instructions for examples of acceptable of acceptable categories). Purpose OF Expenditure Category (See instructions for examples of acceptable of acceptable categories). Category (See instructions for examples of acceptable of ac	PURPOSE OF		amples of acceptable		Structions regarding type o	f information
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Date Date Date Payee name City State Zip Cod Purpose Category (See instructions for examples of acceptable of acceptable categories) Description (See instruction regarding type of information required.)	Amount (\$)	Payee address;		City	State	Zip Code
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PURPOSE Category (See instructions for examples of acceptable Description (See instruction regarding type of information required.)	Date	payee name	IA			
OF categories) required.)	Amount (\$)	Payee address;		City	State	Zip Code
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS NEED	ED	11 -

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K CONTRIBUTIONS RETURNED TO FILER 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 FILER NAME ON THE 3 Filer ID (Ethics Commission Filers) 4 Date 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 Amount (\$) Name of person from whom amount is received Address of person from whom amount is received; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date erson from whom amount is received Naind Address of person from whom amount is received; Zip (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 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 1 Total pages Schedule T: The Instruction Gulde explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor + Corporation or Labor Organization / Plodgor / Payee 5 Contribution Expenditure reported on: Schedule Ag Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule COLYUC Schedule B-SS Schedule H 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure ligation 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of inquel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Phydgor / Payee Contribution / Expenditure reported on: Schedule A2 Scylddule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schodule F4 Schedule G Schedule H Schedule COH-U Schedule B-SS Dates of travel land 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 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schodule Ca Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G 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, sominar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MR. SUNNY NICKNAME LAST ATCHLEY	MI R SDFFIX	OFFICE USE (ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		STATE: ZIP CODE HERD TX 77371		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 7Let - 900L0	EXTENSION	Date Hand-delivered or Date	Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. SONNY NICKNAME LAST ATCHLEY	MI Q SUFFIX	Receipt # Amou Date Processed Date Imaged	int \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 2211 Fm 1127	OITY; SHEPHERLY	STATE: ZIP C	371
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 761- 9006	EXTENSION		
9 REPORT TYPE	January 15 30th day before elec		15th day after compa treasurer appointmen (Officeholder Only) Final Report (Atlach C	t
10 PERIOD COVERED	Month Day Year	THROUGH 12	31 /2019	
11 ELECTION	ELECTION DATE Month Day Year Primary 0.3 / 0.3 / 10.10 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If Known) Presinct 2 Cons	Hable SJE	
	GO ТО Р	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 CIOH NAME SORNY	R. ATCHLEY	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENSUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT OF SUCH EXPENDITURES.	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS	
	COMMITTAE CAMPAIGN TIE BURER NAME	
Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	\
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	HAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT		perjury, that the accompanying report is formation required to be reported by me
AFFIX NOTARY STAME	•	ndidate or Officeholder
	ibed before me, by the said	, this the
	, 20, to certify which, witness my hand and seal of office	
Signature of officer ac	dministering oath Printed name of officer administering oath	Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
Sonny Ray Atonies	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	etioga)
Date Full name of contributor Out-of-state PAC (IDI)	Amount of contribution (\$)
Contributor address: City Sate: Zip Code	
Principal occupation// Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Contributor address; City; State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions
Date Full name of contributor Gut-of-state PXC pipe Contributor address; City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	EDED porting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
Sonny Ray Atchles	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$ \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Emplo	oyer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JODICIAL) 13 Contri	ributor's Job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law f	firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	NA
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description Contribution \$ description Check if travel outside of Texas, Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Emplo	oyer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL)	fbutor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	irm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF THIS SCHEI	

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
Sonny Ray Atchles	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED PLEDGES	\$
6 Full name of pledgor	8 Amount of Pledge \$ 9 In-Kind contribution description
Pledgor address; City; State; Jip Code	
Principal occupation / Job title (See Instructions) 11/4 mployer (See	Check if traver outside of Texas, Complete Schedule
Data	
Full name of pledgor Out-of-state PAC (ID#	Amount In-kind contribution description
Pledgor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Check if travel outside of Taxas. Complete Schedule
Employer (See Instructions)	nstructions
Pledgor address: City; State; Zip Code	Amount of In-kind contribution description
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Check intravel outside of Texas. Complete Schedule T
Date Full name of pledgor out-of-state PAC (ID#	Amount of In-kind contribution description
Pledgor address; City; Suito Zp Code	
rincipal occupation / July 414	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	tructions)
	1
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see instruction guide for addit	S NEEDED

LOANS	SCHEDULE E
The instruction Guide explains how to complete this form.	1 Total pages Schedule E:
Sonny Ray Atchles	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED LOANS	\$
7 Name of lender out-of-state PAC (IDW) 9 Loan Amount (\$)
8 Lender address; City; State; Zlp Code Institution?	10 Interest rate
Y N 2 Principal occupation / Job IIIIe (See Instructions) 13 Employer (See Instruction	
4 Description of Collateral Inone Check if personal account (See Jinsi	funds were deposited into political tructions)
6 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
18 Guarantor address; City, State: Zip Code ☐ not applicable	
Principal Occupation (See Instructions) 21 Employer (See Instructions)	
Date of loan Name of lender out-of-state PACTION:	Loan/Amount (\$)
Is lender address; City State; Zip Code Institution?	Interest rate Maturity date
Y N Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Description of Collateral	unds were deposited into political
GUARANTOR INFORMATION Name of guarantor	Amount Guaranteed (\$)
Guarantor address: City; State; Zip Gode	
Principal Occupation (See Instructions) Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If lender is out-of-state PAC, please see instruction guide for additional i	EEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting Bunking Consulting Expense Contributions/Dynations Made By Candidate/Officopolder/Political Committee Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralising Expense Transportation Equipment & Related Expense Foot/Boverage Expense GifVAwards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Other (enter a category not listed above) Logal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schodule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Payee name 6 Amount (\$) 7 Payee address; city. State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schuttee T Check If 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 Payee name Amount (\$) Payee address; City; Zip Code Category (See Categories listed at the lop of this schedule) Description PURPOSE EXPENDITURE Cyleck if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at this top of this schudole) Description PURPOSE EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY If direct Office sought Office held expendityre to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising (Supense Accounting/Banking Consulting Expense Contributions/Contributions/Contributions/Contributions/Contributions/Contributions/Contributions/Contributions/Contributions/Contributions/Contributions/Contrib Event Expense Loan Repayment/Reimbursement Solicutation Fundamising Expense Transportupon Equipment & Related Expense Travel In District Travel Out Of District Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expanse Salanes/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethles Commission Filers) 4 TOTAL OF UNITEMIZED UNRAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Political **EXPENDITURE** Non-Political (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Lyken. Complete Schedule T. Check If Austin, TX, officeti 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the lop of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

/	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
! FILER NA		3 Filer ID (Ethics Commission Filers)
Date	5 Name of person from whom investment is purchased 6 Address of person from whom investment is purchased; 7 Description of investment	State; Zip Code
Date	8 Amount of investment (\$) Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; Cil	State; Zip Code
	Amount of Investment (\$)	
7		