# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission				Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	'	МІ	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	CITY; STATE;	ZIP CODE		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSI	ON .	Date Hand-delivered  Receipt #	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	MONONE	LAGT		301111	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	(NO PO BOX PLEASE); APT / SI	JITE #; CITY;		STATE;	ZIP CODE
,	4054 0005	DUONE NUMBER	EVTENOV	O.U.		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	ON		
9 REPORT TYPE	January 15	30th day before e	lection Run	noff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	Clion	eeded Modified oorting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	/		THROUGH	/		
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
		General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	SOUGHT (if known)	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE CONSENT. CANDIDATES	EE OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUII	S MAY HAVE BEEN MADE V	WITHOUT THE CAND	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
	GO TO PAGE 2					

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME		16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRI     PLEDGES, LOANS, OR GUARANTEES OF     CONTRIBUTIONS MADE ELECTRONICAL	LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU	ARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDI	TURE.	\$
	4. TOTAL POLITICAL EXPENDITURES		\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAST D	AY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF TH	E \$
	vear, or affirm, under penalty of perjury, that the accounied to be reported by me under Title 15, Election Code		I correct and includes all information
		Signature of Candid	late/Officeholder
	Please complete eith	ner option below:	
(1) Affidavit			
NOTARY STAMP/SEAL	L		
Sworn to and subscribed	before me by	this the	day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer administ	ering oath	Title of officer administering oath
(2) Unsworn Declaration			
My name is		and my date of birth is	·
My address is	,,		_,
	(street)	(city) (state	
Executed in	County, State of , on the	day of (month)	, 20 (year)
	_		Officeholder (Declarant)

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

## MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

### SCHEDULE A(J)1

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

	Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor  ut-of-state PAC II	,	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Contributor's p	principal occupation	9 Contributor's job title	
10	Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	_	D#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Contributor's p	principal occupation	Contributor's job title	
	Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	_	)#:)	Amount of contribution (\$)
		Contributor address; City;	State: Zip Code	
	Contributor's p	orincipal occupation	Contributor's job title	
	Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

#### SCHEDULE A2

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 A2:		
2 FILER NAMI	E		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code		 	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T.  AL)(See Instructions)	
			,	,	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor   Out-of-state PAC (ID#:	)	Amount of Contribution \$	-   In-kind contribution   description	
	Contributor address; City; State;	Zip Code		 	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T.  AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
1	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		-	g requirements.	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

### PLEDGED CONTRIBUTIONS (JUDICIAL)

### SCHEDULE **B(J)**

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

	•		,	•			
	Th	ne Instruction Guide explains	s how to complete this fo	orm.	1 Total pages Sched	ule B(J):	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF	UNITEMIZED PLEDO	GES		\$		
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description	
		7 Pledgor address;	City; Sta	ate; Zip Code	Check if travel outside	        de of Texas. Complete Schedule T.	
10	Pledgor's princ	cipal occupation		11 Pledgor's job	title		
12 Pledgor's employer/law firm  13 Law firm of pledgor's spouse (if any)				<b>(</b> )			
14	14 If pledgor is a child, law firm of parent(s) (if any)						
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
		Pledgor address;	City; Sta	ate; Zip Code		 	
	Pledgor's prine	cipal occupation		Pledgor's job		de of Texas. Complete Schedule T.	
	Pledgor's emp	oloyer/law firm		Law firm of p	oledgor's spouse (if any	<b>(</b> )	
	If pledgor is a	child, law firm of parent(s) (i	f any)				
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
		Pledgor address;	City; Sta	ate; Zip Code			
	Pledgor's princ	cipal occupation		Pledgor's job		de of Texas. Complete Schedule T.	
	. iougui a priin	5.pa. 000upation		i icagoi s job	,		
	Pledgor's emp	loyer/law firm		Law firm of pledgor's spouse (if any)			
	If pledgor is a	child, law firm of parent(s) (i	f any)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

### LOANS (JUDICIAL)

### SCHEDULE E(J)

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

	The In	struction Guide explains how to complet	1 Total pages Schedule E(J):			
2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
4	4 TOTAL OF UNITEMIZED LOANS			\$		
5	Date of loan	7 Name of lender	ate PAC (ID#:)	9 Loan Amount (\$)		
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
	Y N			11 Maturity date		
12	Lender's Principal	Occupation	13 Lender's Job Title			
14	Lender's Employer	/Law Firm	15 Law Firm of lender's spo	ouse (if any)		
16	If lender is a child,	law firm of parent(s) (if any)				
17 Description of Collateral  In none  18  Check if personal funds were diaccount (See Instructions)			onal funds were deposited into political structions)			
19	GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)		
		21 Guarantor address; City;	State; Zip Code			
	not applicable					
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title	,		
25 Guarantor's Employer/Law Firm 2			26 Law Firm of guarantor's	26 Law Firm of guarantor's spouse (if any)		
27	27 If guarantor is a child, law firm of parent(s) (if any)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	-	Salaries/M tion Guide explains how to c	dages/Contract Labor complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
4 Date	<b>5</b> Payee name				
6 Amount (\$)	<b>7</b> Payee address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories	s listed at the top of this schedule)	(b) Description		
	(c) Check if travel outs	side of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehol	lder name	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories	listed at the top of this schedule)	Description		
	Check if travel outs	side of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehol	der name	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories	listed at the top of this schedule)	Description		
	Check if travel outs	ide of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	older name	Office sought		Office held
	ATTACH ADDIT	IONAL COPIES OF THIS	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	Candidate/Officeholder/Politica		ains how to complete this forn	,	er a category n	ot listed above)
1	Total pages Schedule F2:	2 FILER NAME		3 Filer ID	(Ethics Con	nmission Filers)
4	TOTAL OF UNITEN	MIZED UNPAID INCURRED OBI	LIGATIONS	\$		
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	(b) Description	1		
		(c) Check if travel outside of Texas. Complete	e Schedule T. Check	f Austin, TX, officeh	older living exp	pense
11	Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	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	n		
		Check if travel outside of Texas. Compl	ete Schedule T. Check	if Austin, TX, office	eholder living ex	xpense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held	l.
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED		

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

	T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:		
2	FILER NAME		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Name of person from whom investment is purchased			
		6 Address of person from whom investment is purchased; 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 (\$)			
	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	O TO A CREDIT CARD	\$
5 Date	6 Payee name		
<b>7</b> 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 th	(b) Description	
	(c) Check if travel outside of Texas. Complet	e Schedule T. Check if A	ustin, 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	is schedule) Description	
	Check if travel outside of Texas. Complete	te Schedule T. Check if A	Austin, 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 N	EEDED

#### POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Solicitation/Fundraising Expense

Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)  Reimbursement from	7 Payee address;	City;	State; Zip Code	
political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	der name Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if 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

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Polit Credit Card Payment	The Instruction Guide explains how to	o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		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 this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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 DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

The Instruction Guide explains how to complete this form.						
<b>1</b> Total pages Schedule I:	2 FILER NAME		<b>3</b> Filer ID (Ethics 0	Commission Filers)		
4 Date	5 Payee name					
<b>6</b> Amount (\$)	7 Payee address;	City	State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type o	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 required.)	e instructions regarding type	of information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	of information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	of information		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

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

#### SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2	FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4	Date	5 Name of person from whom amount is received		8 Amount (\$)
		6 Address of person from whom amount is received; City; State	te; 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; Sta	ite; 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; Stat	te; 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	ite; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

### **OUTSTANDING LOANS**

### SCHEDULE L

The	e Instruction Guide explains how to comple	ete this form.	1 Total pages Sched	ule L:
2 FILER NAME			<b>3</b> Filer ID (Ethics C	commission Filers)
LENDER INFORMATION	4 Name of lender			
	5 Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	6 Name of guarantor			
not applicable	7 Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	NEEDED	

### **ASSETS PURCHASED WITH CONTRIBUTIONS**

#### SCHEDULE M

	The Instruction Guide explains when and how to complete this form.	1	Total pages Schedule M:
2	FILER NAME	3	Filer ID (Ethics Commission Filers)
4	Description of Asset	I	
	Description of Asset		
	Description of Asset		
	Description of Asset		
	Description of Asset		
	Description of Asset		
	Description of Asset		
	Description of Asset		
	Description of Asset		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NE	EDED

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

#### SCHEDULE T

· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	<b>.</b>	· · · · · · · · · · · · · · · · · · ·	
The Instru	uction Guide	explains	how to complete	this form.	1 Total pages Schedule T:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expend	diture reported	l on:				
Schedule A2	Sch	edule B	Schedule B(J)	) Schedule C2	Schedule D Schedule F1	
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-S	ss
6 Dates of travel	7 Name o	f person(s)	traveling			
	8 Departu	re city or na	ame of departure loc	cation		
	9 Destinat	ion city or r	name of destination	location		
10 Means of transportat	ion	11 Purpos	se of travel (includin	ng name of conference, s	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgo	or / Payee		
Contribution / Expend	diture reported	d on:				
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-S	s
Dates of travel	Dates of travel Name of person(s) traveling					
	Departu	re city or na	ame of departure loo	cation		
	Destinat	ion city or r	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 / Expend	diture reported	d on:				
Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu	ıle F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s)	traveling			
	Departure city or name of departure location					
	Destinat	ion city or r	name of destination	location		
Means of transportat	tion	Purpo	se of travel (includir	ng name of conference, s	seminar, or other event)	
	A <sup>-</sup>	TTACH AD	DITIONAL COPIE	S OF THIS SCHEDUL	E AS NEEDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	JAME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE					
	I do not designa	expect any further political contributions or political expenditures in connection with my sting a report as a final report terminates my campaign treasurer appointment. I also ui gn contributions or make any campaign expenditures without a campaign treasurer app	nderstand that I may not accept any				
		Olgrada	o or carraidate / ciricoriolaer				
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned fro	om political contributions.				
		I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended cunexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended politic interest or income earned on political contributions in accordance with the requirement	me earned on political contributions to contributions and that I may not retain ributions longer than six years after all contributions and unexpended				
	B.	ASSETS					
	Chec	k only one:					
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to				
		S	ignature of Candidate				
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who d file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political conpolitical contributions or interest or other income from political contributions.	after filing the last required report as				
		Sig	gnature of Officeholder				