CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MR / MR FIRST	MI	OFFIC	E USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received	_
	HOLME	: 5		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #	CITY STATE ZIP CODE		RK DEPT
Change of Address			2021 JAN	4 PH12:00
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-deliver	ed or Date Posimarked
6 CAMPAIGN TREASURER	MS / MRS/ MR FIRST	MI -	Receipt #	Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	NICKNAME LAST HOLMES		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO BO BOY BI EASE). ABT / S	SUITE # CITY	STATE	7IP COOF
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	ABEA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day before	efection Runoff		after campaign appointment der Only)
	July 15 Sth day before el	ection Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 26/2020	THROUGH /2 /	Day Ye 29 /2,0	
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other		
	11/3 /2.010 General	Description		
12 OFFICE	OFFICE HELD (If any) JUDGE - MUNICIPA	13 OFFICE SOUGHT (if known)		**(************************************
d). A	OFFICE HELD (If any) JUDGE - MUNICIPA COURT OF APPEN	%in5		
	go то	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	4 5.	HOLMES	15 Filer ID (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE	COMMITTEE NAME						
	SPECIFIC	COMMITTEE ADDRESS	COMMITTEE ADDRESS CITY CLERK DEPT					
			2021 JAN 4 PV12:00					
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN 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)	\$ 1,15000					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.							
	4. TOTAL	POLITICAL EXPENDITURES	\$447750					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$_ 0 -					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$_ 0-					
18 AFFIDAVIT								
			erjury, that the accompanying report is ormation required to be reported by me					
		Odell x	J. Halmes					
		Signature of Cano	didate or Officeholder					
AFFIX NOTARY STAM	P/SEALABOVE							
Sworn to and subscr	ribed before me, t	by the said ODELF 5. HOLMES	, this the					
day of	, 20	to certify which, witness my hand and seal of office.	-					
San	Lia Wals	ch SANDRA WALSCH	SANDRA WALSCH Notary ID #4030890 My Commission Expires					
Signature of officer a	dministering oath	Printed name of officer administering oath	Name officer a children in it oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

-,-	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:						
	2 FILER NAME ODET -5 HOLMES	3 Filer ID (Ethics Commission Filers)						
	4 Date 5 Full name of contributor out-of-state PAC (IDH: 10/27/20 6 Contributor address; Oity; State; Zig Code 6000 Northern Pass Ce (See 4)	7 Amount of contribution (\$)						
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)						
\	Date Full name of contributor 0 27 20 Contributor address City; State; Zip Code 310 Niese El Rus 75901	Amount of contribution (S)						
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)						
	Date Full name of contributor 0/27/20 Contributor address; City: State: Zip Code portion of the properties of the	Amount of contribution (\$)						
	Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)						
	Date Full name of contributor out-of-state PAC (104) 11/2/20 Contributor address; City; State Zip Code 7 289 Lucato Del See Force 4 799/2	Amount of contribution (\$)						
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)						
	That m							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	nstruction.Guide explains how to complete this form.		1 Total pages Schedule A1:			
2 FILER NAME	LLS HOIMES		3 Filter ID (Ethics Commission Filers)			
4 Dates	5 Euth nathe of contributor out-of-state PAC (IDA: 6 Contributor address; City: State 4605 Blaceon Colors	7 Amount of contribution (\$)				
8 Principal occur	pation / Job title (See Instructions) 9 E	mployer (See Instruction	ons)			
Date	Full name of contributor out-of-state PAC (IDF:		Amount of contribution (\$)			
11/6/20	Contributor address: 6/2 Wood land Ella	20 50 g	250			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor ut-of-state PAC (IDR_ Contributor address; City; Size	ite; Zip Code	Amount of contribution (\$)			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)			
Date	Full name of contributor out-of-state PAC (IDF.		Amount of contribution (\$)			
	Contributor address; City; St	ate; Zip Code	÷			
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	lions)			
2.						
			1			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

T	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	QL S. HamES		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution 5 description
	7 Contributor address; City; State;	Zip Code	, , , , , , , , , , , , , , , , , , ,
			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution 5 description
	Contributor address; City; State;	Zip Code	
			Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T		

PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B. The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ Amount 8 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount Full name of pledgor In-kind contribution ut-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ Pledge \$ description State, Zip Code Pledgor address; City; Check if travel outside of Texas, Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Date Full name of pledgor Amount of Out-of-state PAC (ID#:___ Pledge \$ description Pledgor address; City; State, Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS			SCHEDULE E		
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2 FILER NAME	2 FILER NAME DUELL S. HOLMES				
4 TOTAL OF UN	\$				
5 Date of loan	7 Name of lender	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 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)					
14 Description of Coll	ateral	15 Check if personal funds were deposited into political			
none		ions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
18 Guarantor address; City; State, Zip Code					
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution?			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral		is were deposited into political		
none		account (See Instructi	ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 1/1/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transpt Consulting Expense Food/Beverage Expense Polling Expense Travel (Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (candidate/Officeholder/Political Committee Legal Services Salaries/Wages/C

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

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

Cred: Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILEBNAME DELL S. HOLM	<i>E5</i>	3 Filter ID (Ethics Commission Filers)		
4 Date 11/14/20	5 Payee name				
6 Amount (S) 2000	7 Payee address: Jerber Oalsa	El Pare	State: 75732		
8 PURPOSE OF EXPENDITURE	(a) Category (See Catagories listed at the top of this schedule)	(b) Description			
	(C) Check if travel outside of Taxas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete <u>CNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
Date /2//3/20	Paysoname RONALD ME DONAL	D LHAR	21TIES		
Amount (\$)	Payee address;	City;	State; Zip Code		
4/00	301 CAMPBELL	Fr AAS	SUTX 75901		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LHARTABLE CONTRIBUTION	Description 50166)		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense		
Complete QNLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date /2/13/20	SANUATION ARMY				
Amount (\$) 00	Payee address: 4300 PAISAND	Ex 1450, 7	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CHARITASLE CONTRIBUTION	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/Or	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

			CATEGORIES F	OP BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Constitutions Made By Candidate/Officeholder/Political Credit Card Payment	/ Committee	Event Expense Fees Fees Cit/Awards/Memorials Expense Legal Services Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Selaries/Mispes/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
Total pages Schedule F1:	2 FILER		Horm		3 Filer IC	(Ethics (Commission File	ars)	
Date /2/21/20 3 Amount (\$) /027-50	5 Payeen El la	ovens Signification of the Contraction of the Contr	Iting Hu	City. Clynso	J _f s	ate; 99	Zip Code		
PURPOSE OF EXPENDITURE	/	ry (See Cotagosiles listed at the		(b) Description 50 // sc	sin, TX, officeho	ider living e	xpense		
Complete ONY if direct expenditure to benefit C/Ol	Candi	date / Officeholder nam		Office sought		-	Office held		
Date /2/9_9/20 Amount (\$)	Payee a	m Par	langa	Chy: Elfaro	4.	tate;	Zip Code		
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the	e top of this schedule)	Campa Wedles	egn	Marc	t	9-	
		Check if travel outside of Yexa	s. Complete Schedule T.	Check if Au	stin, TX, officeh	older living	expense		
Complete <u>CNLY</u> if direct expenditure to benefit C/C		idate / Officeholder nan	ne	Office sought			Office held		
Date	Payee	name							
Amount (\$)	Payee	address;		City:		State;	Zip Code	•	
PURPOSE OF EXPENDITURE	Catego	ory (See Categories listed at 1	ne lop of this schedule)	Description		i is			
the second second		Check if travel outside of Tex	as, Complete Schedule T.	Check if A	ıstin, TX, officel	older living	expense		
Complete ONLY if direct expenditure to benefit Of		didate / Officeholder na		Office sought			Office held		
				DOUEDIII E AS N	CEDED				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

. . .

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Gulde explain	ns how to complete this form.			
1 Total pages Schedule F2:	2 FILEDNAME 5. HOL	MES	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI		\$		
5 Date	6 Payee name		, , , , , , , , , , , , , , , , , , , ,		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
EXPENDITURE	(C) Check if travel outside of Texas. Complete S	chedule T. Check if Aust	tin, TX, officeholder living expense		
11 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description			
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense		
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F3

	-	
т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	ELL S. HOLMES	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	v. State; Zip Code
	Address of person from whom investment is purchased,	y, State, Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	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

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp	rioecorkenta: Expense pense ages/Contract Labor	Travel In Travel Or	District ut Of District	y not listed above)
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4.	2 FILER	VAME DELL S. HO	MES	5	3 Filer ID	Ethics C	ommission Filers)
4 TOTAL OF UNITEM		ENDITURES CHARGED			\$		
5 Date	6 Payee r	name				_	
7 Amount (\$)	8 Payee	address;		City;	;	State;	Zip Code
9 TYPE OF EXPENDITURE	F	Political	Non-Pol	litical			
10 PURPOSE OF EXPENDITURE	(a) Category	/ (See Catagories listed at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete S	Schedule T	Check if Au	stin, TX, office	holder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Cano	tidate / Officeholder name	Of	fice sought		Office he	dd
Date	Payee r	name					
Amount (\$)	Payee a	address;		City,	5	State;	Zip Code
TYPE OF EXPENDITURE	Р	oliticat	Non-Po	litical			
PURPOSE OF EXPENDITURE	Category	/ (See Calegories listed at the top of this	schedule)	Description		•	
		Check if travel outside of Texas. Complete 5	Schedule T.	Check if Aus	stin, TX, office	ehalder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Cand	lidate / Officeholder name	Of	fice sought		Office he	ld
	ATTAC	H ADDITIONAL COPIES O	F THIS SC	CHEDULE AS NEI	EDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

.

Event Expense Fees Food/Beverage Expense Giff/Awards/Memonals Expense 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

Candidate/Officeholder/Politi	ical Committee	Legal Services		s/Wages/Contract Labor	Other (enter a categ	ory not listed above)
Credit Card Payment		The Instruction Gui	de explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethic	s Commission Filers)
	00	Ect 5.	HOLM	ES		
4 Date	5 Payee nar	ne	7			
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code
				•		
Reimbursement from political contributions intended						
8	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description		
PURPOSE OF						
EXPENDITURE	(2)					
		Check if travel outside of Texas. (, TX, officeholder living	
9 Complete <u>ONLY</u> if direct		ate / Officeholder nan	ne	Office sought		Office held
expenditure to benefit C/OH						
Date	Рауее пап	ne				
Amount (\$)	Payee add	iress:		City;	State;	Zip Code
				wii, j		Alp wood
Reimbursement from political contributions						
intended				1		
PURPOSE	Category	(See Categories listed at the	top of this schedule)	Description		
OF						
EXPENDITURE		Check if travel outside of Texas. (Complete Schedule T.	Check if Austin	, TX, officeholder living	คะกลกรอ
		ate / Officeholder nam		Office sought	. The second	Office held
Complete ONLY if direct expenditure to benefit C/0			-	-		
Date	Payee nan	ne				
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
				-		·
Reimbursement from political contributions						
intended	2-4			Bvieties		
PURPOSE	Category	(See Categories listed at the	top of this schedule)	Description		
OF EXPENDITURE						
		theck if travel outside of Texas. C	Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Campleto CARV if direct	Candida	ate / Officeholder nam	ne	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH						
_						
	ATTA	CH ADDITIONAL CC	ODIES OF THIS S	SCHEDULE AS NEED!	ED	
	ALIO	CHADDITIONALGO	PIES OF THIS C	CHEDULE AS REES	=6	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Oonations Made By
Candidate/Office/lolder/Political Committee
Credit Card Payment

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Event Expense Fees Food/Beverage Expense Git/Awards/Memoriais Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanies/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expenses on literal about)

Credit Card Payment			Salaries/Wages/Contract Labor Instruction Guide explains how to complete this form.				Other (enter a category not listed above)			
4 Total again Cohodida M.	12							2 Eilor ID	/Dhior	Commission Elect)
1 Total pages Schedule H:	2 FILERON	ELL	5	Hos	ME	3		3 Filer ID	(Curc	Commission Filers)
4 Date	5 Business	s name								
6 Amount (\$)	7 Business	address;				City	/;		State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categor	ies listed at th	e top of this sch	nedule)	(b) Description	n			
	(c)	Check if travel o	utside of Texas	. Complete Sche	edule T.	Check	if Austin,	TX, officehold	er living er	×pense
9 Complete <u>CNLY</u> if direct expenditure to benefit C/C		ale / Office	holder na	me		Office sought				Office held
Date	Business	name								
Amount (\$)	Business	address;				City	<i>r</i> i		State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categori	es listed at the	top of this sch	edule)	Description	1			
		Check if travel ou	tside of Texas.	Complete Sche	dule T.	Check i	if Austin, 1	X, officeholde	r living ex	pense
Complete ONLY if direct expenditure to benefit C/O		ate / Office	holder nar	ne		Office sought			(Office held
Date	Business	name								
Amount (\$)	Business	address;				City	ï	S	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categori	es listed at the	top of this sch	edule}	Description	n			
		Check if travel ou	tside of Texas.	Complete Sche	dule T.	Check in	if Austin, T	TX, officeholde	r living ex	pense
Complete ONLY if direct expenditure to benefit C/O		ate / Office	holder nar	ne		Office sought			(Office held
	ATT.	ACH ADDI	TIONAL	COPIES OI	F THIS S	SCHEDULE AS	NEED	ED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE I

/			
The Instruction Guide explains how to comp	plete this form.		
2 FILER NAME DELL 5 HOLD	NES	3 Filer ID (Ethics (commission Filers)
5 Payee name			
7 Payee address:	City	State	Zip Code
(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regarding type o	of information
Payee name			
Payee address;	City	State	Zip Code
Category (See instructions for examples of acceptable categories.)	Description (See	e instructions regarding type of	of information
Payee name			
Payee address;	City	State	Zip Code
Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type o	of information
Payee name			
Payee address;	City	State	Zip Code
Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type o	f information
	2 FILER NAME DELL S Hold 5 Payee name 7 Payee address; (a) Category (See instructions for examples of acceptable categories.) Payee address; Category (See instructions for examples of acceptable categories.) Payee name Payee address; Category (See instructions for examples of acceptable categories.) Payee address; Category (See instructions for examples of acceptable categories.)	5 Payee name 7 Payee address; City (a) Category (See instructions for examples of acceptable categories) Payee name Payee address; City Category (See instructions for examples of acceptable categories) Payee name Payee address; City Category (See instructions for examples of acceptable categories) Payee name Payee address; City Category (See instructions for examples of acceptable categories) Payee address; City Category (See instructions for examples of acceptable categories) Payee address; City Category (See instructions for examples of acceptable categories) Payee address; City Category (See instructions for examples of acceptable categories)	2 FILERNAME CODELL S HOLLINES 5 Payee name 7 Payee address; City State (a) Category (See instructions for examples of acceptable categories) Payee name Payee address; City State Category (See instructions for examples of acceptable categories) Payee name Payee address; City State Category (See instructions for examples of acceptable categories) Payee name Payee address; City State Category (See instructions for examples of acceptable required) Payee address; City State Category (See instructions for examples of acceptable categories) Payee address; City State Category (See instructions for examples of acceptable Description (See instructions regarding type of required) Payee address; City State Category (See instructions for examples of acceptable Description (See instructions regarding type of required)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

. . . .

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	ELL S. HOLMES	3 Filer ID (Ethic	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; Stat	le; 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	te; Zip Code	
	Purpose for which amount is received	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Star	te; Zip Code	
:	Purpose for which amount is received Check if p	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	,

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

. . . .

SCHEDULE T

- 177 E D W E W					
The Instruction Gulde explains how	to complete this form.	1 Total pages Schedule T:			
2 FILER NAME HOS M	LER NAME DIELL HOS MES				
4 Name of Contributor / Corporation or Labor Organiz	zation / Pledgor / Payee				
5 Contribution / Expenditure reported on:					
Schedule A2 Schedule B	Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedule F4	Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of person(s) travel	ling				
8 Departure city or name o	f departure location				
9 Destination city or name	of destination location				
10 Means of transportation 11 Purpose of t	ravel (including name of conference, se	eminar, or other event)			
Name of Contributor / Corporation or Labor Organiz	cation / Pledgor / Payee				
Contribution / Expenditure reported on:					
Schedule A2 Schedule B	Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedule F4 S	Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name	of destination location				
Means of transportation Purpose of t	ravel (including name of conference, se	eminar, or other event)			
Name of Contributor / Corporation or Labor Organiz	ation / Pledgor / Payee				
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Sch	nedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedule F4 Sch	nedule G Schedule H [Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) travel					
Departure city or name of	f departure location				
Destination city or name of	of destination location				
Means of transportation Purpose of t	rave) (including name of conference, se	minar, or other event)			
ATTACH ADDITIO	ONAL COPIES OF THIS SCHEDULE	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" CIOHNAME Jeffer ID (Ethics Commission Fiders) SIGNATURE Ido 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 reasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. A. CAMPAIGN FUNDS Check only one: I do not 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 from political contributions in personal use. I also understand that I must file an annual report of unexpended political contributions on personal use. I also understand that I must file an annual report of unexpended political contributions on the province of the province of political contributions on the personal use. I also understand that I must file an annual report of unexpended political contributions and unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must file an annual report of unexpended political contributions and unexpended interest or income earned on political contributions on unexpended interest or income earned on political contributions on unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions. I do not retain assets purchased with political contributions or interest or other income from political co				
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AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: **ELECTRONIC FILING EXEMPTION**

An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions

or made more than \$20,00 subsequent reports electro		in <u>anv</u> calendar year must file all	Da
Filer name OFAL	S. Houmes	Account #	Dat

OFFICE USE ONLY Date Received GITY CLERK DEPT 2021 JAN 4 PH12:00 Date Hand-delivered or Date Postmarked te Processed e Imaged

- 1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5.	I am filing this affidavit with the Trust CFK report due on NA
	I understand that this affidavit is required to be filed with each campaign finance report for which
	am claiming an exemption from electronic filing.



ature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by

which, witness my hand and seal of office.

stering oath

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