CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; (CITY; STATE; ZIP CODE		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE	
,	AREA CODE		EVTENSION		
8 CAMPAIGN TREASURER PHONE	()	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month /	Day Year	Month THROUGH	Day Year	
11 ELECTION	ELECTION DA	ТЕ	ELECTION TYPE	Ē	
	Month Day	Year Primary	Runoff Other Description		
		General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE	I swear, or affirm, under penalty of perjury, that the accompanying report is true required to be reported by me under Title 15, Election Code.	and correct and includes all information
	I acknowledge I am electronically signing here	>
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<i>r</i> :
(1) Affidavit		
NOTARY STAMP/S	EAL	
Sworn to and subscrib	bed before me by this date	, to certify which,
witness my hand and se Diana Nu		
Signature of officer admin	istering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declar	ation	
My name is	, and my date of birth is	
My address is		,,
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on the day of(month), 20 <u>(year)</u> .
	Signature of Candio	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	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.	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		\$
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 CO	NTRIBUTIONS	\$
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$		\$

SCHEDULE A1

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)	
		6 Contributor address; City; State; Zip Code		
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions) Employer (See In	istructions)	
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	bation / Job title (See Instructions) Employer (See I	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)	
		I		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A1

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)	
		6 Contributor address; City; State; Zip Code		
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions) Employer (See In	istructions)	
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	bation / Job title (See Instructions) Employer (See I	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)	
		I		
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SCHEDULE A1

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)	
		6 Contributor address; City; State; Zip Code		
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions) Employer (See In	istructions)	
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	bation / Job title (See Instructions) Employer (See I	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)	
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SCHEDULE A1

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)	
		6 Contributor address; City; State; Zip Code		
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions) Employer (See In	istructions)	
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	bation / Job title (See Instructions) Employer (See I	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)	
		I		
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SCHEDULE A1

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)	
		6 Contributor address; City; State; Zip Code		
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions) Employer (See In	istructions)	
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	bation / Job title (See Instructions) Employer (See I	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
		Contributor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)	
		I		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A2

TI	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedu	ule A2:
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T.
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;			
			Check if travel outsid	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi			g requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Contribution \$ description	
7 Contributor address; City; State;	Zip Code	
	Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of 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 out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description	
Contributor address; City; State;	Zip Code	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct		

SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Contribution \$ description	
7 Contributor address; City; State;	Zip Code	
	Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of 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 🗌 out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description	
Contributor address; City; State;	Zip Code	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct		

SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Contribution \$ description	
7 Contributor address; City; State;	Zip Code	
	Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of 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 🗌 out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description	
Contributor address; City; State;	Zip Code	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct		

SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Contribution \$ description
7 Contributor address; City; State;	Zip Code
	Check if travel outside of Texas. Complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of 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 out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description
Contributor address; City; State;	Zip Code
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct	

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

	The	Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	lule B:
2	FILER NAME				3 Filer ID (Ethics C	Commission Filers)
4	TOTAL OF		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; St	ate; Zip Code	Check if travel outs	 . ide of Texas. Complete Schedule T.
10) Principal occu	pation / Job title (See Instru	ctions)	11 Employer (See		side of Texas. Complete Ochedule 1.
			,		,	
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code	•	
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
				E 1 (0		ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	e; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruc	tions)	Employer (See	Instructions)	
		ATTAOU				
	lf	ATTACH contributor is out-of-state	ADDITIONAL COPIES PAC, please see Inst		-	g requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

	The	Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	lule B:
2	FILER NAME				3 Filer ID (Ethics C	Commission Filers)
4	TOTAL OF		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; St	ate; Zip Code	Check if travel outs	 . ide of Texas. Complete Schedule T.
10) Principal occu	pation / Job title (See Instru	ctions)	11 Employer (See		side of Texas. Complete Ochedule 1.
			,		,	
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code	•	
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
				E 1 (0		ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	e; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruc	tions)	Employer (See	Instructions)	
		ATTAOU				
	If	ATTACH contributor is out-of-state	ADDITIONAL COPIES PAC, please see Inst		-	g requirements.

	The	1 Total pages Schedule E:				
2	FILER NAME	3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UN	NITE	MIZED LOANS			\$
5	5 Date of Ioan 7 Name of lender Out-of-state PAC (ID#:)) 9 Loan Amount (\$)
6	ls lender a financial Institution?	8	Lender address;	City;	State; Zip Code	10 Interest rate
	Y N					11 Maturity date
12	Principal occupation	on /	Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral 15					15 Check if personal fur account (See Instruc	nds were deposited into political tions)
16	GUARANTOR INFORMATION		Name of guarantor			19 Amount Guaranteed (\$)
			Guarantor address;	City;	State; Zip Code	
	not applicable					
20	20 Principal Occupation (See Instructions) 21 Employer (See Instructions)					
	Date of loan		Name of lender	out-of-state F	PAC (ID#:) Loan Amount (\$)
	ls lender a financial Institution?		Lender address;	City;	State; Zip Code	Interest rate
	Y N					Maturity date
	Principal occupation	on /	Job title (See Instructions)	Employer (See Instructions)	1
Description of Collateral Check if persona						nds were deposited into political
none account (See GUARANTOR Name of guarantor					account (See Instruc	tions)
	GUARANTOR INFORMATION		Amount Guaranteed (\$)			
			Guarantor address;	City;	State; Zip Code	
not applicable						
	Principal Occupati	ion (\$	See Instructions)		Employer (See Instructions)	
	lf le	ende			IES OF THIS SCHEDULE AS NE struction guide for additional re	

	The	1 Total pages Schedule E:				
2	FILER NAME	3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UN	NITE	MIZED LOANS			\$
5	5 Date of Ioan 7 Name of lender Out-of-state PAC (ID#:)) 9 Loan Amount (\$)
6	ls lender a financial Institution?	8	Lender address;	City;	State; Zip Code	10 Interest rate
	Y N					11 Maturity date
12	Principal occupation	on /	Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral 15					15 Check if personal fur account (See Instruc	nds were deposited into political tions)
16	GUARANTOR INFORMATION		Name of guarantor		1	19 Amount Guaranteed (\$)
			Guarantor address;	City;	State; Zip Code	
	not applicable					
20	20 Principal Occupation (See Instructions) 21 Employer (See Instructions)					
	Date of loan		Name of lender	out-of-state F	PAC (ID#:) Loan Amount (\$)
	ls lender a financial Institution?		Lender address;	City;	State; Zip Code	Interest rate
	Y N					Maturity date
	Principal occupation	on /	Job title (See Instructions)	Employer (See Instructions)	1
Description of Collateral Check if persona						nds were deposited into political
none account (See GUARANTOR Name of guarantor					account (See Instruc	tions)
	GUARANTOR INFORMATION		Amount Guaranteed (\$)			
			Guarantor address;	City;	State; Zip Code	
not applicable						
	Principal Occupati	ion (\$	See Instructions)		Employer (See Instructions)	
	lf le	ende			IES OF THIS SCHEDULE AS NE struction guide for additional re	

	The	1 Total pages Schedule E:				
2	FILER NAME	3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UN	NITE	MIZED LOANS			\$
5	5 Date of Ioan 7 Name of lender Out-of-state PAC (ID#:)) 9 Loan Amount (\$)
6	ls lender a financial Institution?	8	Lender address;	City;	State; Zip Code	10 Interest rate
	Y N					11 Maturity date
12	Principal occupation	on /	Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral 15					15 Check if personal fur account (See Instruc	nds were deposited into political tions)
16	GUARANTOR INFORMATION		Name of guarantor			19 Amount Guaranteed (\$)
			Guarantor address;	City;	State; Zip Code	
	not applicable					
20	20 Principal Occupation (See Instructions) 21 Employer (See Instructions)					
	Date of loan		Name of lender	out-of-state F	PAC (ID#:) Loan Amount (\$)
	ls lender a financial Institution?		Lender address;	City;	State; Zip Code	Interest rate
	Y N					Maturity date
	Principal occupation	on /	Job title (See Instructions)	Employer (See Instructions)	1
Description of Collateral Check if persona						nds were deposited into political
none account (See GUARANTOR Name of guarantor					account (See Instruc	tions)
	GUARANTOR INFORMATION		Amount Guaranteed (\$)			
			Guarantor address;	City;	State; Zip Code	
not applicable						
	Principal Occupati	ion (\$	See Instructions)		Employer (See Instructions)	
	lf le	ende			IES OF THIS SCHEDULE AS NE struction guide for additional re	

	The	1 Total pages Schedule E:				
2	FILER NAME	3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UN	NITE	MIZED LOANS			\$
5	5 Date of Ioan 7 Name of lender Out-of-state PAC (ID#:)) 9 Loan Amount (\$)
6	ls lender a financial Institution?	8	Lender address;	City;	State; Zip Code	10 Interest rate
	Y N					11 Maturity date
12	Principal occupation	on /	Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral 15					15 Check if personal fur account (See Instruc	nds were deposited into political tions)
16	GUARANTOR INFORMATION		Name of guarantor			19 Amount Guaranteed (\$)
			Guarantor address;	City;	State; Zip Code	
	not applicable					
20	20 Principal Occupation (See Instructions) 21 Employer (See Instructions)					
	Date of loan		Name of lender	out-of-state F	PAC (ID#:) Loan Amount (\$)
	ls lender a financial Institution?		Lender address;	City;	State; Zip Code	Interest rate
	Y N					Maturity date
	Principal occupation	on /	Job title (See Instructions)	Employer (See Instructions)	1
Description of Collateral Check if persona						nds were deposited into political
none account (See GUARANTOR Name of guarantor					account (See Instruc	tions)
	GUARANTOR INFORMATION		Amount Guaranteed (\$)			
			Guarantor address;	City;	State; Zip Code	
not applicable						
	Principal Occupati	ion (\$	See Instructions)		Employer (See Instructions)	
	lf le	ende			IES OF THIS SCHEDULE AS NE struction guide for additional re	

	The	Inst	1 Total pages Schedule E:					
2	FILER NAME					3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	NITE	MIZED LOANS			\$		
5	Date of loan	7	Name of lender	out-of-state P	PAC (ID#:) 9 Loan Amount (\$)		
6	ls lender a financial Institution?	8	Lender address;	City;	State; Zip Code	10 Interest rate		
	Y N			11 Maturity date				
12	Principal occupation							
14	14 Description of Collateral 15 none Check if persona account (See In					nds were deposited into political tions)		
16	16 GUARANTOR INFORMATION 17 Name of guarantor					19 Amount Guaranteed (\$)		
		18	State; Zip Code					
	not applicable							
20	Principal Occupat	tion	(See Instructions)		21 Employer (See Instructions)			
	Date of loan		Name of lender	out-of-state F	PAC (ID#:	Loan Amount (\$)		
	ls lender a financial Institution?		Lender address;	City;	State; Zip Code	Interest rate		
	Y N					Maturity date		
	Principal occupation	on /	Job title (See Instructions)	Employer (See Instructions)	1		
	Description of Colla	atera	I			nds were deposited into political		
	none				account (See Instruc	tions)		
	GUARANTOR INFORMATION		Name of guarantor			Amount Guaranteed (\$)		
			Guarantor address;	City;	State; Zip Code			
	not applicable							
	Principal Occupati	ion (\$	See Instructions)		Employer (See Instructions)			
	lf le	ende			IES OF THIS SCHEDULE AS NE struction guide for additional re			

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Exp		kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		•	113 110W 10 C	ompiete tins form.	1	
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee a	ddress;		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 Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct candidate / Officeholder name candidate / Officeholder name				Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Exp		kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		•	113 110w to c	ompiete tins form.	1	
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee a	ddress;		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 Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct candidate / Officeholder name candidate / Officeholder name				Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Exp		kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		•	113 110W 10 C	ompiete tins form.	1	
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee a	ddress;		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 Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct candidate / Officeholder name candidate / Officeholder name				Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Exp		kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		•	113 110w to c	ompiete tins form.	1	
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee a	ddress;		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 Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct candidate / Officeholder name candidate / Officeholder name				Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Exp		kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		•	113 110W 10 C	ompiete tins form.	1	
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee a	ddress;		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 Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct candidate / Officeholder name candidate / Officeholder name				Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense			
		The Instruction Guide expl	lains how to o	complete this form.					
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics	Commission Filers)			
4 TOTAL OF UNITEN	/IZED UN	PAID INCURRED OB	LIGATION	IS	\$				
5 Date	6 Payee	name							
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code			
9 TYPE OF EXPENDITURE		Political	Non-Po	blitical					
10 PURPOSE OF EXPENDITURE	(a) Catego	ƴ (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								
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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-Pe	olitical					
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of	this schedule)	Description					
		Check if travel outside of Texas. Compl	lete Schedule T.	Check if Au	ustin, TX, officeholder livi	ng expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI									
		CH ADDITIONAL COPIES			EDED				
Forms provided by Texas Ethio	orms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020								

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense			
		The Instruction Guide expl	lains how to o	complete this form.					
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics	Commission Filers)			
4 TOTAL OF UNITEN	/IZED UN	PAID INCURRED OB	LIGATION	IS	\$				
5 Date	6 Payee	name							
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code			
9 TYPE OF EXPENDITURE		Political	Non-Po	blitical					
10 PURPOSE OF EXPENDITURE	(a) Catego	ƴ (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								
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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-Pe	olitical					
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of	this schedule)	Description					
		Check if travel outside of Texas. Compl	lete Schedule T.	Check if Au	ustin, TX, officeholder livi	ng expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI									
		CH ADDITIONAL COPIES			EDED				
Forms provided by Texas Ethio	orms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020								

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule F3:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment is purchas	sed
6 Address of person from whom investment is purch	ased; City; State; Zip Code
7 Description of investment	
8 Amount of investment (\$)	
Date Name of person from whom investment is purchas	sed
Address of person from whom investment is purch	ased; City; State; Zip Code
Description of investment	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule F3:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment is purchas	sed
6 Address of person from whom investment is purch	ased; City; State; Zip Code
7 Description of investment	
8 Amount of investment (\$)	
Date Name of person from whom investment is purchas	sed
Address of person from whom investment is purch	ased; City; State; Zip Code
Description of investment	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

EXPENDITUR	RES M/	ADE BY CR	EDIT		RD	S	CHE	DULE F4
If the requested information is not applicable, DO NOT include this page in the report.								
EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Consultions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above						ent & Related Expense		
4			e explains	s how to co	mplete this form.	2 E'' ID (E		
1 Total pages Schedule F4:	2 FILER I	NAME				J Flier ID (E	thics C	ommission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$								
5 Date	6 Payee	name				1		
7 Amount (\$)	8 Payee	address;			City;	State	e;	Zip Code
9 TYPE OF EXPENDITURE	F	Political		Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the	top of this s	schedule)	(b) Description			
	(c)	Check if travel outside of Texas.	Complete S	chedule T.	Check if Au	istin, TX, officeholde	er living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder na	ame	Of	fice sought	Of	fice he	ld
Date	Payee	name						
Amount (\$)	Payee	address;			City;	State	e;	Zip Code
TYPE OF EXPENDITURE	F	Political		Non-Po	litical			
PURPOSE OF EXPENDITURE	Categor	γ (See Categories listed at the	top of this :	schedule)	Description			
		Check if travel outside of Texas	. Complete S	Schedule T.	Check if A	ustin, TX, officehold	er living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder na	ame	Of	fice sought	Of	fice he	ld
	ΑΤΤΑΟ	CH ADDITIONAL CO	PIES O	F THIS SO	CHEDULE AS NE	EDED		

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EXPENDITUR	RES M/	ADE BY CR	EDIT		RD	S	CHE	DULE F4
If the requested information is not applicable, DO NOT include this page in the report.								
EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Consultions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above						ent & Related Expense		
4			e explains	s how to co	mplete this form.	2 E'' ID (E		
1 Total pages Schedule F4:	2 FILER I	NAME				J Flier ID (E	thics C	ommission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$								
5 Date	6 Payee	name				1		
7 Amount (\$)	8 Payee	address;			City;	State	e;	Zip Code
9 TYPE OF EXPENDITURE	F	Political		Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the	top of this s	schedule)	(b) Description			
	(c)	Check if travel outside of Texas.	Complete S	chedule T.	Check if Au	istin, TX, officeholde	er living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder na	ame	Of	fice sought	Of	fice he	ld
Date	Payee	name						
Amount (\$)	Payee	address;			City;	State	e;	Zip Code
TYPE OF EXPENDITURE	F	Political		Non-Po	litical			
PURPOSE OF EXPENDITURE	Categor	γ (See Categories listed at the	top of this :	schedule)	Description			
		Check if travel outside of Texas	. Complete S	Schedule T.	Check if A	ustin, TX, officehold	er living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder na	ame	Of	fice sought	Of	fice he	ld
	ΑΤΤΑΟ	CH ADDITIONAL CO	PIES O	F THIS SO	CHEDULE AS NE	EDED		

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SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Ac Cc Cc	Ivertising Expense counting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politic edit Card Payment		Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print		ayment/Reimbursement erhead/Rental Expense xpense :xpense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4	Tatal war war Oak a dula Oa	2 EH ED NA				3 E'I ID (EII.)			
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4	Date	5 Payee nar	ne						
6	Amount (\$) Reimbursement from political contributions intended	7 Payee add	7 Payee address; City;			State;	Zip Code		
8 PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
		(c) (Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee address;			City;	State;	Zip Code		
	Reimbursement from political contributions intended								
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austir			, TX, officeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C			ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee add	lress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	chedule)	Description				
		(Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin	, TX, officeholder living ex	pense		
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Ac Cc Cc	Ivertising Expense counting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politic edit Card Payment		Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print		ayment/Reimbursement erhead/Rental Expense xpense :xpense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4	Tatal war war Oak a dula Oa	2 EH ED NA				3 E'I ID (EII.)			
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4	Date	5 Payee nar	ne						
6	Amount (\$) Reimbursement from political contributions intended	7 Payee add	7 Payee address; City;			State;	Zip Code		
8 PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
		(c) (Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee address;			City;	State;	Zip Code		
	Reimbursement from political contributions intended								
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austir			, TX, officeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C			ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee add	lress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	chedule)	Description				
		(Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin	, TX, officeholder living ex	pense		
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Ac Cc Cc	Ivertising Expense counting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politic edit Card Payment		Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print		ayment/Reimbursement erhead/Rental Expense xpense :xpense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4	Tatal war war Oak a dula Oa	2 EH ED NA				3 E1 1D (E1)			
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4	Date	5 Payee nar	ne						
6	Amount (\$) Reimbursement from political contributions intended	7 Payee add	7 Payee address; City;			State;	Zip Code		
8 PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
		(c) (Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee address;			City;	State;	Zip Code		
	Reimbursement from political contributions intended								
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austir			, TX, officeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C			ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee add	lress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	chedule)	Description				
		(Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin	, TX, officeholder living ex	pense		
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Ac Cc Cc	Ivertising Expense counting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politic edit Card Payment		Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print		ayment/Reimbursement erhead/Rental Expense xpense :xpense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4	Tatal war war Oak a dula Oa	2 EH ED NA				3 E'I ID (EII.)			
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4	Date	5 Payee nar	ne						
6	Amount (\$) Reimbursement from political contributions intended	7 Payee add	7 Payee address; City;			State;	Zip Code		
8 PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
		(c) (Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee address;			City;	State;	Zip Code		
	Reimbursement from political contributions intended								
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austir			, TX, officeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C			ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee add	lress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	chedule)	Description				
		(Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin	, TX, officeholder living ex	pense		
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Ac Cc Cc	Ivertising Expense counting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politic edit Card Payment		Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print		ayment/Reimbursement erhead/Rental Expense xpense :xpense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4	Tatal war war Oak a dula Oa	2 EH ED NA				3 E'I ID (EII.)			
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4	Date	5 Payee nar	ne						
6	Amount (\$) Reimbursement from political contributions intended	7 Payee add	7 Payee address; City;			State;	Zip Code		
8 PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
		(c) (Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee address;			City;	State;	Zip Code		
	Reimbursement from political contributions intended								
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austir			, TX, officeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C			ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee add	lress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	chedule)	Description				
		(Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin	, TX, officeholder living ex	pense		
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
	-	•	IS NOW LO	complete this form.		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business	name			1	
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description		
	(c) (Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description		
	C	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
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1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business	name			1	
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description		
	(c) (Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description		
	C	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
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1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business	name			1	
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description		
	(c) (Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description		
	C	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
	-	•	IS NOW LO	complete this form.		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business	name			1	
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description		
	(c) (Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description		
	C	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
	-	•	IS NOW LO	complete this form.		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business	name			1	
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description		
	(c) (Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description		
	C	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

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

Forms provided by Texas Ethics Commission

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

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

Forms provided by Texas Ethics Commission

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

SCHEDULE K

The	1 Total pages Sche	dule K:	
2 FILER NAME	s Commission Filers)		
4 Date	5 Name of person from whom amount is received	L	8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	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	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	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	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE K

The	1 Total pages Sche	dule K:	
2 FILER NAME	s Commission Filers)		
4 Date	5 Name of person from whom amount is received	L	8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	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	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	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	ate; 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 FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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

The Instru	uction Guide	1 Total pages Schedule T:										
2 FILER NAME		3 Filer ID (Ethics Commiss	ion Filers)									
4 Name of Contributor	Corporation	or Labor Org	anization / Pledgor / I	Payee								
5 Contribution / Expend	liture reported	l on:										
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1											
Schedule F2	2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS											
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling											
8 Departure city or name of departure location												
	9 Destination city or name of destination location											
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)												
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee												
Contribution / Expend	liture reported	l on:										
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1												
Schedule F2												
Dates of travel	Dates of travel Name of person(s) traveling											
	Departu	re city or nan	ne of departure location	on								
	Destinat	ion city or na	me of destination loc	ation								
Means of transportat	ion	Purpose	e of travel (including r	name of conference, se	eminar, or other event)							
Name of Contributor	Corporation	or Labor Org	anization / Pledgor /	Payee								
Contribution / Expend	liture reporter	lon:										
Schedule A2	Schedu		Schedule B(J)	Schedule C2	Schedule D	Schedule F1						
Schedule F2	Schedu		Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS						
Dates of travel	Name o	f person(s) tr	aveling									
	Departu	re city or nan	ne of departure location	on								
		-										
	Destinat	ion city or na	me of destination loc	ation								
Means of transportat	ion	Purpose	of travel (including r	name of conference, se	eminar, or other event)							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED											

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

SCHEDULE T

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

The Instru	uction Guide	1 Total pages Schedule T:										
2 FILER NAME		3 Filer ID (Ethics Commiss	ion Filers)									
4 Name of Contributor	Corporation	or Labor Org	anization / Pledgor / I	Payee								
5 Contribution / Expend	liture reported	l on:										
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1											
Schedule F2	2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS											
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling											
8 Departure city or name of departure location												
	9 Destination city or name of destination location											
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)												
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee												
Contribution / Expend	liture reported	l on:										
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1												
Schedule F2												
Dates of travel	Dates of travel Name of person(s) traveling											
	Departu	re city or nan	ne of departure location	on								
	Destinat	ion city or na	me of destination loc	ation								
Means of transportat	ion	Purpose	e of travel (including r	name of conference, se	eminar, or other event)							
Name of Contributor	Corporation	or Labor Org	anization / Pledgor /	Payee								
Contribution / Expend	liture reporter	lon:										
Schedule A2	Schedu		Schedule B(J)	Schedule C2	Schedule D	Schedule F1						
Schedule F2	Schedu		Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS						
Dates of travel	Name o	f person(s) tr	aveling									
	Departu	re city or nan	ne of departure location	on								
		-										
	Destinat	ion city or na	me of destination loc	ation								
Means of transportat	ion	Purpose	of travel (including r	name of conference, se	eminar, or other event)							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED											

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

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

1	C/OH NAME	2 Filer ID	(Ethics Commission Filers)

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.

I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on 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.

I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.

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.

I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.

Signature of Officeholder