



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

|                                |   |   |
|--------------------------------|---|---|
| <b>15 C/OH NAME</b>            |   | <b>16</b> Filer ID (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$  |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

I acknowledge I am electronically signing here

*Claudia L. Rodriguez*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Claudia Rodriguez this date 07/20/22, to certify which,

witness my hand and seal of office.

*Diana Nunez*

Diana Nunez, Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |  |    |
|-----|--|----|
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ |
| 4.  | SCHEDULE E: LOANS  | \$ |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL 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 CONTRIBUTIONS           | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:            |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code | <b>7</b> Amount of contribution (\$)         |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)         |
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# MONETARY POLITICAL CONTRIBUTIONS

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# MONETARY POLITICAL CONTRIBUTIONS

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# MONETARY POLITICAL CONTRIBUTIONS

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| <b>4</b> Date  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>7</b> Amount of contribution (\$)         |
|  | <b>6</b> Contributor address; City; State; Zip Code                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)         |

  

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| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions) |

  

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| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
|   | Contributor address; City; State; Zip Code                                      |                             |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions) |

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

|  |   |  |  |
|--|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                   |   | <b>1</b> Total pages Schedule A2:                                  |  |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers)                       |  |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | \$   |  |
| <b>5</b> Date  | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>7</b> Contributor address;                      City;                      State;                      Zip Code | <b>8</b> Amount of Contribution \$                                 | <b>9</b> In-kind contribution description<br><br>.....<br>Check if travel outside of Texas. Complete Schedule T. |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)    |   | <b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)            |  |
| <b>12</b> Contributor's principal occupation (FOR JUDICIAL)                        |   | <b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions) |  |
| <b>14</b> Contributor's employer/law firm (FOR JUDICIAL)                           |   | <b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL) |  |
| <b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |  |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Contributor address;                      City;                      State;                      Zip Code                   | Amount of Contribution \$  | In-kind contribution description<br><br>.....<br>Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)             |   | Employer (FOR NON-JUDICIAL)(See Instructions)                      |  |
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| Contributor's employer/law firm (FOR JUDICIAL)                                     |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)           |  |
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | \$   |  |
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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                             |   | \$   |  |
| <b>5</b> Date  | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br><b>7</b> Pledgor address;                      City;                      State;                      Zip Code | <b>8</b> Amount of Pledge \$                 | <b>9</b> In-kind contribution description<br>.....<br>Check if travel outside of Texas. Complete Schedule T. |
| <b>10</b> Principal occupation / Job title (See Instructions)    |   | <b>11</b> Employer (See Instructions)        |  |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Pledgor address;                      City;                      State;                      Zip Code                   | Amount of Pledge \$                          | In-kind contribution description<br>.....<br>Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                  |  |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Pledgor address;                      City;                      State;                      Zip Code                   | Amount of Pledge \$                          | In-kind contribution description<br>.....<br>Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                  |  |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Pledgor address;                      City;                      State;                      Zip Code                   | Amount of Pledge \$                          | In-kind contribution description<br>.....<br>Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                  |  |

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# LOANS

# SCHEDULE E

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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule E:   |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                               |   | \$   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                   | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial Institution?<br><br>Y      N      | <b>8</b> Lender address;                      City;                      State;      Zip Code     | <b>10</b> Interest rate  |
|  |   | <b>11</b> Maturity date  |
| <b>12</b> Principal occupation / Job title (See Instructions)    |   | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><br>none                  |   | <b>15</b> Check if personal funds were deposited into political account (See Instructions) |
| <b>16</b> GUARANTOR INFORMATION<br><br>not applicable            | <b>17</b> Name of guarantor   | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address;                      City;                      State;      Zip Code |  |
| <b>20</b> Principal Occupation (See Instructions)                |   | <b>21</b> Employer (See Instructions)  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                            | Loan Amount (\$)   |
| Is lender a financial Institution?<br><br>Y      N               | Lender address;                      City;                      State;      Zip Code              | Interest rate  |
|  |   | Maturity date  |
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| Description of Collateral<br><br>none                            |   | Check if personal funds were deposited into political account (See Instructions)           |
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|  | Guarantor address;                      City;                      State;      Zip Code           |  |
| Principal Occupation (See Instructions)                          |   | Employer (See Instructions)  |

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# LOANS

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|  |   | <b>11</b> Maturity date  |
| <b>12</b> Principal occupation / Job title (See Instructions)    |   | <b>13</b> Employer (See Instructions)  |
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| <b>16</b> GUARANTOR INFORMATION<br><br>not applicable            | <b>17</b> Name of guarantor   | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address;                      City;                      State;    Zip Code |  |
| <b>20</b> Principal Occupation (See Instructions)                |   | <b>21</b> Employer (See Instructions)  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                          | Loan Amount (\$)   |
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| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                            | Loan Amount (\$)   |
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|  |   | Maturity date  |
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|  |   | Maturity date  |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)  |
| Description of Collateral<br><br>none                            |   | Check if personal funds were deposited into political account (See Instructions)           |
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# LOANS

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| Is lender a financial Institution?<br><br>Y    N                 | Lender address;                      City;                      State;    Zip Code              | Interest rate  |
|  |   | Maturity date  |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)  |
| Description of Collateral<br><br>none                            |   | Check if personal funds were deposited into political account (See Instructions)           |
| GUARANTOR INFORMATION<br><br>not applicable                      | Name of guarantor   | Amount Guaranteed (\$)   |
|  | Guarantor address;                      City;                      State;    Zip Code           |  |
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| 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                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Payee name  |  |
| <b>6</b> Amount (\$)  | <b>7</b> Payee address; City; State; Zip Code  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
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### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
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| 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                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

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| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Payee name  |  |
| <b>6</b> Amount (\$)  | <b>7</b> Payee address;  | City; State; Zip Code                        |
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| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Payee name  |  |
| <b>6</b> Amount (\$)  | <b>7</b> Payee address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <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**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/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                         |
| Contributions/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)  |

The Instruction Guide explains how to complete this form.

|                                   |                     |  |
|-----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule F2: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |           |               |
|------------------------------|-----------|---------------|
| <b>9</b> TYPE OF EXPENDITURE | Political | Non-Political |
|------------------------------|-----------|---------------|

|                                  |   |  |
|----------------------------------|---|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description                           |
|                                  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.       | Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                     |           |               |
|---------------------|-----------|---------------|
| TYPE OF EXPENDITURE | Political | Non-Political |
|---------------------|-----------|---------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description                                      |
|                        | Check if travel outside of Texas. Complete Schedule T.       | Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|  |
|--|
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|--|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/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                         |
| Contributions/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)  |

The Instruction Guide explains how to complete this form.

|                                   |                     |  |
|-----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule F2: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |           |               |
|------------------------------|-----------|---------------|
| <b>9</b> TYPE OF EXPENDITURE | Political | Non-Political |
|------------------------------|-----------|---------------|

|                                  |   |  |
|----------------------------------|---|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description                           |
|                                  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.       | Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                     |           |               |
|---------------------|-----------|---------------|
| TYPE OF EXPENDITURE | Political | Non-Political |
|---------------------|-----------|---------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description                                      |
|                        | Check if travel outside of Texas. Complete Schedule T.       | Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|  |
|--|
|  |
|--|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule F3:            |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Name of person from whom investment is purchased   |  |
|  | .....<br><b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code |  |
|  | <b>7</b> Description of investment  |  |
|  | <b>8</b> Amount of investment (\$)  |  |
| Date   | Name of person from whom investment is purchased  |  |
|  | .....<br>Address of person from whom investment is purchased;                      City;                      State;                      Zip Code          |  |
|  | Description of investment   |  |
|  | Amount of investment (\$)   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>       |   |  |

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule F3:            |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Name of person from whom investment is purchased   |  |
|  | .....<br><b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code |  |
|  | <b>7</b> Description of investment  |  |
|  | <b>8</b> Amount of investment (\$)  |  |
| Date   | Name of person from whom investment is purchased  |  |
|  | .....<br>Address of person from whom investment is purchased;                      City;                      State;                      Zip Code          |  |
|  | Description of investment   |  |
|  | Amount of investment (\$)   |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | 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                         |
| Contributions/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)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F4:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | <b>\$</b>                                    |
| <b>5</b> Date  | <b>6</b> Payee name  |  |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address;  | City; State; Zip Code                        |
| <b>9</b> TYPE OF EXPENDITURE   | Political Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date   | Payee name   |  |
| Amount (\$)  | Payee address;   | City; State; Zip Code                        |
| TYPE OF EXPENDITURE  | Political Non-Political  |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   | Description                                  |
|  | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name  | Office sought Office held                    |

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | 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                         |
| Contributions/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)  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F4:                                       | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD      |   | <b>\$</b>  |
| <b>5</b> Date   | <b>6</b> Payee name   |  |
| <b>7</b> Amount (\$)  | <b>8</b> Payee address;   | City; State; Zip Code                                      |
| <b>9</b> TYPE OF EXPENDITURE  | Political   | Non-Political  |
| <b>10</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description                                     |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>11</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| 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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH              | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| 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                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

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

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

## SCHEDULE H

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Business name   |  |
| <b>6</b> Amount (\$)  | <b>7</b> Business address;   | City; State; Zip Code                        |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |

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

## SCHEDULE H

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Business name   |  |
| <b>6</b> Amount (\$)  | <b>7</b> Business address;   | City; State; Zip Code                        |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |

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

## SCHEDULE H

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### EXPENDITURE CATEGORIES FOR BOX 8(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                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

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|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Business name   |  |
| <b>6</b> Amount (\$)  | <b>7</b> Business address;   | City; State; Zip Code                        |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |

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

## SCHEDULE H

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### EXPENDITURE CATEGORIES FOR BOX 8(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                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Business name   |  |
| <b>6</b> Amount (\$)  | <b>7</b> Business address;   | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |

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

## SCHEDULE H

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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                         |
| Contributions/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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Business name   |  |
| <b>6</b> Amount (\$)  | <b>7</b> Business address;   | City; State; Zip Code                        |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

|                                  |                     |  |
|----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule I: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------|---------------------|--|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|                      |                         |      |       |          |
|----------------------|-------------------------|------|-------|----------|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; | City | State | Zip Code |
|----------------------|-------------------------|------|-------|----------|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See instructions regarding type of information required.) |
|---|---|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

|                                  |                     |  |
|----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule I: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------|---------------------|--|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|                      |                         |      |       |          |
|----------------------|-------------------------|------|-------|----------|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; | City | State | Zip Code |
|----------------------|-------------------------|------|-------|----------|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See instructions regarding type of information required.) |
|---|---|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE K

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

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule K:             |
| <b>2</b> FILER NAME  |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Name of person from whom amount is received   | <b>8</b> Amount (\$)                         |
|  | .....<br><b>6</b> Address of person from whom amount is received;    City;            State;    Zip Code                           |  |
|  | <b>7</b> Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> |  |
| Date   | Name of person from whom amount is received  | Amount (\$)                                  |
|  | .....<br>Address of person from whom amount is received;    City;            State;    Zip Code                                    |  |
|  | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>          |  |
| Date   | Name of person from whom amount is received  | Amount (\$)                                  |
|  | .....<br>Address of person from whom amount is received;    City;            State;    Zip Code                                    |  |
|  | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>          |  |
| Date   | Name of person from whom amount is received  | Amount (\$)                                  |
|  | .....<br>Address of person from whom amount is received;    City;            State;    Zip Code                                    |  |
|  | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>          |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE K

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

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule K:             |
| <b>2</b> FILER NAME  |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Name of person from whom amount is received   | <b>8</b> Amount (\$)                         |
|  | .....<br><b>6</b> Address of person from whom amount is received;    City;            State;    Zip Code                           |  |
|  | <b>7</b> Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> |  |
| Date   | Name of person from whom amount is received  | Amount (\$)                                  |
|  | .....<br>Address of person from whom amount is received;    City;            State;    Zip Code                                    |  |
|  | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>          |  |
| Date   | Name of person from whom amount is received  | Amount (\$)                                  |
|  | .....<br>Address of person from whom amount is received;    City;            State;    Zip Code                                    |  |
|  | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>          |  |
| Date   | Name of person from whom amount is received  | Amount (\$)                                  |
|  | .....<br>Address of person from whom amount is received;    City;            State;    Zip Code                                    |  |
|  | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>          |  |

**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.

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                   |   | <b>1</b> Total pages Schedule T:             |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee |   |  |
| <b>5</b> Contribution / Expenditure reported on:                                   |   |  |
| Schedule A2  | Schedule B  | Schedule B(J)                                |
| Schedule F2  | Schedule F4   | Schedule G                                   |
| Schedule C2  | Schedule H  | Schedule D                                   |
| Schedule COH-UC  | Schedule F1   | Schedule B-SS                                |
| <b>6</b> Dates of travel   | <b>7</b> Name of person(s) traveling  |  |
|  | <b>8</b> Departure city or name of departure location                               |  |
|  | <b>9</b> Destination city or name of destination location                           |  |
| <b>10</b> Means of transportation  | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee          |   |  |
| Contribution / Expenditure reported on:  |   |  |
| Schedule A2  | Schedule B  | Schedule B(J)                                |
| Schedule F2  | Schedule F4   | Schedule G                                   |
| Schedule C2  | Schedule H  | Schedule D                                   |
| Schedule COH-UC  | Schedule F1   | Schedule B-SS                                |
| Dates of travel  | Name of person(s) traveling   |  |
|  | Departure city or name of departure location  |  |
|  | Destination city or name of destination location                                    |  |
| Means of transportation  | Purpose of travel (including name of conference, seminar, or other event)           |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee          |   |  |
| Contribution / Expenditure reported on:  |   |  |
| Schedule A2  | Schedule B  | Schedule B(J)                                |
| Schedule F2  | Schedule F4   | Schedule G                                   |
| Schedule C2  | Schedule H  | Schedule D                                   |
| Schedule COH-UC  | Schedule F1   | Schedule B-SS                                |
| Dates of travel  | Name of person(s) traveling   |  |
|  | Departure city or name of departure location  |  |
|  | Destination city or name of destination location                                    |  |
| Means of transportation  | Purpose of travel (including name of conference, seminar, or other event)           |  |

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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.

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                   |   | <b>1</b> Total pages Schedule T:             |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee |   |  |
| <b>5</b> Contribution / Expenditure reported on:                                   |   |  |
| Schedule A2  | Schedule B  | Schedule B(J)                                |
| Schedule F2  | Schedule F4   | Schedule G                                   |
| Schedule C2  | Schedule H  | Schedule D                                   |
| Schedule COH-UC  | Schedule F1   | Schedule B-SS                                |
| <b>6</b> Dates of travel   | <b>7</b> Name of person(s) traveling  |  |
|  | <b>8</b> Departure city or name of departure location                               |  |
|  | <b>9</b> Destination city or name of destination location                           |  |
| <b>10</b> Means of transportation  | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee          |   |  |
| Contribution / Expenditure reported on:  |   |  |
| Schedule A2  | Schedule B  | Schedule B(J)                                |
| Schedule F2  | Schedule F4   | Schedule G                                   |
| Schedule C2  | Schedule H  | Schedule D                                   |
| Schedule COH-UC  | Schedule F1   | Schedule B-SS                                |
| Dates of travel  | Name of person(s) traveling   |  |
|  | Departure city or name of departure location  |  |
|  | Destination city or name of destination location                                    |  |
| Means of transportation  | Purpose of travel (including name of conference, seminar, or other event)           |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee          |   |  |
| Contribution / Expenditure reported on:  |   |  |
| Schedule A2  | Schedule B  | Schedule B(J)                                |
| Schedule F2  | Schedule F4   | Schedule G                                   |
| Schedule C2  | Schedule H  | Schedule D                                   |
| Schedule COH-UC  | Schedule F1   | Schedule B-SS                                |
| Dates of travel  | Name of person(s) traveling   |  |
|  | Departure city or name of departure location  |  |
|  | Destination city or name of destination location                                    |  |
| Means of transportation  | Purpose of travel (including name of conference, seminar, or other event)           |  |

**ATTACH ADDITIONAL 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" ••

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.

Claudia L. Rodriguez  
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 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.

Claudia L. Rodriguez  
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.

Claudia L. Rodriguez  
Signature of Officeholder