# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G                              | uide explains how to co   | mplete this form.      | 1 Filer ID (Ethics Commission Fi          | lers) 2 Total pages filed:   |  |  |
|---|---|------------------------|---|--|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER                       | FICEHOLDER  |                        |   | OFFICE USE ONLY  |  |  |
| NAME  | NICKNAME  | LAST                   | SUFFIX                                    | July 20, 2022 4:21 PM  |  |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX;   | APT / SUITE #; C       | CITY; STATE; ZIP CODE                     | <b>:</b>   |  |  |
| Change of Address                                   |   |                        |   |  |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | AREA CODE PH  | HONE NUMBER            | EXTENSION                                 | Date Hand-delivered or Date Postmarked  Receipt # Amount \$  |  |  |
| 6 CAMPAIGN<br>TREASURER                             | MS / MRS / MR   | FIRST                  | MI  | Receipt # Amount \$  Date Processed  |  |  |
| NAME  | NICKNAME  | LAST                   | SUFFIX                                    | July 20, 2022 4:30 PM Date Imaged  |  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                  | STREET ADDRESS (NO PO   | BOX PLEASE); APT / SI  | JITE #; CITY;                             | STATE; ZIP CODE  |  |  |
| (Residence or Business)                             |   |                        |   |  |  |  |
| 8 CAMPAIGN<br>TREASURER                             | AREA CODE PH  | IONE NUMBER            | EXTENSION                                 |  |  |  |
| PHONE   | ( )   |                        |   |  |  |  |
| 9 REPORT TYPE                                       | January 15  30th day before election  Runoff  Runoff  15th day after campaign treasurer appointment (Officeholder Only) |                        |   |  |  |  |
|   | July 15   | 8th day before ele     | ction Exceeded Modifie<br>Reporting Limit | ed Final Report (Attach C/OH - FR)   |  |  |
| 10 PERIOD   | Month I   | Day Year               | Mo  | onth Day Year  |  |  |
| COVERED   |   |                        | THROUGH                                   |  |  |  |
| 11 ELECTION   | ELECTION DATE   |                        | ELECTION                                  | TYPE   |  |  |
|   | Month Day   | Year Primary           | Runoff Other Descript                     | tion   |  |  |
|   |   | General                | Special                                   |  |  |  |
| 12 OFFICE   | OFFICE HELD (if any)  | 1                      | 13 OFFICE SOUGHT (if                      | known)   |  |  |
| 14 NOTICE FROM POLITICAL                            | THE CANDIDATE / OFFICEHOLD  | ER. THESE EXPENDITURES | S MAY HAVE BEEN MADE WITHOUT THE          | RES MADE BY POLITICAL COMMITTEES TO SUPPORT E CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR LY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |  |  |
| COMMITTEE(S)  | COMMITTEE TYPE   COMMITTEE NAME   |                        |   |  |  |  |
| Additional Pages                                    | GENERAL   | MITTEE ADDRESS         |   |  |  |  |
|   | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  |                        |   |  |  |  |
|   | СОМ   | MITTEE CAMPAIGN TRE    | EASURER ADDRESS                           |  |  |  |
|   |   | 00.70                  | DA 0E 0                                   |  |  |  |
|   |   | GO TO                  | PAGE 2                                    |  |  |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME                          |  | 16 Filer ID (Ethics Commission Filers)      |
|---------------------------------------|--|---|
| 17 CONTRIBUTION<br>TOTALS             | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT     PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR     CONTRIBUTIONS MADE ELECTRONICALLY) | N \$  |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS  | \$  |
| EXPENDITURE<br>TOTALS                 | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$  |
|                                       | 4. TOTAL POLITICAL EXPENDITURES  | \$  |
| CONTRIBUTION<br>BALANCE               | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD   | AST DAY \$                                  |
| OUTSTANDING<br>LOAN TOTALS            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C<br>LAST DAY OF THE REPORTING PERIOD  | OF THE \$                                   |
|                                       | ewear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code.  | ue and correct and includes all information |
| La                                    | icknowledge I am electronically signing here   |   |
| 1 6                                   | Chaala E. Roa  |   |
|                                       | Signature of Co  | andidate or Officeholder                    |
|                                       |  |   |
|                                       |  |   |
|                                       | Please complete either option below  | w:  |
|                                       |  |   |
|                                       |  |   |
|                                       |  |   |
| (1) Affidavit                         |  |   |
|                                       |  |   |
| NOTARY STAMP/SEA                      | L  |   |
| Sworn to and subscribed               | before me by Claudia Rodriguez this date   | e 07/20/22 , to certify which,              |
| witness my hand and seal of Diana Nun |  |   |
| Signature of officer administe        | ring oath Printed name of officer administering oath   | Title of officer administering oath         |
|                                       | OR   |   |
| (2) Unsworn Declarati                 | on   |   |
| My name is                            | , and my date of birth is  | s   |
|                                       |  | ,   |
|                                       |  | (state) (zip code) (country)                |
| Executed in                           | County, State of , on the day of(mont  | , 20  |
|                                       | (mont  | th) (year)                                  |
|                                       | Signature of Cand  | lidate/Officeholder (Declarant)             |

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

| 19  | FILER NAME   | 20 Filer ID (Ethics Con | mmission Filers)   |
|-----|--|-------------------------|--------------------|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |                         | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                  |                         | \$                 |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |                         | \$                 |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                         | \$                 |
| 4.  | SCHEDULE E: LOANS  |                         | \$                 |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO                     | NTRIBUTIONS             | \$                 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |                         | \$                 |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL                       | CONTRIBUTIONS           | \$                 |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                  |                         | \$                 |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN                      | IDS                     | \$                 |
| 10. | 0. 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 CONTRIBUT TO FILER          | IONS RETURNED           | \$                 |

### SCHEDULE A1

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

| The Instruction Guide explains how to complete this form.                        | 1 Total pages Schedule A1:            |
|--|---------------------------------------|
| 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:)                        | 7 Amount of contribution (\$)         |
| 6 Contributor address; City; State; Zip Code                                     |                                       |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc    | tions)                                |
| Date Full name of contributor □ out-of-state PAC (ID#:)                          | Amount of contribution (\$)           |
| Contributor address; City; State; Zip Code                                       |                                       |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) | tions)                                |
| Date Full name of contributor out-of-state PAC (ID#:)                            | Amount of contribution (\$)           |
| Contributor address; City; State; Zip Code                                       |                                       |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) | tions)                                |
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| Contributor address; City; State; Zip Code                                       |                                       |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) | tions)                                |
|  |                                       |
| ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS A                                   | VEEDED.                               |

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| Date Full name of contributor □ out-of-state PAC (ID#:)                          | Amount of contribution (\$)           |
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| Date Full name of contributor out-of-state PAC (ID#:)                            | Amount of contribution (\$)           |
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| Principal occupation / Job title (See Instructions)  Employer (See Instructions) | tions)                                |
| Date Full name of contributor out-of-state PAC (ID#:)                            | Amount of contribution (\$)           |
| Contributor address; City; State; Zip Code                                       |                                       |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) | tions)                                |
| Date Full name of contributor out-of-state PAC (ID#:)                            | Amount of contribution (\$)           |
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| Principal occupation / Job title (See Instructions)  Employer (See Instructions) | tions)                                |
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| Principal occupation / Job title (See Instructions)  Employer (See Instructions) | tions)                                |
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### SCHEDULE A2

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|---|---|--|---------------------------------------|-------------------------------------|
| 2 FILER NAME  |   | 3 Filer ID (Ethics Co                                    | 3 Filer ID (Ethics Commission Filers) |                                     |
| 4 TOTAL O   | F UNITEMIZED IN-KIND POLITICAL CONTRIE                    | BUTIONS  | \$                                    |                                     |
| 5 Date  | 6 Full name of contributor ☐ out-of-state PAC (ID#:       | )  | 8 Amount of Contribution \$           | 9 In-kind contribution description  |
|   | 7 Contributor address; City; State;                       | Zip Code   |                                       |                                     |
|   |   |  | Check if travel outsi                 | de of Texas. Complete Schedule T.   |
| <b>10</b> Principal occ                                   | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | <b>11</b> Employ   | er (FOR NON-JUDICIA                   | AL)(See Instructions)               |
| <b>12</b> Contributor's                                   | principal occupation (FOR JUDICIAL)                       | 13 Contrib   | utor's job title (FOR JU              | DICIAL)(See Instructions)           |
| <b>14</b> Contributor's                                   | employer/law firm (FOR JUDICIAL)                          | <b>15</b> Law firr                                       | n of contributor's spou               | se (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                                  |  | Amount of Contribution \$             | In-kind contribution<br>description |
|   | Contributor address; City; State;                         | Zip Code   | Chack if traval autoi                 | de of Texas. Complete Schedule T.   |
| Principal occ   | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employ   | er (FOR NON-JUDICIA                   |                                     |
| Contributor's   | principal occupation (FOR JUDICIAL)                       | Contrib  | utor's job title (FOR JU              | DICIAL)(See Instructions)           |
| Contributor's   | employer/law firm (FOR JUDICIAL)                          | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |                                       |                                     |
| If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |                                       |                                     |
|   |   |  |                                       |                                     |
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| 2 FILER NAME  |   | 3 Filer ID (Ethics Co                                    | 3 Filer ID (Ethics Commission Filers) |                                     |
| 4 TOTAL O   | F UNITEMIZED IN-KIND POLITICAL CONTRIE                    | BUTIONS  | \$                                    |                                     |
| 5 Date  | 6 Full name of contributor ☐ out-of-state PAC (ID#:       | )  | 8 Amount of Contribution \$           | 9 In-kind contribution description  |
|   | 7 Contributor address; City; State;                       | Zip Code   |                                       |                                     |
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| <b>16</b> If contributor                                  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |                                       |                                     |
| Date  | Full name of contributor                                  |  | Amount of Contribution \$             | In-kind contribution<br>description |
|   | Contributor address; City; State;                         | Zip Code   | Chack if traval autoi                 | de of Texas. Complete Schedule T.   |
| Principal occ   | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employ   | er (FOR NON-JUDICIA                   |                                     |
| Contributor's   | principal occupation (FOR JUDICIAL)                       | Contrib  | utor's job title (FOR JU              | DICIAL)(See Instructions)           |
| Contributor's   | employer/law firm (FOR JUDICIAL)                          | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |                                       |                                     |
| If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |                                       |                                     |
|   |   |  |                                       |                                     |
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|---|---|--|---------------------------------------|-------------------------------------|
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| 4 TOTAL O   | F UNITEMIZED IN-KIND POLITICAL CONTRIE                    | BUTIONS  | \$                                    |                                     |
| 5 Date  | 6 Full name of contributor ☐ out-of-state PAC (ID#:       | )  | 8 Amount of Contribution \$           | 9 In-kind contribution description  |
|   | 7 Contributor address; City; State;                       | Zip Code   |                                       |                                     |
|   |   |  | Check if travel outsi                 | de of Texas. Complete Schedule T.   |
| <b>10</b> Principal occ                                   | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | <b>11</b> Employ   | er (FOR NON-JUDICIA                   | AL)(See Instructions)               |
| <b>12</b> Contributor's                                   | principal occupation (FOR JUDICIAL)                       | 13 Contrib   | utor's job title (FOR JU              | DICIAL)(See Instructions)           |
| <b>14</b> Contributor's                                   | employer/law firm (FOR JUDICIAL)                          | <b>15</b> Law firr                                       | n of contributor's spou               | se (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                                  |  | Amount of Contribution \$             | In-kind contribution<br>description |
|   | Contributor address; City; State;                         | Zip Code   | Chack if traval autoi                 | de of Texas. Complete Schedule T.   |
| Principal occ   | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employ   | er (FOR NON-JUDICIA                   |                                     |
| Contributor's   | principal occupation (FOR JUDICIAL)                       | Contrib  | utor's job title (FOR JU              | DICIAL)(See Instructions)           |
| Contributor's   | employer/law firm (FOR JUDICIAL)                          | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |                                       |                                     |
| If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |                                       |                                     |
|   |   |  |                                       |                                     |
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### SCHEDULE A2

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| The Instruction Guide explains how to complete this form. |   | 1 Total pages Schede                                     | 1 Total pages Schedule A2:            |                                     |
|---|---|--|---------------------------------------|-------------------------------------|
| 2 FILER NAME  |   | 3 Filer ID (Ethics Co                                    | 3 Filer ID (Ethics Commission Filers) |                                     |
| 4 TOTAL O   | F UNITEMIZED IN-KIND POLITICAL CONTRIE                    | BUTIONS  | \$                                    |                                     |
| 5 Date  | 6 Full name of contributor ☐ out-of-state PAC (ID#:       | )  | 8 Amount of Contribution \$           | 9 In-kind contribution description  |
|   | 7 Contributor address; City; State;                       | Zip Code   |                                       |                                     |
|   |   |  | Check if travel outsi                 | de of Texas. Complete Schedule T.   |
| <b>10</b> Principal occ                                   | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | <b>11</b> Employ   | er (FOR NON-JUDICIA                   | AL)(See Instructions)               |
| <b>12</b> Contributor's                                   | principal occupation (FOR JUDICIAL)                       | 13 Contrib   | utor's job title (FOR JU              | DICIAL)(See Instructions)           |
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| <b>16</b> If contributor                                  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |                                       |                                     |
| Date  | Full name of contributor                                  |  | Amount of Contribution \$             | In-kind contribution<br>description |
|   | Contributor address; City; State;                         | Zip Code   | Chack if traval autoi                 | de of Texas. Complete Schedule T.   |
| Principal occ   | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employ   | er (FOR NON-JUDICIA                   |                                     |
| Contributor's   | principal occupation (FOR JUDICIAL)                       | Contrib  | utor's job title (FOR JU              | DICIAL)(See Instructions)           |
| Contributor's   | employer/law firm (FOR JUDICIAL)                          | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |                                       |                                     |
| If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |                                       |                                     |
|   |   |  |                                       |                                     |
|   |   |  |                                       |                                     |
|   |   |  |                                       |                                     |
|   |   |  |                                       |                                     |
|   |   |  |                                       |                                     |
|   |   |  |                                       |                                     |

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|--------------------------|---|---|-----------------------------|-------------------------------------|--|--|
| 2 FILER NAME             | E   |   | 3 Filer ID (Ethics Co       | mmission Filers)                    |  |  |
| 4 TOTAL O                | F UNITEMIZED IN-KIND POLITICAL CONTRIE                    | BUTIONS   | \$                          |                                     |  |  |
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|                          | 7 Contributor address; City; State;                       | Zip Code  |                             |                                     |  |  |
|                          |   |   | Check if travel outsi       | de of Texas. Complete Schedule T.   |  |  |
| <b>10</b> Principal occ  | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | <b>11</b> Employ  | er (FOR NON-JUDICIA         | AL)(See Instructions)               |  |  |
| <b>12</b> Contributor's  | principal occupation (FOR JUDICIAL)                       | 13 Contrib  | utor's job title (FOR JU    | DICIAL)(See Instructions)           |  |  |
| <b>14</b> Contributor's  | employer/law firm (FOR JUDICIAL)                          | <b>15</b> Law firr  | n of contributor's spou     | se (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                                  |   | Amount of Contribution \$   | In-kind contribution<br>description |  |  |
|                          | Contributor address; City; State;                         | Zip Code  | Chack if traval autoi       | de of Texas. Complete Schedule T.   |  |  |
| Principal occ            | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL)(See Instructions)             |                             |                                     |  |  |
| Contributor's            | principal occupation (FOR JUDICIAL)                       | Contributor's job title (FOR JUDICIAL) (See Instructions) |                             |                                     |  |  |
| Contributor's            | employer/law firm (FOR JUDICIAL)                          | Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |                             |                                     |  |  |
| If contributor           | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |                             |                                     |  |  |
|                          |   |   |                             |                                     |  |  |
|                          |   |   |                             |                                     |  |  |
|                          |   |   |                             |                                     |  |  |
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|                          |   |   |                             |                                     |  |  |
|                          |   |   |                             |                                     |  |  |

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

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

|     | The             | Instruction Guide explain      | ns how to complete this | s form.                 | 1 Total pages Sched    | ule B:                                    |
|-----|-----------------|--------------------------------|-------------------------|-------------------------|------------------------|---|
| 2   | FILER NAME      |                                |                         |                         | 3 Filer ID (Ethics C   | Commission Filers)                        |
| 4 - | TOTAL OF        | UNITEMIZED PLED                | GES                     |                         | \$                     |   |
| 5 [ | Date            | 6 Full name of pledgor         | out-of-state PAC (ID#:  |                         | 8 Amount of Pledge \$  | 9 In-kind contribution description        |
|     |                 | 7 Pledgor address;             | City; St                | ate; Zip Code           |                        | <br>                                      |
|     |                 |                                |                         |                         | Check if travel outs   | I .<br>ide of Texas. Complete Schedule T. |
| 10  | Principal occu  | pation / Job title (See Instru | uctions)                | <b>11</b> Employer (See | Instructions)          |   |
| [   | Date            | Full name of pledgor           | out-of-state PAC (ID#:  | )                       | Amount<br>of Pledge \$ | In-kind contribution description          |
|     |                 | Pledgor address;               | City; St                | ate; Zip Code           |                        | <br>                                      |
|     |                 |                                |                         |                         | Check if travel outs   | I .<br>ide of Texas. Complete Schedule T. |
| Ρ   | Principal occup | ation / Job title (See Instru  | ctions)                 | Employer (See           | Instructions)          |   |
| [   | Date            | Full name of pledgor           | out-of-state PAC (ID#:  | )                       | Amount of<br>Pledge \$ | In-kind contribution description          |
|     |                 | Pledgor address;               |                         | ate; Zip Code           |                        | <br>                                      |
|     |                 |                                |                         |                         | Check if travel outs   | ide of Texas. Complete Schedule T.        |
| F   | Principal occup | pation / Job title (See Instru | ctions)                 | Employer (See           | Instructions)          |   |
| [   | Date            | Full name of pledgor           | out-of-state PAC (ID#:  | )                       | Amount of Pledge \$    | In-kind contribution description          |
|     |                 | Pledgor address;               | City; State             | e; Zip Code             |                        | <br>                                      |
|     |                 |                                |                         |                         | Check if travel outs   | ide of Texas. Complete Schedule T.        |
| P   | Principal occup | ation / Job title (See Instru  | ctions)                 | Employer (See           | Instructions)          |   |
|     |                 |                                |                         |                         |                        |   |
|     |                 |                                |                         |                         |                        |   |
|     |                 |                                |                         |                         |                        |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

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|-----|-----------------|--------------------------------|-------------------------|-------------------------|------------------------|---|
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| 4 - | TOTAL OF        | UNITEMIZED PLED                | GES                     |                         | \$                     |   |
| 5 [ | Date            | 6 Full name of pledgor         | out-of-state PAC (ID#:  |                         | 8 Amount of Pledge \$  | 9 In-kind contribution description        |
|     |                 | 7 Pledgor address;             | City; St                | ate; Zip Code           |                        | <br>                                      |
|     |                 |                                |                         |                         | Check if travel outs   | I .<br>ide of Texas. Complete Schedule T. |
| 10  | Principal occu  | pation / Job title (See Instru | uctions)                | <b>11</b> Employer (See | Instructions)          |   |
| [   | Date            | Full name of pledgor           | out-of-state PAC (ID#:  | )                       | Amount<br>of Pledge \$ | In-kind contribution description          |
|     |                 | Pledgor address;               | City; St                | ate; Zip Code           |                        | <br>                                      |
|     |                 |                                |                         |                         | Check if travel outs   | I .<br>ide of Texas. Complete Schedule T. |
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| [   | Date            | Full name of pledgor           | out-of-state PAC (ID#:  | )                       | Amount of<br>Pledge \$ | In-kind contribution description          |
|     |                 | Pledgor address;               |                         | ate; Zip Code           |                        | <br>                                      |
|     |                 |                                |                         |                         | Check if travel outs   | ide of Texas. Complete Schedule T.        |
| F   | Principal occup | pation / Job title (See Instru | ctions)                 | Employer (See           | Instructions)          |   |
| [   | Date            | Full name of pledgor           | out-of-state PAC (ID#:  | )                       | Amount of Pledge \$    | In-kind contribution description          |
|     |                 | Pledgor address;               | City; State             | e; Zip Code             |                        | <br>                                      |
|     |                 |                                |                         |                         | Check if travel outs   | ide of Texas. Complete Schedule T.        |
| P   | Principal occup | ation / Job title (See Instru  | ctions)                 | Employer (See           | Instructions)          |   |
|     |                 |                                |                         |                         |                        |   |
|     |                 |                                |                         |                         |                        |   |
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| '  |                                   |                |                  | J                                    |                                       |
|--|-----------------------------------|----------------|------------------|--------------------------------------|---------------------------------------|
| The  | Instruction Guide explains        | how to compl   | ete this form.   |                                      | 1 Total pages Schedule E:             |
| 2 FILER NAME                               |                                   |                |                  |                                      | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UN                              | NITEMIZED LOANS                   |                |                  |                                      | \$                                    |
| 5 Date of loan                             | 7 Name of lender                  | out-of-state P | AC (ID#:         | )                                    | 9 Loan Amount (\$)                    |
| 6 Is lender<br>a financial<br>Institution? | 8 Lender address;                 | City;          | State;           | Zip Code                             | 10 Interest rate                      |
| Y N  |                                   |                |                  |                                      | 11 Maturity date                      |
| 12 Principal occupation                    | on / Job title (See Instructions  | )              | 13 Employer (See | Instructions)                        |                                       |
| <b>14</b> Description of Coll              | ateral                            |                |                  | if personal fund<br>t (See Instructi | ls were deposited into political ons) |
| 16 GUARANTOR INFORMATION                   | 17 Name of guarantor              |                |                  |                                      | 19 Amount Guaranteed (\$)             |
| not applicable                             | 18 Guarantor address;             | City;          | State;           | Zip Code                             |                                       |
| <b>20</b> Principal Occupat                | tion (See Instructions)           |                | 21 Employer (See | Instructions)                        |                                       |
| Date of loan                               | Name of lender                    | out-of-state F | PAC (ID#:        | )                                    | Loan Amount (\$)                      |
| Is lender<br>a financial<br>Institution?   | Lender address;                   | City;          | State;           | Zip Code                             | Interest rate                         |
| γ N  |                                   |                |                  |                                      | Maturity date                         |
| Principal occupation                       | on / Job title (See Instructions) | )              | Employer (See    | Instructions)                        |                                       |
| Description of Coll                        | ateral                            |                |                  | if personal fund<br>t (See Instructi | ls were deposited into political ons) |
| GUARANTOR<br>INFORMATION                   | Name of guarantor                 |                |                  |                                      | Amount Guaranteed (\$)                |
|  | Guarantor address;                | City;          | State;           | Zip Code                             |                                       |
| not applicable                             |                                   |                | 1                |                                      |                                       |
| Principal Occupati                         | on (See Instructions)             |                | Employer (See    | Instructions)                        |                                       |
|  |                                   |                |                  |                                      |                                       |

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| 4 TOTAL OF UN                              | NITEMIZED LOANS                   |                |                  |                                      | \$                                    |
| 5 Date of loan                             | 7 Name of lender                  | out-of-state P | AC (ID#:         | )                                    | 9 Loan Amount (\$)                    |
| 6 Is lender<br>a financial<br>Institution? | 8 Lender address;                 | City;          | State;           | Zip Code                             | 10 Interest rate                      |
| Y N  |                                   |                |                  |                                      | 11 Maturity date                      |
| 12 Principal occupation                    | on / Job title (See Instructions  | )              | 13 Employer (See | Instructions)                        |                                       |
| <b>14</b> Description of Coll              | ateral                            |                |                  | if personal fund<br>t (See Instructi | ls were deposited into political ons) |
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| not applicable                             | 18 Guarantor address;             | City;          | State;           | Zip Code                             |                                       |
| <b>20</b> Principal Occupat                | tion (See Instructions)           |                | 21 Employer (See | Instructions)                        |                                       |
| Date of loan                               | Name of lender                    | out-of-state F | PAC (ID#:        | )                                    | Loan Amount (\$)                      |
| Is lender<br>a financial<br>Institution?   | Lender address;                   | City;          | State;           | Zip Code                             | Interest rate                         |
| γ N  |                                   |                |                  |                                      | Maturity date                         |
| Principal occupation                       | on / Job title (See Instructions) | )              | Employer (See    | Instructions)                        |                                       |
| Description of Coll                        | ateral                            |                |                  | if personal fund<br>t (See Instructi | ls were deposited into political ons) |
| GUARANTOR<br>INFORMATION                   | Name of guarantor                 |                |                  |                                      | Amount Guaranteed (\$)                |
|  | Guarantor address;                | City;          | State;           | Zip Code                             |                                       |
| not applicable                             |                                   |                | 1                |                                      |                                       |
| Principal Occupati                         | on (See Instructions)             |                | Employer (See    | Instructions)                        |                                       |
|  |                                   |                |                  |                                      |                                       |

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| <b>14</b> Description of Coll              | ateral                            |                |                  | if personal fund<br>t (See Instructi | ls were deposited into political ons) |
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| Date of loan                               | Name of lender                    | out-of-state F | PAC (ID#:        | )                                    | Loan Amount (\$)                      |
| Is lender<br>a financial<br>Institution?   | Lender address;                   | City;          | State;           | Zip Code                             | Interest rate                         |
| γ N  |                                   |                |                  |                                      | Maturity date                         |
| Principal occupation                       | on / Job title (See Instructions) | )              | Employer (See    | Instructions)                        |                                       |
| Description of Coll                        | ateral                            |                |                  | if personal fund<br>t (See Instructi | ls were deposited into political ons) |
| GUARANTOR<br>INFORMATION                   | Name of guarantor                 |                |                  |                                      | Amount Guaranteed (\$)                |
|  | Guarantor address;                | City;          | State;           | Zip Code                             |                                       |
| not applicable                             |                                   |                | 1                |                                      |                                       |
| Principal Occupati                         | on (See Instructions)             |                | Employer (See    | Instructions)                        |                                       |
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| Y N  |                                   |                |                  |                                      | 11 Maturity date                      |
| 12 Principal occupation                    | on / Job title (See Instructions  | )              | 13 Employer (See | Instructions)                        |                                       |
| <b>14</b> Description of Coll              | ateral                            |                |                  | if personal fund<br>t (See Instructi | ls were deposited into political ons) |
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| not applicable                             | 18 Guarantor address;             | City;          | State;           | Zip Code                             |                                       |
| <b>20</b> Principal Occupat                | tion (See Instructions)           |                | 21 Employer (See | Instructions)                        |                                       |
| Date of loan                               | Name of lender                    | out-of-state F | PAC (ID#:        | )                                    | Loan Amount (\$)                      |
| Is lender<br>a financial<br>Institution?   | Lender address;                   | City;          | State;           | Zip Code                             | Interest rate                         |
| γ N  |                                   |                |                  |                                      | Maturity date                         |
| Principal occupation                       | on / Job title (See Instructions) | )              | Employer (See    | Instructions)                        |                                       |
| Description of Coll                        | ateral                            |                |                  | if personal fund<br>t (See Instructi | ls were deposited into political ons) |
| GUARANTOR<br>INFORMATION                   | Name of guarantor                 |                |                  |                                      | Amount Guaranteed (\$)                |
|  | Guarantor address;                | City;          | State;           | Zip Code                             |                                       |
| not applicable                             |                                   |                | 1                |                                      |                                       |
| Principal Occupati                         | on (See Instructions)             |                | Employer (See    | Instructions)                        |                                       |
|  |                                   |                |                  |                                      |                                       |

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| Y N  |                                   |                |                  |                                      | 11 Maturity date                      |
| 12 Principal occupation                    | on / Job title (See Instructions  | )              | 13 Employer (See | Instructions)                        |                                       |
| <b>14</b> Description of Coll              | ateral                            |                |                  | if personal fund<br>t (See Instructi | ls were deposited into political ons) |
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| not applicable                             | 18 Guarantor address;             | City;          | State;           | Zip Code                             |                                       |
| <b>20</b> Principal Occupat                | tion (See Instructions)           |                | 21 Employer (See | Instructions)                        |                                       |
| Date of loan                               | Name of lender                    | out-of-state F | PAC (ID#:        | )                                    | Loan Amount (\$)                      |
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| γ N  |                                   |                |                  |                                      | Maturity date                         |
| Principal occupation                       | on / Job title (See Instructions) | )              | Employer (See    | Instructions)                        |                                       |
| Description of Coll                        | ateral                            |                |                  | if personal fund<br>t (See Instructi | ls were deposited into political ons) |
| GUARANTOR<br>INFORMATION                   | Name of guarantor                 |                |                  |                                      | Amount Guaranteed (\$)                |
|  | Guarantor address;                | City;          | State;           | Zip Code                             |                                       |
| not applicable                             |                                   |                | 1                |                                      |                                       |
| Principal Occupati                         | on (See Instructions)             |                | Employer (See    | Instructions)                        |                                       |
|  |                                   |                |                  |                                      |                                       |

### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instruction Guide explains how to o                          | complete this form. | oursi (orner a outoge       | ,                    |
|--|--|---------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME   |                     | 3 Filer ID (Ethics          | s Commission Filers) |
| 4 Date   | 5 Payee name   |                     |                             |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                      | Zip Code             |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                             |                      |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi      | in, TX, officeholder living | expense              |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
| Date   | Payee name   |                     |                             |                      |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description         |                             |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living  | expense              |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
| Date   | Payee name   |                     |                             |                      |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description         |                             |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living  | expense              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE     | EDED                        |                      |

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Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instruction Guide explains how to o                          | complete this form. | oursi (orner a outoge       | ,                    |
|--|--|---------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME   |                     | 3 Filer ID (Ethics          | s Commission Filers) |
| 4 Date   | 5 Payee name   |                     |                             |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                      | Zip Code             |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                             |                      |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi      | in, TX, officeholder living | expense              |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
| Date   | Payee name   |                     |                             |                      |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description         |                             |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living  | expense              |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
| Date   | Payee name   |                     |                             |                      |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description         |                             |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living  | expense              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instruction Guide explains how to o                          | complete this form. | oursi (orner a outoge       | ,                    |
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| 4 Date   | 5 Payee name   |                     |                             |                      |
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| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
| Date   | Payee name   |                     |                             |                      |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description         |                             |                      |
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| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
| Date   | Payee name   |                     |                             |                      |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description         |                             |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living  | expense              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE     | EDED                        |                      |

### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instruction Guide explains how to o                          | complete this form. | oursi (orner a outoge       | ,                    |
|--|--|---------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME   |                     | 3 Filer ID (Ethics          | s Commission Filers) |
| 4 Date   | 5 Payee name   |                     |                             |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                      | Zip Code             |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                             |                      |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi      | in, TX, officeholder living | expense              |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
| Date   | Payee name   |                     |                             |                      |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description         |                             |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living  | expense              |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
| Date   | Payee name   |                     |                             |                      |
| Amount (\$)  | Payee address;   | City;               | State;                      | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description         |                             |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living  | expense              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought       |                             | Office held          |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE     | EDED                        |                      |

### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instruction Guide explains how to o                          | complete this form.                              | oursi (orner a outoge       | ,                    |
|--|--|--|-----------------------------|----------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME   |  | 3 Filer ID (Ethics          | s Commission Filers) |
| 4 Date   | 5 Payee name   |  |                             |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;  | State;                      | Zip Code             |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule) | (b) Description                                  |                             |                      |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi                                   | in, TX, officeholder living | expense              |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name                                    | Office sought                                    |                             | Office held          |
| Date   | Payee name   |  |                             |                      |
| Amount (\$)  | Payee address;   | City;  | State;                      | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description                                      |                             |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi                                   | n, TX, officeholder living  | expense              |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought                                    |                             | Office held          |
| Date   | Payee name   |  |                             |                      |
| Amount (\$)  | Payee address;   | City;  | State;                      | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description                                      |                             |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, TX, officeholder living expense |                             |                      |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought                                    |                             | Office held          |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE                                  | EDED                        |                      |

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Printing Expense Travel Out Of Salaries/Wages/Contract Labor Other (enter a

|    | The Instruction Guide explains how to complete this form.  |   |                   |                                  |                  |  |
|----|--|---|-------------------|----------------------------------|------------------|--|
| 1  | Total pages Schedule F2:                                   | 2 FILER NAME  |                   | 3 Filer ID (Ethics Co            | mmission Filers) |  |
| 4  | TOTAL OF UNITEM  | MIZED UNPAID INCURRED OBLIGATION                                | ONS               | \$                               |                  |  |
| 5  | Date   | 6 Payee name  |                   | ı                                |                  |  |
| 7  | Amount (\$)  | 8 Payee address;  | City;             | State;                           | Zip Code         |  |
| 9  | TYPE OF<br>EXPENDITURE                                     | Political Non   | -Political        |                                  |                  |  |
| 10 | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule | (b) Description   |                                  |                  |  |
|    |  | (c) Check if travel outside of Texas. Complete Schedule T       | Check if Aus      | stin, TX, officeholder living ex | pense            |  |
| 11 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                   | Office sought     | Office held                      | 1                |  |
|    | Date   | Payee name  |                   |                                  |                  |  |
|    | Amount (\$)  | Payee address;  | City;             | State;                           | Zip Code         |  |
|    | TYPE OF<br>EXPENDITURE                                     | Political Nor   | n-Political       |                                  |                  |  |
|    | PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule     | e) Description    |                                  |                  |  |
|    |  | Check if travel outside of Texas. Complete Schedule             | T. Check if A     | ustin, TX, officeholder living e | expense          |  |
|    | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                   | Office sought     | Office held                      | d                |  |
|    |  | ATTACH ADDITIONAL CODIES OF THE                                 | C COUEDIN E AC NE | EDED                             |                  |  |
|    |  | ATTACH ADDITIONAL COPIES OF THI                                 | S SCHEDULE AS NE  | EDED                             |                  |  |

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Printing Expense Travel Out Of Salaries/Wages/Contract Labor Other (enter a

|    | The Instruction Guide explains how to complete this form.  |   |                   |                                  |                  |  |
|----|--|---|-------------------|----------------------------------|------------------|--|
| 1  | Total pages Schedule F2:                                   | 2 FILER NAME  |                   | 3 Filer ID (Ethics Co            | mmission Filers) |  |
| 4  | TOTAL OF UNITEM  | MIZED UNPAID INCURRED OBLIGATION                                | ONS               | \$                               |                  |  |
| 5  | Date   | 6 Payee name  |                   | ı                                |                  |  |
| 7  | Amount (\$)  | 8 Payee address;  | City;             | State;                           | Zip Code         |  |
| 9  | TYPE OF<br>EXPENDITURE                                     | Political Non   | -Political        |                                  |                  |  |
| 10 | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule | (b) Description   |                                  |                  |  |
|    |  | (c) Check if travel outside of Texas. Complete Schedule T       | Check if Aus      | stin, TX, officeholder living ex | pense            |  |
| 11 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                   | Office sought     | Office held                      | 1                |  |
|    | Date   | Payee name  |                   |                                  |                  |  |
|    | Amount (\$)  | Payee address;  | City;             | State;                           | Zip Code         |  |
|    | TYPE OF<br>EXPENDITURE                                     | Political Nor   | n-Political       |                                  |                  |  |
|    | PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule     | e) Description    |                                  |                  |  |
|    |  | Check if travel outside of Texas. Complete Schedule             | T. Check if A     | ustin, TX, officeholder living e | expense          |  |
|    | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                   | Office sought     | Office held                      | d                |  |
|    |  | ATTACH ADDITIONAL CODIES OF THE                                 | C COUEDIN E AC NE | EDED                             |                  |  |
|    |  | ATTACH ADDITIONAL COPIES OF THI                                 | S SCHEDULE AS NE  | EDED                             |                  |  |

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

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

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

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

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

| Candidate/Officeholder/Politica                                     |  | Nages/Contract Labor | Other (enter a category           | not listed above) |
|---|--|----------------------|-----------------------------------|-------------------|
| 1 Total pages Schedule F4:  | 2 FILER NAME   | complete this form.  | 3 Filer ID (Ethics Co             | mmission Filers)  |
| 4 TOTAL OF UNITEM   | ZED EXPENDITURES CHARGED TO A C                                  | REDIT CARD           | \$                                |                   |
| 5 Date  | 6 Payee name   |                      |                                   |                   |
| 7 Amount (\$)   | 8 Payee address;   | City;                | State;                            | Zip Code          |
| 9 TYPE OF EXPENDITURE   | Political Non-F  | Political            |                                   |                   |
| 10 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) | (b) Description      |                                   |                   |
|   | (C) Check if travel outside of Texas. Complete Schedule T.       | Check if A           | ustin, TX, officeholder living e  | xpense            |
| 11<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought        | Office held                       | d                 |
| Date  | Payee name   |                      |                                   |                   |
| Amount (\$)   | Payee address;   | City;                | State;                            | Zip Code          |
| TYPE OF EXPENDITURE   | Political Non-F  | Political            |                                   |                   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)     | Description          |                                   |                   |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if A           | Austin, TX, officeholder living e | expense           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought        | Office hel                        | d                 |
|   |  |                      |                                   |                   |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDIII E AS NE     | FEDED                             |                   |

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

| Candidate/Officeholder/Politica                                     |  | Nages/Contract Labor | Other (enter a category           | not listed above) |
|---|--|----------------------|-----------------------------------|-------------------|
| 1 Total pages Schedule F4:  | 2 FILER NAME   | complete this form.  | 3 Filer ID (Ethics Co             | mmission Filers)  |
| 4 TOTAL OF UNITEM   | ZED EXPENDITURES CHARGED TO A C                                  | REDIT CARD           | \$                                |                   |
| 5 Date  | 6 Payee name   |                      |                                   |                   |
| 7 Amount (\$)   | 8 Payee address;   | City;                | State;                            | Zip Code          |
| 9 TYPE OF EXPENDITURE   | Political Non-F  | Political            |                                   |                   |
| 10 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) | (b) Description      |                                   |                   |
|   | (C) Check if travel outside of Texas. Complete Schedule T.       | Check if A           | ustin, TX, officeholder living e  | xpense            |
| 11<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought        | Office held                       | d                 |
| Date  | Payee name   |                      |                                   |                   |
| Amount (\$)   | Payee address;   | City;                | State;                            | Zip Code          |
| TYPE OF EXPENDITURE   | Political Non-F  | Political            |                                   |                   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)     | Description          |                                   |                   |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if A           | Austin, TX, officeholder living e | expense           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought        | Office hel                        | d                 |
|   |  |                      |                                   |                   |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDIII E AS NE     | FEDED                             |                   |

### SCHEDULE G

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

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

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

|   | The Instruction Guide explains how to complete this form.  |  |                  |                               |                    |  |
|---|--|--|------------------|-------------------------------|--------------------|--|
| 1 | Total pages Schedule G:                                    | 2 FILER NAME   |                  | 3 Filer ID (Ethics (          | Commission Filers) |  |
| 4 | Date   | 5 Payee name   | -                |                               |                    |  |
| 6 | Amount (\$)  Reimbursement from political contributions    | 7 Payee address;   | City;            | State;                        | Zip Code           |  |
| 8 | PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |                               |                    |  |
|   |  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin  | , TX, officeholder living exp | pense              |  |
|   | omplete <u>ONLY</u> if direct<br>penditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought    | (                             | Office held        |  |
|   | Date   | Payee name   |                  |                               |                    |  |
|   | Amount (\$)  | Payee address;   | City;            | State;                        | Zip Code           |  |
|   | Reimbursement from political contributions intended        |  |                  |                               |                    |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)     | Description      |                               |                    |  |
|   |  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin  | n, TX, officeholder living ex | pense              |  |
|   | Complete ONLY if direct expenditure to benefit C/C         | Candidate / Officeholder name                                    | Office sought    | ght Office held               |                    |  |
|   | Date   | Payee name   |                  |                               |                    |  |
|   | Amount (\$)  | Payee address;   | City;            | State;                        | Zip Code           |  |
|   | Reimbursement from political contributions intended        |  |                  |                               |                    |  |
|   | PURPOSE<br>OF<br>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 ex  | pense              |  |
|   | omplete <u>ONLY</u> if direct<br>penditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought    | (                             | Office held        |  |
|   |  | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEED | ED                            |                    |  |

#### SCHEDULE G

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

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

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

|   | The Instruction Guide explains how to complete this form.  |  |                  |                               |                    |  |
|---|--|--|------------------|-------------------------------|--------------------|--|
| 1 | Total pages Schedule G:                                    | 2 FILER NAME   |                  | 3 Filer ID (Ethics (          | Commission Filers) |  |
| 4 | Date   | 5 Payee name   | -                |                               |                    |  |
| 6 | Amount (\$)  Reimbursement from political contributions    | 7 Payee address;   | City;            | State;                        | Zip Code           |  |
| 8 | PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |                               |                    |  |
|   |  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin  | , TX, officeholder living exp | pense              |  |
|   | omplete <u>ONLY</u> if direct<br>penditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought    | (                             | Office held        |  |
|   | Date   | Payee name   |                  |                               |                    |  |
|   | Amount (\$)  | Payee address;   | City;            | State;                        | Zip Code           |  |
|   | Reimbursement from political contributions intended        |  |                  |                               |                    |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)     | Description      |                               |                    |  |
|   |  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin  | n, TX, officeholder living ex | pense              |  |
|   | Complete ONLY if direct expenditure to benefit C/C         | Candidate / Officeholder name                                    | Office sought    | ght Office held               |                    |  |
|   | Date   | Payee name   |                  |                               |                    |  |
|   | Amount (\$)  | Payee address;   | City;            | State;                        | Zip Code           |  |
|   | Reimbursement from political contributions intended        |  |                  |                               |                    |  |
|   | PURPOSE<br>OF<br>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 ex  | pense              |  |
|   | omplete <u>ONLY</u> if direct<br>penditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought    | (                             | Office held        |  |
|   |  | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEED | ED                            |                    |  |

#### SCHEDULE G

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

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

|   | The Instruction Guide explains how to complete this form.  |  |                  |                               |                    |  |
|---|--|--|------------------|-------------------------------|--------------------|--|
| 1 | Total pages Schedule G:                                    | 2 FILER NAME   |                  | 3 Filer ID (Ethics (          | Commission Filers) |  |
| 4 | Date   | 5 Payee name   | -                |                               |                    |  |
| 6 | Amount (\$)  Reimbursement from political contributions    | 7 Payee address;   | City;            | State;                        | Zip Code           |  |
| 8 | PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |                               |                    |  |
|   |  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin  | , TX, officeholder living exp | pense              |  |
|   | omplete <u>ONLY</u> if direct<br>penditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought    | (                             | Office held        |  |
|   | Date   | Payee name   |                  |                               |                    |  |
|   | Amount (\$)  | Payee address;   | City;            | State;                        | Zip Code           |  |
|   | Reimbursement from political contributions intended        |  |                  |                               |                    |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)     | Description      |                               |                    |  |
|   |  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin  | n, TX, officeholder living ex | pense              |  |
|   | Complete ONLY if direct expenditure to benefit C/C         | Candidate / Officeholder name                                    | Office sought    | ght Office held               |                    |  |
|   | Date   | Payee name   |                  |                               |                    |  |
|   | Amount (\$)  | Payee address;   | City;            | State;                        | Zip Code           |  |
|   | Reimbursement from political contributions intended        |  |                  |                               |                    |  |
|   | PURPOSE<br>OF<br>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 ex  | pense              |  |
|   | omplete <u>ONLY</u> if direct<br>penditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought    | (                             | Office held        |  |
|   |  | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEED | ED                            |                    |  |

#### SCHEDULE G

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

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

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

|   | The Instruction Guide explains how to complete this form.  |  |                  |                               |                    |  |
|---|--|--|------------------|-------------------------------|--------------------|--|
| 1 | Total pages Schedule G:                                    | 2 FILER NAME   |                  | 3 Filer ID (Ethics (          | Commission Filers) |  |
| 4 | Date   | 5 Payee name   | -                |                               |                    |  |
| 6 | Amount (\$)  Reimbursement from political contributions    | 7 Payee address;   | City;            | State;                        | Zip Code           |  |
| 8 | PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |                               |                    |  |
|   |  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin  | , TX, officeholder living exp | pense              |  |
|   | omplete <u>ONLY</u> if direct<br>penditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought    | (                             | Office held        |  |
|   | Date   | Payee name   |                  |                               |                    |  |
|   | Amount (\$)  | Payee address;   | City;            | State;                        | Zip Code           |  |
|   | Reimbursement from political contributions intended        |  |                  |                               |                    |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)     | Description      |                               |                    |  |
|   |  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin  | n, TX, officeholder living ex | pense              |  |
|   | Complete ONLY if direct expenditure to benefit C/C         | Candidate / Officeholder name                                    | Office sought    | ght Office held               |                    |  |
|   | Date   | Payee name   |                  |                               |                    |  |
|   | Amount (\$)  | Payee address;   | City;            | State;                        | Zip Code           |  |
|   | Reimbursement from political contributions intended        |  |                  |                               |                    |  |
|   | PURPOSE<br>OF<br>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 ex  | pense              |  |
|   | omplete <u>ONLY</u> if direct<br>penditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought    | (                             | Office held        |  |
|   |  | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEED | ED                            |                    |  |

### SCHEDULE G

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

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

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

|   | The Instruction Guide explains how to complete this form.  |  |                  |                               |                    |  |
|---|--|--|------------------|-------------------------------|--------------------|--|
| 1 | Total pages Schedule G:                                    | 2 FILER NAME   |                  | 3 Filer ID (Ethics (          | Commission Filers) |  |
| 4 | Date   | 5 Payee name   | -                |                               |                    |  |
| 6 | Amount (\$)  Reimbursement from political contributions    | 7 Payee address;   | City;            | State;                        | Zip Code           |  |
| 8 | PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |                               |                    |  |
|   |  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin  | , TX, officeholder living exp | pense              |  |
|   | omplete <u>ONLY</u> if direct<br>penditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought    | (                             | Office held        |  |
|   | Date   | Payee name   |                  |                               |                    |  |
|   | Amount (\$)  | Payee address;   | City;            | State;                        | Zip Code           |  |
|   | Reimbursement from political contributions intended        |  |                  |                               |                    |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)     | Description      |                               |                    |  |
|   |  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin  | n, TX, officeholder living ex | pense              |  |
|   | Complete ONLY if direct expenditure to benefit C/C         | Candidate / Officeholder name                                    | Office sought    | ght Office held               |                    |  |
|   | Date   | Payee name   |                  |                               |                    |  |
|   | Amount (\$)  | Payee address;   | City;            | State;                        | Zip Code           |  |
|   | Reimbursement from political contributions intended        |  |                  |                               |                    |  |
|   | PURPOSE<br>OF<br>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 ex  | pense              |  |
|   | omplete <u>ONLY</u> if direct<br>penditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought    | (                             | Office held        |  |
|   |  | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEED | ED                            |                    |  |

## SCHEDULE H

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

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

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

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

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

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

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

## SCHEDULE H

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

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

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

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

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

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

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

## SCHEDULE H

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

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

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

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

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

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

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

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

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

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

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

## SCHEDULE H

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

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

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

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

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

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE I

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE I

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

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

# SCHEDULE K

|   | The        | Instruction Guide explains how to complete this form.         | 1 Total pages Sche     | dule K:              |
|---|------------|---|------------------------|----------------------|
| 2 | FILER NAME |   | 3 Filer ID (Ethics     | s Commission Filers) |
| 4 | Date       | 5 Name of person from whom amount is received                 |                        | 8 Amount (\$)        |
|   |            | 6 Address of person from whom amount is received; City; State | e; Zip Code            |                      |
|   |            | 7 Purpose for which amount is received Check if               | political contribution | returned to filer    |
|   | Date       | Name of person from whom amount is received                   |                        | Amount (\$)          |
|   |            | Address of person from whom amount is received; City; Sta     | ite; Zip Code          |                      |
|   |            | Purpose for which amount is received Check if                 | political contribution | returned to filer    |
|   | Date       | Name of person from whom amount is received                   |                        | Amount (\$)          |
|   |            | Address of person from whom amount is received; City; Stat    | e; Zip Code            |                      |
|   |            | Purpose for which amount is received Check if                 | political contribution | returned to filer    |
|   | Date       | Name of person from whom amount is received                   |                        | Amount (\$)          |
|   |            | Address of person from whom amount is received; City; Sta     | ite; Zip Code          |                      |
|   |            | Purpose for which amount is received Check if                 | political contribution | returned to filer    |
|   |            | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE                     | AS NEEDED              |                      |

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

# SCHEDULE K

|   | The        | Instruction Guide explains how to complete this form.         | 1 Total pages Sche     | dule K:              |
|---|------------|---|------------------------|----------------------|
| 2 | FILER NAME |   | 3 Filer ID (Ethics     | s Commission Filers) |
| 4 | Date       | 5 Name of person from whom amount is received                 |                        | 8 Amount (\$)        |
|   |            | 6 Address of person from whom amount is received; City; State | e; Zip Code            |                      |
|   |            | 7 Purpose for which amount is received Check if               | political contribution | returned to filer    |
|   | Date       | Name of person from whom amount is received                   |                        | Amount (\$)          |
|   |            | Address of person from whom amount is received; City; Sta     | ite; Zip Code          |                      |
|   |            | Purpose for which amount is received Check if                 | political contribution | returned to filer    |
|   | Date       | Name of person from whom amount is received                   |                        | Amount (\$)          |
|   |            | Address of person from whom amount is received; City; Stat    | e; Zip Code            |                      |
|   |            | Purpose for which amount is received Check if                 | political contribution | returned to filer    |
|   | Date       | Name of person from whom amount is received                   |                        | Amount (\$)          |
|   |            | Address of person from whom amount is received; City; Sta     | ite; Zip Code          |                      |
|   |            | Purpose for which amount is received Check if                 | political contribution | returned to filer    |
|   |            | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE                     | AS NEEDED              |                      |

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

# SCHEDULE T

| The Instruction Guide explains how to complete this form. |   |                 |                |                          | 1 Total pages Schedule T: |                            |               |  |
|---|---|-----------------|----------------|--------------------------|---------------------------|----------------------------|---------------|--|
| 2   | FILER NAME  |                 |                |                          |                           | 3 Filer ID (Ethics Commiss | sion Filers)  |  |
| 4   | Name of Contributor   | Corporation     | or Labor Org   | ganization / Pledgor /   | Payee                     |                            |               |  |
| 5   | Contribution / Expend   | liture reported | d on:          |                          |                           |                            |               |  |
|   | Schedule A2   | Sche            | edule B        | Schedule B(J)            | Schedule C2               | Schedule D                 | Schedule F1   |  |
|   | Schedule F2   | Sch             | edule F4       | Schedule G               | Schedule H                | Schedule COH-UC            | Schedule B-SS |  |
| 6   | Dates of travel   | 7 Name of       | f person(s) to | raveling                 |                           |                            |               |  |
|   |   | 8 Departu       | re city or nar | me of departure locati   | on                        |                            |               |  |
|   |   | 9 Destinat      | ion city or na | ame of destination loc   | cation                    |                            |               |  |
| 10  | Means of transportat  | ion             | 11 Purpose     | e of travel (including r | name of conference, se    | minar, or other event)     |               |  |
|   | Name of Contributor / Corporation or Labor Organization / Pledgor / Payee |                 |                |                          |                           |                            |               |  |
|   | Contribution / Expenditure reported on:                                   |                 |                |                          |                           |                            |               |  |
| Schedule A2 Schedule B Schedule B(                        |   |                 |                |                          | Schedule C2               | Schedule D                 | Schedule F1   |  |
|   | Schedule F2   | Scho            | edule F4       | Schedule G               | Schedule H                | Schedule COH-UC            | Schedule B-SS |  |
|   | Dates of travel   | Name o          | f person(s) t  | raveling                 |                           |                            |               |  |
|   |   | Departu         | re city or nar | ne of departure locat    | ion                       |                            |               |  |
|   |   | Destinat        | ion city or na | ame of destination lo    | cation                    |                            |               |  |
|   | Means of transportat  | ion             | Purpos         | e of travel (including   | name of conference, se    | eminar, or other event)    |               |  |
|   | Name of Contributor   | / Corporation   | or Labor Orç   | ganization / Pledgor /   | Payee                     |                            |               |  |
|   | Contribution / Expend   | liture reported | d on:          |                          |                           |                            |               |  |
|   | Schedule A2   | Schedu          | ıle B          | Schedule B(J)            | Schedule C2               | Schedule D                 | Schedule F1   |  |
|   | Schedule F2   | Schedu          | ule F4         | Schedule G               | Schedule H                | Schedule COH-UC            | Schedule B-SS |  |
|   | Dates of travel   | Name o          | f person(s) t  | raveling                 |                           |                            |               |  |
|   |   | Departu         | re city or nar | ne of departure locat    | ion                       |                            |               |  |
|   |   | Destinat        | ion city or na | ame of destination lo    | cation                    |                            |               |  |
|   | Means of transportat  | ion             | Purpos         | e of travel (including   | name of conference, se    | eminar, or other event)    |               |  |
|   |   | Α               | TTACH ADI      | DITIONAL COPIES          | OF THIS SCHEDULE          | AS NEEDED                  |               |  |

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

# SCHEDULE T

| The Instruction Guide explains how to complete this form. |   |                 |                |                          | 1 Total pages Schedule T: |                            |               |  |
|---|---|-----------------|----------------|--------------------------|---------------------------|----------------------------|---------------|--|
| 2   | FILER NAME  |                 |                |                          |                           | 3 Filer ID (Ethics Commiss | sion Filers)  |  |
| 4   | Name of Contributor   | Corporation     | or Labor Org   | ganization / Pledgor /   | Payee                     |                            |               |  |
| 5   | Contribution / Expend   | liture reported | d on:          |                          |                           |                            |               |  |
|   | Schedule A2   | Sche            | edule B        | Schedule B(J)            | Schedule C2               | Schedule D                 | Schedule F1   |  |
|   | Schedule F2   | Sch             | edule F4       | Schedule G               | Schedule H                | Schedule COH-UC            | Schedule B-SS |  |
| 6   | Dates of travel   | 7 Name of       | f person(s) to | raveling                 |                           |                            |               |  |
|   |   | 8 Departu       | re city or nar | me of departure locati   | on                        |                            |               |  |
|   |   | 9 Destinat      | ion city or na | ame of destination loc   | cation                    |                            |               |  |
| 10  | Means of transportat  | ion             | 11 Purpose     | e of travel (including r | name of conference, se    | minar, or other event)     |               |  |
|   | Name of Contributor / Corporation or Labor Organization / Pledgor / Payee |                 |                |                          |                           |                            |               |  |
|   | Contribution / Expenditure reported on:                                   |                 |                |                          |                           |                            |               |  |
| Schedule A2 Schedule B Schedule B(                        |   |                 |                |                          | Schedule C2               | Schedule D                 | Schedule F1   |  |
|   | Schedule F2   | Scho            | edule F4       | Schedule G               | Schedule H                | Schedule COH-UC            | Schedule B-SS |  |
|   | Dates of travel   | Name o          | f person(s) t  | raveling                 |                           |                            |               |  |
|   |   | Departu         | re city or nar | ne of departure locat    | ion                       |                            |               |  |
|   |   | Destinat        | ion city or na | ame of destination lo    | cation                    |                            |               |  |
|   | Means of transportat  | ion             | Purpos         | e of travel (including   | name of conference, se    | eminar, or other event)    |               |  |
|   | Name of Contributor   | / Corporation   | or Labor Orç   | ganization / Pledgor /   | Payee                     |                            |               |  |
|   | Contribution / Expend   | liture reported | d on:          |                          |                           |                            |               |  |
|   | Schedule A2   | Schedu          | ıle B          | Schedule B(J)            | Schedule C2               | Schedule D                 | Schedule F1   |  |
|   | Schedule F2   | Schedu          | ule F4         | Schedule G               | Schedule H                | Schedule COH-UC            | Schedule B-SS |  |
|   | Dates of travel   | Name o          | f person(s) t  | raveling                 |                           |                            |               |  |
|   |   | Departu         | re city or nar | ne of departure locat    | ion                       |                            |               |  |
|   |   | Destinat        | ion city or na | ame of destination lo    | cation                    |                            |               |  |
|   | Means of transportat  | ion             | Purpos         | e of travel (including   | name of conference, se    | eminar, or other event)    |               |  |
|   |   | Α               | TTACH ADI      | DITIONAL 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 Canadate

### 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 Office bolder