CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages file	d:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	1	MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	44 50 DM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; (CITY; STA	TE; ZIP CODE	July 15, 2022	11:50 PM
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed July 15, 2022 Date Imaged	11:55 PM
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #;	CITY;	STATE;	ZIP CODE
,	AREA CODE	PHONE NUMBER	EVT	ENGION		
8 CAMPAIGN TREASURER PHONE	()	PHONE NUMBER	EXI	ENSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day afte treasurer ap (Officeholder	pointment
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	/		THROUGH	1		
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
		General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFF	FICE SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLD	DER'S KNOWLEDGE OR
(-,	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRI	EASURER ADDRES	SS		
	GO TO PAGE 2					
		30.0				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	NS AS OF THE \$
	ewear, or affirm, under penalty of perjury, that the accompanying repo quired to be reported by me under Title 15, Election Code.	ort is true and correct and includes all information
l a	cknowledge I am electronically signing here	Salcido
	Signatu	re of Candidate or Officeholder
	Please complete either option	below:
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me byf	his date, to certify which,
witness my hand and seal of Diana Nuns		
Signature of officer administ	<u> </u>	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date o	f birth is
	,	
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of	, 20 (month) (year)
	Signature of	of Candidate/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 NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	O. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

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 contributorout-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)
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)
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS A	VEEDED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 contributorout-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)
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)
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS A	VEEDED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 contributorout-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)
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)
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS A	VEEDED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 contributorout-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)
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)
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS A	VEEDED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 contributorout-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)
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)
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS A	VEEDED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schede	ıle 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.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution 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 firr	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schede	ıle 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.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution 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 firr	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schede	ıle 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.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution 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 firr	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schede	ıle 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.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution 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 firr	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAME	E		3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code				
			Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution 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)					

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		
					Check if travel outs	I . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	uctions)	11 Employer (See	Instructions)	
[Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	I . 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 Pledge \$	In-kind contribution description
		Pledgor address;		ate; Zip Code		
					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		
					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

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		
					Check if travel outs	I . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	uctions)	11 Employer (See	Instructions)	
[Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	I . 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 Pledge \$	In-kind contribution description
		Pledgor address;		ate; Zip Code		
					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		
					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

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

'				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 a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See	Instructions)	
14 Description of Coll	ateral			if personal fund 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	
20 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 a financial 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 t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

'				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 a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See	Instructions)	
14 Description of Coll	ateral			if personal fund 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	
20 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 a financial 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 t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

'				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 a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See	Instructions)	
14 Description of Coll	ateral			if personal fund 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	
20 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 a financial 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 t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

'				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 a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See	Instructions)	
14 Description of Coll	ateral			if personal fund 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	
20 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 a financial 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 t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

'				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 a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See	Instructions)	
14 Description of Coll	ateral			if personal fund 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	
20 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 a financial 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 t (See Instructi	ls were deposited into political ons)
GUARANTOR 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
9 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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
9 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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
9 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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
9 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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
9 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS 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 EXPENDITURE	Political Non	-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 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 EXPENDITURE	Political Nor	n-Political			
	PURPOSE OF 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 EXPENDITURE	Political Non	-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 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 EXPENDITURE	Political Nor	n-Political			
	PURPOSE OF 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 Complete <u>ONLY</u> if direct 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 OF 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 Complete <u>ONLY</u> if direct 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 OF 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 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
	omplete <u>ONLY</u> if direct 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 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
	omplete <u>ONLY</u> if direct 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 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
	omplete <u>ONLY</u> if direct 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 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
	omplete <u>ONLY</u> if direct 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 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
	omplete <u>ONLY</u> if direct 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)

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

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

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

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

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to cor	nplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	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 cor	nplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	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 Instru	uction Guide	explains h	low to complete thi	is 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	s of travel 7 Name of person(s) traveling						
	8 Departure city or name of departure location							
	9 Destination city or name of destination location							
10	10 Means of transportation							
	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
	Contribution / Expend	liture reported	d on:					
	Schedule A2	Sche	edule B	Schedule B(J)	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	me 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 Instru	uction Guide	explains h	low to complete thi	is 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	s of travel 7 Name of person(s) traveling						
	8 Departure city or name of departure location							
	9 Destination city or name of destination location							
10	10 Means of transportation							
	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
	Contribution / Expend	liture reported	d on:					
	Schedule A2	Sche	edule B	Schedule B(J)	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	me 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. Signature of Candidate / Officeholder
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> 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. Signature of Candidate
5	OFFICEHOLDER •• Complete this section <i>only</i> if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	I acknowledge I am electronically signing here or leaving this blank if it does not apply to me. Signature of Officeholder