## 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 (Eth	ics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received July 13, 2022 4:08 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; (	CITY; STAT	E; ZIP CODE	
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTE	ENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt # Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed July 13, 2022 3:43 PM Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	:UITE #; C	CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTE	INSION	
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month /	Day Year	THROUGH	Month /	Day Year
11 ELECTION	ELECTION DA	TE Primary General	Runoff	ELECTION TYPE Other Description	
12 OFFICE	OFFICE HELD (if any)	I	<b>13</b> OFFI	CE SOUGHT (if known	)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MA	DE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	S	
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		16	Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTR PLEDGES, LOANS, OR GUARANTEES O CONTRIBUTIONS MADE ELECTRONICAL	LOANS, OR	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GL	JARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEND	ITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES		\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIL OF REPORTING PERIOD	NTAINED AS OF THE LAST DA	Y \$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUT LAST DAY OF THE REPORTING PERIOD	STANDING LOANS AS OF THE	\$	
	vear, or affirm, under penalty of perjury, that the actuired to be reported by me under Title 15, Election Cou		l correct and includes all information	
la	knowledge I am electronically signing here	Peter Svarzbei	n	
		Signature of Candida		
	Please complete eit	her option below:		
(1) Affidavit				
NOTARY STAMP/SEA				
Sworn to and subscribed	pefore me byPeter Svarzbein	this_date07/	13/22, to certify which,	
witness my hand and seal of Diana Nun		olic		
Signature of officer administe	ng oath Printed name of officer adminis	tering oath	Title of officer administering oath	
OR				
(2) Unsworn Declarati	n			
My name is		and my date of birth is		
My address is	,,		_,,,	
	(street)		(zip code) (country)	
Executed in	County, State of, on the	day of (month)	, 20 (year)	
		Signature of Candidate/C	Officeholder (Declarant)	

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

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

SCHEDULE A1

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

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2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		<b>6</b> Contributor address; City;	State; Zip Code			
8	Principal occu	oation / 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 occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor   Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
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		<b>6</b> Contributor address; City;	State; Zip Code			
8	Principal occu	oation / 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 occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor   Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
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2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		<b>6</b> Contributor address; City;	State; Zip Code			
8	Principal occu	oation / 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 occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor   Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
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		<b>6</b> Contributor address; City;	State; Zip Code			
8	Principal occu	oation / 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 occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor   Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
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SCHEDULE A2

Tr	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		<b>3</b> 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 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	   Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor in out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;		   Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED
	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting requirements.

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		<b>3</b> 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 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	   Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor in out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;		   Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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2 FILER NAM	E		<b>3</b> 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 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	   Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor in out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;		   Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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SCHEDULE A2

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2 FILER NAM	E		<b>3</b> 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 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	   Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor in out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;		   Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED
	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting requirements.

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAM	E	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 9 In-kind contribution Contribution \$ description			
	7 Contributor address; City; State;	Zip Code	   Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)			
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor in out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description			
	Contributor address; City; State;		   Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED			
	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting requirements.			

## PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

	The	Instruction Guide explains how to	1 Total pages Schedule B:					
2	FILER NAME		3 Filer ID (Ethics Commission Filers)					
4	TOTAL OF	UNITEMIZED PLEDGES			\$			
5	Date		state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description		
		<b>7</b> Pledgor address; City	Check if travel outs	      . ide of Texas. Complete Schedule T.				
10	Principal occu	pation / Job title (See Instructions)		<b>11</b> Employer (See		ide of fexas. Complete ochedule 1.		
	,							
	Date	Full name of pledgor 🗌 out-of-	state PAC (ID#:		Amount of Pledge \$	In-kind contribution description		
				e; Zip Code		      .		
					Check if travel outs	ide of Texas. Complete Schedule T.		
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)			
	Date		state PAC (ID#:		Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City		e; Zip Code		   		
						ide of Texas. Complete Schedule T.		
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)				
	Date	Full name of pledgor Out-of-	state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City	/; State;	Zip Code		   		
					Check if travel outs	ide of Texas. Complete Schedule T.		
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)			
	lf	ATTACH ADDITIO			-	requirements.		

## PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

	The	Instruction Guide explains how to	1 Total pages Schedule B:					
2	FILER NAME		3 Filer ID (Ethics Commission Filers)					
4	TOTAL OF	UNITEMIZED PLEDGES			\$			
5	Date		state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description		
		<b>7</b> Pledgor address; City	Check if travel outs	      . ide of Texas. Complete Schedule T.				
10	Principal occu	pation / Job title (See Instructions)		<b>11</b> Employer (See		ide of fexas. Complete ochedule 1.		
	,							
	Date	Full name of pledgor 🗌 out-of-	state PAC (ID#:		Amount of Pledge \$	In-kind contribution description		
				e; Zip Code		      .		
					Check if travel outs	ide of Texas. Complete Schedule T.		
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)			
	Date		state PAC (ID#:		Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City		e; Zip Code		   		
						ide of Texas. Complete Schedule T.		
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)				
	Date	Full name of pledgor Out-of-	state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City	/; State;	Zip Code		   		
					Check if travel outs	ide of Texas. Complete Schedule T.		
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)			
	lf	ATTACH ADDITIO			-	requirements.		

	The	1 Total pages Schedule E:							
2	FILER NAME	3 Filer ID (Ethics Commission Filers)							
4	TOTAL OF UN	NITE		\$					
5	Date of loan     7     Name of lender     Out-of-state PAC (ID#:)						9 Loan Amount (\$)		
6	Is lender <b>8</b> Lender address; City; State; Zip Code Institution?				Zip Code	10 Interest rate			
	Y N						<b>11</b> Maturity date		
12 Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)							1		
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION		Name of guarantor		1		<b>19</b> Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
20	Principal Occupat	tion (	See Instructions)		21 Employer (See	Instructions)			
	Date of loan		Name of lender	out-of-state F	PAC (ID#:	)	Loan Amount (\$)		
	ls lender a financial Institution?		Lender address;	City;	State;	Zip Code	Interest rate		
	Y N						Maturity date		
	Principal occupation	on /	Job title (See Instruction	ns)	Employer (See Instructions)				
Description of Collateral Check if personal f							ds were deposited into political		
none account (See Instru					t (See Instruct	ions)			
	GUARANTOR INFORMATION		Name of guarantor				Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
	Principal Occupati	ion (\$	See Instructions)		Employer (See	Instructions)			
	lf le	ende			IES OF THIS SCHEI		EDED porting requirements.		

	The	1 Total pages Schedule E:							
2	FILER NAME	3 Filer ID (Ethics Commission Filers)							
4	TOTAL OF UN	NITE		\$					
5	Date of loan     7     Name of lender     Out-of-state PAC (ID#:)						9 Loan Amount (\$)		
6	Is lender <b>8</b> Lender address; City; State; Zip Code Institution?				Zip Code	10 Interest rate			
	Y N						<b>11</b> Maturity date		
12 Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)							1		
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION		Name of guarantor		1		<b>19</b> Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
20	Principal Occupat	tion (	See Instructions)		21 Employer (See	Instructions)			
	Date of loan		Name of lender	out-of-state F	PAC (ID#:	)	Loan Amount (\$)		
	ls lender a financial Institution?		Lender address;	City;	State;	Zip Code	Interest rate		
	Y N						Maturity date		
	Principal occupation	on /	Job title (See Instruction	ns)	Employer (See Instructions)				
Description of Collateral Check if personal f							ds were deposited into political		
none account (See Instru					t (See Instruct	ions)			
	GUARANTOR INFORMATION		Name of guarantor				Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
	Principal Occupati	ion (\$	See Instructions)		Employer (See	Instructions)			
	lf le	ende			IES OF THIS SCHEI		EDED porting requirements.		

	The	1 Total pages Schedule E:							
2	FILER NAME	3 Filer ID (Ethics Commission Filers)							
4	TOTAL OF UN	NITE		\$					
5	Date of loan     7     Name of lender     Out-of-state PAC (ID#:)						9 Loan Amount (\$)		
6	Is lender <b>8</b> Lender address; City; State; Zip Code Institution?				Zip Code	10 Interest rate			
	Y N						<b>11</b> Maturity date		
12 Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)							1		
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION		Name of guarantor		1		<b>19</b> Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
20	Principal Occupat	tion (	See Instructions)		21 Employer (See	Instructions)			
	Date of loan		Name of lender	out-of-state F	PAC (ID#:	)	Loan Amount (\$)		
	ls lender a financial Institution?		Lender address;	City;	State;	Zip Code	Interest rate		
	Y N						Maturity date		
	Principal occupation	on /	Job title (See Instruction	ns)	Employer (See Instructions)				
Description of Collateral Check if personal f							ds were deposited into political		
none account (See Instru					t (See Instruct	ions)			
	GUARANTOR INFORMATION		Name of guarantor				Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
	Principal Occupati	ion (\$	See Instructions)		Employer (See	Instructions)			
	lf le	ende			IES OF THIS SCHEI		EDED porting requirements.		

	The	1 Total pages Schedule E:							
2	FILER NAME	3 Filer ID (Ethics Commission Filers)							
4	TOTAL OF UN	NITE		\$					
5	Date of loan     7     Name of lender     Out-of-state PAC (ID#:)						9 Loan Amount (\$)		
6	Is lender <b>8</b> Lender address; City; State; Zip Code Institution?				Zip Code	10 Interest rate			
	Y N						<b>11</b> Maturity date		
12 Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)							1		
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION		Name of guarantor		1		<b>19</b> Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
20	Principal Occupat	tion (	See Instructions)		21 Employer (See	Instructions)			
	Date of loan		Name of lender	out-of-state F	PAC (ID#:	)	Loan Amount (\$)		
	ls lender a financial Institution?		Lender address;	City;	State;	Zip Code	Interest rate		
	Y N						Maturity date		
	Principal occupation	on /	Job title (See Instruction	ns)	Employer (See Instructions)				
Description of Collateral Check if personal f							ds were deposited into political		
none account (See Instru					t (See Instruct	ions)			
	GUARANTOR INFORMATION		Name of guarantor				Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
	Principal Occupati	ion (\$	See Instructions)		Employer (See	Instructions)			
	lf le	ende			IES OF THIS SCHEI		EDED porting requirements.		

	The Instruction Guide explains how to complete this form.						1 Total pages Schedule E:
2	2 FILER NAME						3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITE	MIZED LOANS				\$
5	Date of loan	7	Name of lender	out-of-state P	PAC (ID#:	)	9 Loan Amount (\$)
6	ls lender a financial Institution?	8	Lender address;	City;	State;	Zip Code	10 Interest rate
	Y N						<b>11</b> Maturity date
12	Principal occupation	on /	Job title (See Instructior	ns)	13 Employer (See	Instructions)	1
14 Description of Collateral 15					Check i	f personal fund t (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION		Name of guarantor		1		<b>19</b> Amount Guaranteed (\$)
			Guarantor address;	City;	State;	Zip Code	
	not applicable						
20	Principal Occupat	tion (	See Instructions)		21 Employer (See	Instructions)	
	Date of loan		Name of lender	out-of-state F	PAC (ID#:	)	Loan Amount (\$)
	ls lender a financial Institution?		Lender address;	City;	State;	Zip Code	Interest rate
	Y N						Maturity date
	Principal occupation	on /	Job title (See Instruction	ns)	Employer (See	Instructions)	
	Description of Colla	atera	I				ds were deposited into political
none account (See Instru-					t (See Instruct	ions)	
	GUARANTOR INFORMATION		Name of guarantor				Amount Guaranteed (\$)
			Guarantor address;	City;	State;	Zip Code	
	not applicable						
	Principal Occupati	ion (\$	See Instructions)		Employer (See	Instructions)	
	lf le	ende			IES OF THIS SCHEI		EDED porting requirements.

# SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting ExpenseLegal ServicesSalaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
<b>1</b> Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date	5 Payee na	ame			1	
<b>6</b> Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	<ul> <li>(See Categories listed at the top of this</li> </ul>	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

# SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting ExpenseLegal ServicesSalaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
<b>1</b> Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date	5 Payee na	ame			1	
<b>6</b> Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	<ul> <li>(See Categories listed at the top of this</li> </ul>	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

# SCHEDULE F1

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		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting ExpenseLegal ServicesSalaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
<b>1</b> Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date	5 Payee na	ame			1	
<b>6</b> Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	<ul> <li>(See Categories listed at the top of this</li> </ul>	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

# SCHEDULE F1

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		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting ExpenseLegal ServicesSalaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
<b>1</b> Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date	5 Payee na	ame			1	
<b>6</b> Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	<ul> <li>(See Categories listed at the top of this</li> </ul>	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

# SCHEDULE F1

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		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting ExpenseLegal ServicesSalaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
<b>1</b> Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date	5 Payee na	ame			1	
<b>6</b> Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	<ul> <li>(See Categories listed at the top of this</li> </ul>	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

# UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

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 Expens Legal Services	Office Ove Polling Exp e Printing Ex		Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense	
		The Instruction Guide ex	plains how to c	omplete this form.			
<b>1</b> Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics C	ommission Filers)	
4 TOTAL OF UNITEN		IPAID INCURRED O	BLIGATION	S	\$		
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code	
9 TYPE OF EXPENDITURE		Political	Non-Po	itical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aus	tin, TX, officeholder living e	expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI		didate / Officeholder name	e 0	ffice sought	Office he	ld	
Date	Payee	name					
Amount (\$)	Payee	address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE		Political	Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top	of this schedule)	Description			
		Check if travel outside of Texas. Cor	mplete Schedule T.	Check if Au	ıstin, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeholder name	e C	ffice sought	Office he	ld	
	ΑΤΤΑ	CH ADDITIONAL COPIE	ES OF THIS S	CHEDULE AS NE	EDED		

# UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

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 Expens Legal Services	Office Ove Polling Exp e Printing Ex		Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense	
		The Instruction Guide ex	plains how to c	omplete this form.			
<b>1</b> Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics C	ommission Filers)	
4 TOTAL OF UNITEN		IPAID INCURRED O	BLIGATION	S	\$		
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code	
9 TYPE OF EXPENDITURE		Political	Non-Po	itical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aus	tin, TX, officeholder living e	expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI		didate / Officeholder name	e 0	ffice sought	Office he	ld	
Date	Payee	name					
Amount (\$)	Payee	address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE		Political	Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top	of this schedule)	Description			
		Check if travel outside of Texas. Cor	mplete Schedule T.	Check if Au	ıstin, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeholder name	e C	ffice sought	Office he	ld	
	ΑΤΤΑ	CH ADDITIONAL COPIE	ES OF THIS S	CHEDULE 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.** 

Tr	ne Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	<b>5</b> Name of person from whom investment is purchased	<u>.</u>
	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	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

Forms provided by Texas Ethics Commission

### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Tr	ne Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	<b>5</b> Name of person from whom investment is purchased	<u>.</u>
	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	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

Forms provided by Texas Ethics Commission

EXPENDITUR	RES MADE BY CRED	DIT CARD	SCHEDULE F4				
If the requested inforr	If the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
	EXPENDITURE CAT	EGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
<b>1</b> Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$				
5 Date	<b>6</b> Payee name						
<b>7</b> 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. Compl	lete Schedule T. Check if A	Austin, TX, officeholder living expense				
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description					
	Check if travel outside of Texas. Comp	elete Schedule T. Check if	Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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EXPENDITUR	RES MADE BY CRED	DIT CARD	SCHEDULE F4				
If the requested inforr	If the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
	EXPENDITURE CAT	EGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
<b>1</b> Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$				
5 Date	<b>6</b> Payee name						
<b>7</b> 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. Compl	lete Schedule T. Check if A	Austin, TX, officeholder living expense				
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description					
	Check if travel outside of Texas. Comp	elete Schedule T. Check if	Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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#### SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
A C C	dvertising Expense ccounting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politie redit Card Payment		Fees Offi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prir		ayment/Reimbursement erhead/Rental Expense xpense Xpense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4	<b>T</b> ( ) <b>(</b> ) ( ) ( )	0			•	0			
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4	Date	5 Payee nar	ne						
6	Amount (\$) Reimbursement from political contributions intended	7 Payee add	7 Payee address; City;			State;	Zip Code		
8 PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
		(c) (	Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	f Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee address;			City;	State;	Zip Code		
	Reimbursement from political contributions intended								
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
-		Check if travel outside of Texas. Complete Schedule T. Check if Austin			, TX, officeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C			ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee add	lress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	chedule)	Description				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				pense					
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

#### SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
A C C	dvertising Expense ccounting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politie redit Card Payment		Fees Offi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prir		ayment/Reimbursement erhead/Rental Expense xpense Xpense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4	<b>T</b> ( ) <b>(</b> ) ( ) ( )	0			•	0			
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4	Date	5 Payee nar	ne						
6	Amount (\$) Reimbursement from political contributions intended	7 Payee add	7 Payee address; City;			State;	Zip Code		
8 PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
		(c) (	Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	f Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee address;			City;	State;	Zip Code		
	Reimbursement from political contributions intended								
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
-		Check if travel outside of Texas. Complete Schedule T. Check if Austin			, TX, officeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C			ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee add	lress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	chedule)	Description				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				pense					
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

#### SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
A C C	dvertising Expense ccounting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politie redit Card Payment		Fees Offi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prir		ayment/Reimbursement erhead/Rental Expense xpense Xpense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4	<b>T</b> ( ) <b>(</b> ) ( ) ( )	0			•	0			
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4	Date	5 Payee nar	ne						
6	Amount (\$) Reimbursement from political contributions intended	7 Payee add	7 Payee address; City;			State;	Zip Code		
8 PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
		(c) (	Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	f Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee address;			City;	State;	Zip Code		
	Reimbursement from political contributions intended								
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
-		Check if travel outside of Texas. Complete Schedule T. Check if Austin			, TX, officeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C			ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee add	lress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	chedule)	Description				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				pense					
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

#### SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
A C C	dvertising Expense ccounting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politie redit Card Payment		Fees Offi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prir		ayment/Reimbursement erhead/Rental Expense xpense Xpense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4	<b>T</b> ( ) <b>(</b> ) ( ) ( )	0			•	0			
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4	Date	5 Payee nar	ne						
6	Amount (\$) Reimbursement from political contributions intended	7 Payee add	7 Payee address; City;			State;	Zip Code		
8 PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
		(c) (	Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	f Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee address;			City;	State;	Zip Code		
	Reimbursement from political contributions intended								
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
-		Check if travel outside of Texas. Complete Schedule T. Check if Austin			, TX, officeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C			ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee add	lress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	chedule)	Description				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				pense					
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

#### SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
A C C	dvertising Expense ccounting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politie redit Card Payment		Fees Offi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prir		ayment/Reimbursement erhead/Rental Expense xpense Xpense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4	<b>T</b> ( ) <b>(</b> ) ( ) ( )	0			•	0			
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4	Date	5 Payee nar	ne						
6	Amount (\$) Reimbursement from political contributions intended	7 Payee add	7 Payee address; City;			State;	Zip Code		
8 PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
		(c) (	Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	f Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee address;			City;	State;	Zip Code		
	Reimbursement from political contributions intended								
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
-		Check if travel outside of Texas. Complete Schedule T. Check if Austin			, TX, officeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C			ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
Amount (\$)		Payee add	lress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	chedule)	Description				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				pense					
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

## SCHEDULE **H**

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

## SCHEDULE **H**

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
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-	_	•	IS HOW LO	complete this form.		
<b>1</b> Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business	name				
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description		
	(c) (	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candid	ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description		
	C	Check if travel outside of Texas. Complete Sch	iedule T.	Check if Austin,	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (	OF THIS	SCHEDULE AS NEE	DED	

## SCHEDULE **H**

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

## SCHEDULE **H**

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

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

Forms provided by Texas Ethics Commission

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

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

Forms provided by Texas Ethics Commission

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

SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:			
2 FILE	R NAME	s Commission Filers)					
4 Date	)	5 Name of person from whom amount is received		8 Amount (\$)			
		<b>6</b> Address of person from whom amount is received; City; Sta	te; Zip Code				
		7 Purpose for which amount is received Check if	political contribution	returned to filer			
Date	•	Name of person from whom amount is received		Amount (\$)			
		Address of person from whom amount is received; City; Sta	ate; Zip Code				
		Purpose for which amount is received Check if	political contribution	returned to filer			
Date	)	Name of person from whom amount is received		Amount (\$)			
		Address of person from whom amount is received; City; Sta	te; Zip Code				
		Purpose for which amount is received Check if	political contribution	returned to filer			
Date	2	Name of person from whom amount is received		Amount (\$)			
		Address of person from whom amount is received; City; Sta	ate; Zip Code				
		Purpose for which amount is received Check if	political contribution	returned to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:			
2 FILE	R NAME	s Commission Filers)					
4 Date	)	5 Name of person from whom amount is received		8 Amount (\$)			
		<b>6</b> Address of person from whom amount is received; City; Sta	te; Zip Code				
		7 Purpose for which amount is received Check if	political contribution	returned to filer			
Date	•	Name of person from whom amount is received		Amount (\$)			
		Address of person from whom amount is received; City; Sta	ate; Zip Code				
		Purpose for which amount is received Check if	political contribution	returned to filer			
Date	)	Name of person from whom amount is received		Amount (\$)			
		Address of person from whom amount is received; City; Sta	te; Zip Code				
		Purpose for which amount is received Check if	political contribution	returned to filer			
Date	2	Name of person from whom amount is received		Amount (\$)			
		Address of person from whom amount is received; City; Sta	ate; Zip Code				
		Purpose for which amount is received Check if	political contribution	returned to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE T

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

The Instruction Guide explains how to complete this form.         1 Total pages Schedule T:										
2 FILER NAME					3 Filer ID (Ethics Commissi	ion Filers)				
4 Name of Contributor / Co	orporation o	or Labor Orga	nization / Pledgor / F	Payee						
5 Contribution / Expenditu	ire reported	on:								
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1				
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS				
6 Dates of travel 7										
8	8 Departure city or name of departure location									
9 Destination city or name of destination location										
<b>10</b> Means of transportation <b>11</b> Purpose of travel (including name of conference, seminar, or other event)										
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee										
Contribution / Expenditure reported on:										
Schedule A2         Schedule B         Schedule B(J)         Schedule C2         Schedule D         Schedule F1										
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS				
Dates of travel	Name of	person(s) tra	veling							
	Departur	e city or nam	e of departure locatio	n						
	Destinati	on city or nar	ne of destination loca	ation						
Means of transportation	۲	Purpose	of travel (including n	ame of conference, se	minar, or other event)					
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Dates of travel	Name of	person(s) tra	veling							
	Departur	e city or nam	e of departure locatio	on						
	Destination	on city or nar	ne of destination loca	ation						
Means of transportation	1	Purpose	of travel (including n	ame of conference, se	minar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

Forms provided by Texas Ethics Commission

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

#### The Instruction Guide explains how to complete this form.

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

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

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

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

Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

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

#### A. CAMPAIGN FUNDS

#### Check only one:

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

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

#### Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

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

Signature of Candidate

### 5 OFFICEHOLDER

#### •• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

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

Signature of Officeholder