# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	Ms/Mrs/Mr Mrs.	FIRST Lauren	MI	OFFICE USE ONLY		
NAME	NICKNAME	LAST	SUFFIX	Date Received		
		Ferris		10/11/2022 11:09 PM		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	CITY CLERK'S OFFICE - Diana Nunez CITY CLERK'S OFFICE - Diana Nunez		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Amount \$		
TREASURER NAME	Mrs.	Lauren		Date Processed 10/12/2022 8:04 AM		
	NICKNAME	LAST	SUFFIX	Date Imaged		
		Ferris				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	( )					
9 REPORT TYPE	January 15	30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	Month	Day Year		
COVERED	08/22/20	<b>2</b> 2	тнгоидн 09/30/20	<u>2</u> 2 /		
11 ELECTION	Month Day 11/08/2022	Year Primary	Runoff Other Description  Special	: 		
12 OFFICE	OFFICE HELD (if any)	·	13 OFFICE SOUGHT (if known District 1 City C	ouncil Representative		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
	GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME La	uren	Ferri	S	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELEC		N	\$ O
	2.	TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	)	\$250
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$5.99
	4.	TOTAL POLITICAL EXPEND	DITURES		\$5.99
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY	\$244.01
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS O	F THE	\$ <b>O</b>
		ffirm, under penalty of perjury, to reported by me under Title 15, I	that the accompanying report is tru	ie and co	rrect and includes all information
		e I am electronically signing here	LAURDIA FARRIC		
			Signature of Ca	andidate	or Officeholder
		Plassa comm	olete either option below	A/·	
		Flease Collip	hete either option belov	<b>.</b>	
(1) Affidavit					
NOTARY STAMP/SEA	71				
Sworn to and subscribed	before m	e by	this date	=	, to certify which,
witness my hand and seal	of office.				
Signature of officer administ	ering oath	Printed name of off	ficer administering oath		Title of officer administering oath
			OR		
(2) Unsworn Declarat	ion				
My name is Laurei	n Ferri	9		06/19	R/1087
		oell, El Paso, Texas 79	and my date of birth is		
My address is	. Campi		,,,,,	,	·
Executed in El Paso		(street) County, State of Texas		,	(zip code) (country)
Executed in		County, State of	, on the 11111 day of Octol		, 20 <u></u> . (year)
			Lauren Ferris (Oct 11, 2022 23:09 MDT)	data/Offi	poholdor (Doclarant)
			Signature of Candi	uate/Offic	eholder (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME Lauren Ferris 20 Filer ID (Ethics Cor			mmiss	sion Filers)
	ULE SUBTOTALS DF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	\$250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$1,094.72
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00
4.	SCHEDULE E: LOANS		\$	\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	\$0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	\$0.00

## SCHEDULE A1

if the requested information is not applicable, <b>DO NOT include this page in the report.</b>					
The	Instruction Guide explains how	1 Total pages Schedule A1:			
<sup>2</sup> FILER NAME Lauren Fe	erris			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Travis Parker	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
09/08/2022	6 Contributor address; 1376 Desierto Ric	co, El Pa	State; Zip Code so, TX 79912	50.00	
8 Principal occu Retired	pation / Job title (See Instructions)		<b>9</b> Employer (See Instruc	ctions)	
Date	Full name of contributor  Kathryn Sizemore	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
09/09/2022	Contributor address;	City;	State; Zip Code	50.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc Rudolph Hor	•	
Date	Full name of contributor  Jaclyn Al-Hanna	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
09/27/2022	Contributor address; 2412 Nashville,	city; , El Paso	State; Zip Code D, TX 79930	150.00	
Principal occup  Educate	pation / Job title (See Instructions)		EPISD	ctions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	

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 for	m.	1 Total pages Schedule A1:
	FILER NAME auren Fe	erris		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	:)	7 Amount of contribution (\$)
		6 Contributor address; City; S	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	itate; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)

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	FILER NAME auren Fe	erris		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	:)	7 Amount of contribution (\$)
		6 Contributor address; City; S	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	itate; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)

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	FILER NAME auren Fe	erris		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	:)	7 Amount of contribution (\$)
		6 Contributor address; City; S	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	itate; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)

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	FILER NAME auren Fe	erris		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	:)	7 Amount of contribution (\$)
		6 Contributor address; City; S	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	itate; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	:)	Amount of contribution (\$)
		Contributor address; City; S	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)

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### SCHEDULE A2

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 Sched	1 Total pages Schedule A2:	
<sup>2</sup> FILER NAMI			3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ O		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of	9 In-kind contribution	
	Christopher Ferris		Contribution \$	description	
09/01/2022	7 Contributor address; City; State;	Zip Code	1000.00	Graphic Design	
	3800 N. Mesa, El Paso, TX 79	902	Check if travel outsi	lde of Texas. Complete Schedule T.	
•	upation / Job title (FOR NON-JUDICIAL)(See Instructions)		•	AL)(See Instructions)	
Self		Cedar Er	ntertainment an	d Event Productions	
<b>12</b> Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)	
<b>14</b> Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	າ of contributor's spou	se (if any) (FOR JUDICIAL)	
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
09/21/2022	Contributor address; City; State; 3800 N. Mesa, El Paso, TX 79	Zip Code 9902		Fliers   de of Texas. Complete Schedule T.	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions) Puff Social Hookah Lounge			
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)				

### SCHEDULE A2

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Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
<sup>2</sup> FILER NAMI			3 Filer ID (Ethics Co	mmission Filers)
	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		 
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	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;		Check if travel outsi	      de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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<sup>2</sup> FILER NAMI			3 Filer ID (Ethics Co	mmission Filers)
	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		 
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	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;		Check if travel outsi	      de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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<sup>2</sup> FILER NAMI			3 Filer ID (Ethics Co	mmission Filers)
	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		 
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	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;		Check if travel outsi	      de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
<sup>2</sup> FILER NAMI			3 Filer ID (Ethics Co	mmission Filers)	
	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		 	
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	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;		Check if travel outsi	      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 explains how to complete this form.		1 Total pages Schedule B:		
	FILER NAME	erris	;	3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF	UNITEMIZED PLEDGES	;	\$		
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; State; Zip C	code		 	
				Check if travel outsi	ide of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)  11 Employer (See				structions)		
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zip C	Code		 	
				Check if travel outsi	ide of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions) Employ	yer (See Ir	nstructions)		
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zip C	Code		 	
				Check if travel outsi	I de of Texas. Complete Schedule T.	
	Principal occu	pation / Job title (See Instructions) Employ	yer (See Ir	nstructions)		
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zip Cod	le		 	
				Check if travel outsi	ide of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions) Employ	yer (See Ir	nstructions)		

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### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

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_						
	The	Instruction Guide explains how to complete this form.		1 Total pages Schedule B:		
	FILER NAME	erris	;	3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF	UNITEMIZED PLEDGES	;	\$		
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; State; Zip C	code		 	
				Check if travel outsi	ide of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)  11 Employer (See				structions)		
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zip C	Code		 	
				Check if travel outsi	ide of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions) Employ	yer (See Ir	nstructions)		
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zip C	Code		 	
				Check if travel outsi	I de of Texas. Complete Schedule T.	
	Principal occu	pation / Job title (See Instructions) Employ	yer (See Ir	nstructions)		
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zip Cod	le		 	
				Check if travel outsi	ide of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions) Employ	yer (See Ir	nstructions)		

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The	Instruction Guide explains ho	w to comple	ete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Lauren Fer	ris			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)	1
<b>14</b> Description of Coll	ateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	ltion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state P	AC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colling	ateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	

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

The	Instruction Guide explains ho	w to comple	ete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Lauren Fer	ris			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)	1
<b>14</b> Description of Coll	ateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	ltion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state P	AC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colling	ateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	

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

The	Instruction Guide explains ho	w to comple	ete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Lauren Fer	ris			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)	1
<b>14</b> Description of Coll	ateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	ltion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state P	AC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colling	ateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	

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

The	Instruction Guide explains ho	w to comple	ete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Lauren Fer	ris			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)	1
<b>14</b> Description of Coll	ateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	ltion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state P	AC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colling	ateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	

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

The	Instruction Guide explains ho	w to comple	ete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Lauren Fer	ris			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)	1
<b>14</b> Description of Coll	ateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	ltion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state P	AC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colling	ateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
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	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Lauren Ferris	3 Filer ID (Ethics	Commission Filers)	
<b>4</b> 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 Aust	tin, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	C	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	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Lauren Ferris	3 Filer ID (Ethics	Commission Filers)	
<b>4</b> 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 Aust	tin, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	C	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	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Lauren Ferris	3 Filer ID (Ethics	Commission Filers)	
<b>4</b> 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 Aust	tin, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	C	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	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Lauren Ferris	3 Filer ID (Ethics	Commission Filers)	
<b>4</b> 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 Aust	tin, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	C	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	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Lauren Ferris 3 Filer ID (EI			(Ethics Commission Filers)	
<b>4</b> 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 Aust	tin, TX, officeholder living	expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
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	tin, 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 NEI	EDED		

### **UNPAID INCURRED OBLIGATIONS**

2 FILER NAME

6 Payee name

(c)

8 Payee address;

Payee name

Payee address;

Political

Political

(a) Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

Lauren Ferris 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS

### SCHEDULE F2

Solicitation/Fundraising Expense

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

1 Total pages Schedule F2:

5 Date

10

**7** Amount (\$)

TYPE OF

**EXPENDITURE** 

**PURPOSE** OF EXPENDITURE

11 Complete ONLY if direct

Date

Amount (\$)

TYPE OF

**EXPENDITURE** 

**PURPOSE** OF **EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

expenditure to benefit C/OH

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Non-Political

Non-Political

Printing Expense Salaries/Wages/Co

The Instruction Guide explains how to complete

3 Filer ID (Ethics Commission Filers)
\$
State; Zip Code
in, TX, officeholder living expense
Office held
Office held
Office held
Office held State; Zip Code
State; Zip Code
State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

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

Advertising Expense
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 D
Salaries/Wages/Contract Labor Other (enter a c

The Instruction Guide explains how to complete this form.

		The instruction duide explains now to	complete this form.		
1	Total pages Schedule F2:	2 FILER NAME Lauren Ferris		3 Filer ID (Ethics Con	mmission Filers)
4	TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLIGATIO	NS	\$	
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 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	d
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	TYPE OF EXPENDITURE	Political Non-	Political		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if 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 COPIES OF THIS	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)
Lauren F	- erris	
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)
Lauren F	- erris	
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 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 Di Salaries/Wages/Contract Labor Other (enter a ca

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

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

expenditure to benefit C/OH

## **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 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 Di Salaries/Wages/Contract Labor Other (enter a ca

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

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

expenditure to benefit C/OH

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

Credit Card Payment	The Instruction Guide explains how t	o complete this form.		
Total pages Schedule G:	Lauren Ferris	3 Filer ID (Ethics Comm		Commission Filers)
1 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXICIONE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	pense
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
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 expense		pense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held

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

Credit Card Payment	The Instruction Guide explains how t	o complete this form.		
Total pages Schedule G:	Lauren Ferris	3 Filer ID (Ethics Comm		Commission Filers)
1 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXICIONE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	pense
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
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 expense		pense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held

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

Credit Card Payment	The Instruction Guide explains how t	o complete this form.		
Total pages Schedule G:	Lauren Ferris	3 Filer ID (Ethics Comm		Commission Filers)
1 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXICIONE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	pense
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
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 expense		pense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held

### SCHEDULE G

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

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

Credit Card Payment	The Instruction Guide explains how t	o complete this form.		
Total pages Schedule G:	Lauren Ferris	3 Filer ID (Ethics Comm		Commission Filers)
1 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXICIONE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	pense
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
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 expense		pense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held

### SCHEDULE G

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

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

Credit Card Payment	The Instruction Guide explains how t	o complete this form.		
Total pages Schedule G:	Lauren Ferris	3 Filer ID (Ethics Comm		Commission Filers)
1 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXI ENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	pense
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
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 expense		pense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held

### SCHEDULE H

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

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

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

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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Fayinent	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Lauren Ferris		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	<b>7</b> 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 Austin	n, TX, officeholder living ex	kpense
<b>9</b> Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 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/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

### SCHEDULE H

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
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	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	kpense
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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
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
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4 Date	5 Business name			
6 Amount (\$)	<b>7</b> 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 Austin	n, TX, officeholder living ex	kpense
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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
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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 Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	<sup>2</sup> FILER NAME Lauren Ferris		3 Filer ID	(Ethics Co	ommission Filers)		
4 Date	5 Payee name	,					
<b>6</b> Amount (\$)	7 Payee address;	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	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 regar	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 regar	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	dule K:		
Lauren Fe	erris	3 Filer ID (Ethic	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; Sta	ate; 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; St	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	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; St	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	AS NEEDED	

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

### SCHEDULE K

The	dule K:		
Lauren Fe	erris	3 Filer ID (Ethic	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; Sta	ate; 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; St	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	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; St	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	AS NEEDED	

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

## SCHEDULE T

If the requested in	nformation i	s not app	licable, <b>DO NOT</b>	include this pag	ge in the rep	ort.	
The Instruction Guide explains how to complete this form.						ges Schedule T:	
2 FILER NAME Lauren Ferris		3 Filer II	O (Ethics Commis	ssion Filers)			
4 Name of Contributor	Corporation	or Labor O	rganization / Pledgo	r / Payee			
5 Contribution / Expend Schedule A2 Schedule F2	Sche	d on: edule B edule F4	Schedule B(J) Schedule G	Schedule C2		edule D edule COH-UC	Schedule F1
6 Dates of travel	7 Name of person(s) traveling						
	8 Departu	re city or na	ame of departure loc	ation			
	9 Destinat	ion city or r	name of destination I	location			
10 Means of transportation	ion	11 Purpos	se of travel (including	g name of conferenc	e, seminar, or o	ther event)	
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgo	r / Payee			
Contribution / Expend Schedule A2 Schedule F2	Sche	d on: edule B edule F4	Schedule B(J) Schedule G	Schedule C2		edule D	Schedule F1
Dates of travel	Name o	f person(s)	traveling				
	Departu	re city or na	ame of departure loc	ation			
	Destinat	tion city or r	name of destination	location			
Means of transportat	ion	Purpo	se of travel (includin	g name of conferenc	e, seminar, or o	other event)	
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgo	r / Payee			
Contribution / Expend Schedule A2 Schedule F2	Schedu	ule B	Schedule B(J) Schedule G	Schedule C2	Sched	ule D ule COH-UC	Schedule F1
Dates of travel	Name o	f person(s)	traveling				
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
	A	TTACH AD	DITIONAL COPIES	S OF THIS SCHED	ULE AS NEED	ED	

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

## SCHEDULE T

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5 Contribution / Expend Schedule A2 Schedule F2	Sche	d on: edule B edule F4	Schedule B(J) Schedule G	Schedule C2		edule D edule COH-UC	Schedule F1
6 Dates of travel	7 Name of person(s) traveling						
	8 Departu	re city or na	ame of departure loc	ation			
	9 Destinat	ion city or r	name of destination I	location			
10 Means of transportation	ion	11 Purpos	se of travel (including	g name of conferenc	e, seminar, or o	ther event)	
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgo	r / Payee			
Contribution / Expend Schedule A2 Schedule F2	Sche	d on: edule B edule F4	Schedule B(J) Schedule G	Schedule C2		edule D	Schedule F1
Dates of travel	Name o	f person(s)	traveling				
	Departu	re city or na	ame of departure loc	ation			
	Destinat	tion city or r	name of destination	location			
Means of transportat	ion	Purpo	se of travel (includin	g name of conferenc	e, seminar, or o	other event)	
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgo	r / Payee			
Contribution / Expend Schedule A2 Schedule F2	Schedu	ule B	Schedule B(J) Schedule G	Schedule C2	Sched	ule D ule COH-UC	Schedule F1
Dates of travel	Name o	f person(s)	traveling				
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
	A	TTACH AD	DITIONAL COPIES	S OF THIS SCHED	ULE AS NEED	ED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

### FORM C/OH - FR

			The Instruction Guide explains how to complete thi	is form.					
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••								
1	C/OH N			2 Filer ID (Ethics Commission Filers)					
		Lauren	Ferris						
3	SIGNA	TURE							
	designa	ting a report as a final re	cal contributions or political expenditures in connection we port terminates my campaign treasurer appointment. I a any campaign expenditures without a campaign treasure	ilso understand that I may not accept any					
			I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.  Sign	nature of Candidate / Officeholder					
4		WHO IS NOT AN OF	FICEHOLDER by if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS							
	Chec	k only one:							
		I do not have unexpend	ded contributions or unexpended interest or income earn	ed 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							
	Chec	k only one:							
		I do not retain assets p	urchased with political contributions or interest or other in	ncome from political contributions.					
		that I may not convert a	nased with political contributions or interest or other incornassets purchased with political contributions or interest or interest or interest or derstand that I must dispose of assets purchased with political code, § 254.204.	r other income from political contributions to					
			I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Candidate					
5	_	EHOLDER plete this section only	∕ if you are an officeholder ••						
		file. I am also aware that an officeholder, I retain	subject to filing requirements applicable to an officeholder of I will be required to file reports of unexpended contribution political contributions, interest or other income from political interest or other income from political contributions.	ons if, after filing the last required report as					
			I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Officeholder					