CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr Mrs.	FIRST Lauren		МІ	OFFICE	USE ONLY
NAME	NICKNAME	LAST Ferris		SUFFIX	Date Received	2 9:57 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; (CITY; STA	TE; ZIP CODE		EFICE – Diana Nunez_ ez (loci 31, 2022 22:43 MDT)
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	ms / mrs / mr Mrs.	FIRST Lauren		МІ	Data Drassad	
NAME	NICKNAME	LAST		SUFFIX	Date Processed 10/	31/2022 10:43 PM
		Ferris			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S	UITE #;	CITY;	STATE;	ZIP CODE
			EVT			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EAT	ENSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day aff treasurer ap (Officeholde	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	10/01/20	22 /	THROUGH	10/29/20	22	
11 ELECTION	ELECTION DA	ГЕ		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	11/08/2022	General	Special			
12 OFFICE	OFFICE HELD (if any)			FICE SOUGHT (if known		resentative
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLIT S MAY HAVE BEEN M	ICAL EXPENDITURES N ADE WITHOUT THE CAN	ADE BY POLITICAL COM DIDATE'S OR OFFICEHOL	IMITTEES TO SUPPORT DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				SUCH EAT LINDIT SILLO.
	GENERAL	COMMITTEE ADDRESS				
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRI	EASURER ADDRES	SS		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME La	auren	Ferris		16 Filer	· ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAI CONTRIBUTIONS MADE ELECT		N	\$ C)
	2.	TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LOANS))	\$	\$1,434.02
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$	27.70
	. 4.	TOTAL POLITICAL EXPENDI	IURES		\$	\$382.70
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTION	ONS MAINTAINED AS OF THE LA	ST DAY	\$	1216.31
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS O PERIOD	F THE	\$ (C
		affirm, under penalty of perjury, the berging the reported by me under Title 15, Ele		e and co	prrect and i	ncludes all information
	acknowle	dge I am electronically signing here	Lauren Ferris Lauren Ferris (Oct 31, 2022 21:57 MDT)			
			Signature of Ca	andidate	or Officeh	older
			5			
		Please comple	ete either option below	v :		
(1) Affidavit						
NOTARY STAMP/SE	AL					
Sworn to and subscribe	d before	me by	this date			, to certify which,
witness my hand and sea	l of office.					
Signature of officer adminis	stering oath	Printed name of office	er administering oath		Title of off	icer administering oath
			OR			
(2) Unsworn Declara	tion					
My name is Laure	n Fer	ris		06/18	8/1987	
My name is		nhall El Daga Taxas 700	, and my date of birth is	3 <u> </u>		·
My address is	v. Cam	ris pbell, El Paso, Texas 799	UZ,,,			
		(street)	(City) (state)	(zip code)	
Executed in El Paso		_ County, State of Texas	_, on the <u>31st</u> day of <u>Octol</u>	ber	, ₂₀ 22 (yea	
			_, on the day of (monthed (monthed (monthed))	h)	, <u></u> (yea	r)
			Lauren Ferris (Oct 31, 2022 21:57 MDT)	data/Off:		(aclarant)
			Signature of Candi	uate/Offic	ænolder (D	eciarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	en Ferris	20 Filer ID (Ethics Co	mmiss	ion Filers)
	EDULE SUBTOTALS IE OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	\$1,355.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$79.02
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00
4.	4. SCHEDULE E: LOANS			\$0.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$355.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$	\$0.00
10.	0. 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	NTRIBUTIONS	\$	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	\$0.00

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lauren Fe	erris		
4 Date		C (ID#:)	7 Amount of contribution (\$)
10/24/2022	Deanna Nasser		100.00
	6 Contributor address; City;	State; Zip Code	100.00
		•	
	4805 Louisiana, El Paso,	Texas 79930	
	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Caregiv	/er		
	· · · · · ·		
Date		(ID#:)	Amount of contribution (\$)
10/11/2022	Cori Harbour-Valdez		
		Stata: Zin Cada	100.00
	Contributor address; City;	State; Zip Code	
	712 N Ochoa St Suite A, El Pa	aso, TX 79902	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Attorne	y	Self	
Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/09/2022	George Jabali		
			100.00
	Contributor address; City;	State; Zip Code	100:00
	4912 Pershing Dr, El Pas	o, TX 79903	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Realtor		El Paso Unit	ed Realty
			······································
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
10/08/2022		/	
	Zayna Shaheen		100.00
	Contributor address; City;	State; Zip Code	100.00
	7821 Enchanted Ridge, El	Paso, Texas	
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	tions)
Engine	⊇r	El Paso Elec	rtric
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Instru	uction guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lauren Fe	erris		
4 Date			
-		C (ID#:)	7 Amount of contribution (\$)
10/07/2022	Joyie Francisco		250.00
	6 Contributor address; City;	State; Zip Code	
	7455 Smugglers Gulch Ct, El I	Paso, TX 79911	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	
Mortgag	je Loan Officer	Nexa Mortga	ige
Date	Full name of contributor	C (ID#:)	
10/07/2022)	Amount of contribution (\$)
	Don Minton		250.00
	Contributor address; City;	State; Zip Code	200100
	105 Dolphin Ave, Galvest	on, TX 77550	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Attorne			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/18/2022	Josie Chahedeh		
			300.00
	Contributor address; City;	State; Zip Code	
	908 Thunderbird, El Paso,	Texas 79912	
Principal occur	bation / Job title (See Instructions)	Employer (See Instruc	tions)
Retired			,
Retired			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/10/2022		0 (10#)	
10/10/2022	Shelby McCue		125.00
	Contributor address; City;	State; Zip Code	
	6264 Franklin Hawk, El Pa	iso, TX 79912	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Attorne	N .		
	2		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		
	in contributor is out-or-state FAC, please see list		reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lauren Fe	erris		
4 Date	5 Full name of contributorout-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
10/18/2022	Lana Ulrich		30.00
	6 Contributor address; City;	State; Zip Code	
0 Deinsinglasse	1500 Lost Padre Mine, El Paso		
	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Retired			
Date	Full name of contributor 🛛 out-of-state PAC	; (ID#:)	Amount of contribution (ft)
2010		·,	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occur	pation / 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 occur	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)
			,
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDUI E AS M	
	If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

Th	e Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1: 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lauren F			• • • • • • • • • • • • • • • • • • • •
4 Date		te PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;		•
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor 🗌 out-of-sta	te PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	te PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	ipation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🛛 out-of-sta	te PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
		PIES OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see		

SCHEDULE A1

Th	e Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1: 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lauren F			• • • • • • • • • • • • • • • • • • • •
4 Date		te PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;		•
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor 🗌 out-of-sta	te PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	te PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	ipation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🛛 out-of-sta	te PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
		PIES OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see		

SCHEDULE A2

If the requested	l information is not applicable,	DO NOT include	this page in the report.
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Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
² FILER NAM			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 _{Date} 10/09/2022	Build A Sign		8 Amount of Contribution \$ 9 In-kind contribution description 79.02 Magnets
	11525a Stonehollow Dr #100, Austin, TX	X 78758	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / 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)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	 Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	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 If contributor is out-of-state PAC, please see Instructi		

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	^{lle A2:} 1
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Lauren	Ferris			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	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 spous	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 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outsic	l de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	אופ פטחבטי.		
	If contributor is out-of-state PAC, please see Instructi			j requirements.

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	^{lle A2:} 1
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Lauren	Ferris			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	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 spous	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 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outsic	l de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	אופ פטחבטי.		
	If contributor is out-of-state PAC, please see Instructi			j requirements.

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	^{lle A2:} 1
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Lauren	Ferris			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	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 spous	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 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outsic	l de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	אופ פטחבטי.		
	If contributor is out-of-state PAC, please see Instructi			j requirements.

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	^{lle A2:} 1
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Lauren	Ferris			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	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 spous	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 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outsic	l de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	אופ פטחבטי.		
	If contributor is out-of-state PAC, please see Instructi			j requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The Instru	iction Guide explains	how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME				3 Filer ID (Ethics C	commission Filers)
Lauren Ferri	S				
4 TOTAL OF UNI	TEMIZED PLEDG	SES		\$	
5 Date 6 F	6 Full name of pledgor out-of-state PAC (ID#:)		8 Amount of Pledge \$	9 In-kind contribution description	
7 P	ledgor address;	City; St	ate; Zip Code	Chack if travel outs	 . .
					ide of Texas. Complete Schedule T.
10 Principal occupation	/ Job title (See Instruc	tions)	11 Employer (See	Instructions)	
Date F	ull name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
P	ledgor address;	City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occupation	/ Job title (See Instruct	ions)	Employer (See	Instructions)	
Date F	ull name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
P	ledgor address;	City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occupation	/ Job title (See Instruct	tions)	Employer (See	Instructions)	
Date F	ull name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
P	ledgor address;	City; State	; Zip Code	•	
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occupation	/ Job title (See Instruct	ions)	Employer (See	Instructions)	
	ΑΤΤΑCΗ	ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	
If contri	butor is out-of-state	PAC, please see Inst	ruction guide for	additional reporting	requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The Instru	iction Guide explains	how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME				3 Filer ID (Ethics C	commission Filers)
Lauren Ferri	S				
4 TOTAL OF UNI	TEMIZED PLEDG	SES		\$	
5 Date 6 F	6 Full name of pledgor out-of-state PAC (ID#:)		8 Amount of Pledge \$	9 In-kind contribution description	
7 P	ledgor address;	City; St	ate; Zip Code	Chack if travel outs	, . .
					ide of Texas. Complete Schedule T.
10 Principal occupation	/ Job title (See Instruc	tions)	11 Employer (See	Instructions)	
Date F	ull name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
P	ledgor address;	City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occupation	/ Job title (See Instruct	ions)	Employer (See	Instructions)	
Date F	ull name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
P	ledgor address;	City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occupation	/ Job title (See Instruct	tions)	Employer (See	Instructions)	
Date F	ull name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
P	ledgor address;	City; State	; Zip Code	•	
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occupation	/ Job title (See Instruct	ions)	Employer (See	Instructions)	
	ΑΤΤΑCΗ	ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	
If contri	butor is out-of-state	PAC, please see Inst	ruction guide for	additional reporting	requirements.

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The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lauren Fer	ris		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15	
		Check if personal fund account (See Instruct	ds were deposited into political ions)
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (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?			Maturity date
Y N			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	1
Description of Coll	ateral		
		Check if personal fund account (See Instruct	ds were deposited into political ions)
none		, , , , , , , , , , , , , , , , , , ,	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1
l If le	ATTACH ADDITIONAL COPI ander is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

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The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lauren Fer	ris		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15	
		Check if personal fund account (See Instruct	ds were deposited into political ions)
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (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?			Maturity date
Y N			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	1
Description of Coll	ateral		
		Check if personal fund account (See Instruct	ds were deposited into political ions)
none		, , , , , , , , , , , , , , , , , , ,	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1
l If le	ATTACH ADDITIONAL COPI ander is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

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The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lauren Fer	ris		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15	
		Check if personal fund account (See Instruct	ds were deposited into political ions)
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (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?			Maturity date
Y N			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	1
Description of Coll	ateral		
		Check if personal fund account (See Instruct	ds were deposited into political ions)
none		, , , , , , , , , , , , , , , , , , ,	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1
lf le	ATTACH ADDITIONAL COPI ander is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

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The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lauren Fer	ris		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15	
		Check if personal fund account (See Instruct	ds were deposited into political ions)
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (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?			Maturity date
Y N			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	1
Description of Coll	ateral		
		Check if personal fund account (See Instruct	ds were deposited into political ions)
none		, , , , , , , , , , , , , , , , , , ,	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1
l If le	ATTACH ADDITIONAL COPI ander is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

LOA	NS
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The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:				
2 FILER NAME							
			3 Filer ID (Ethics Commission Filers)				
Lauren Fer	ris						
4 TOTAL OF UN	IITEMIZED LOANS		\$				
5 Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)				
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate				
Y N			11 Maturity date				
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)					
14 Description of Coll	ateral	15					
		Check if personal fund account (See Instruct	ds were deposited into political ions)				
none							
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
	18 Guarantor address; City;	State; Zip Code					
not applicable							
20 Principal Occupat	ion (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?			Maturity date				
Y N							
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	1				
Description of Coll	ateral						
		Check if personal fund account (See Instruct	ds were deposited into political ions)				
none		, , , , , , , , , , , , , , , , , , ,					
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
	Guarantor address; City;	State; Zip Code					
not applicable							
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1				
l If le	ATTACH ADDITIONAL COPI ander is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re					

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 1	2 FILER NA				3 Filer ID (Ethic	s Commission Filers)
4 Date						
4 Date 10/03/2022	5 Payee na Super Fa					
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
105.00						
8	(a) Category	/ (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
10/17/2022	Idea Prir	nt Lab				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
250.00						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATI	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling I By Gift/Awards/Memorials Expense Printing			xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 1	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
6 Amount (\$)	7 Payee a	ddress;		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 S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		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 S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		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 S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling I By Gift/Awards/Memorials Expense Printing			xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 1	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
6 Amount (\$)	7 Payee a	ddress;		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 S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		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 S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		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 S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling I By Gift/Awards/Memorials Expense Printing			xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 1	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
6 Amount (\$)	7 Payee a	ddress;		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 S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		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 S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		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 S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling I By Gift/Awards/Memorials Expense Printing			xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 1	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
6 Amount (\$)	7 Payee a	ddress;		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 S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		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 S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		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 S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPENDIT	URE CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services		Office Ove Polling Exp Printing Ex		Transpor Travel In Travel Ou	District ut Of District	Expense ent & Related Expense not listed above)
		The Instruction	Guide explains	s how to c	omplete this form.			
1 Total pages Schedule F2:		NAME n Ferris				3 Filer I	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITER	MIZED UN	IPAID INCURI	RED OBLIG	BATION	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 liste	ed at the top of this s	schedule)	(b) Description			
	(c)	Check if travel outside of	f Texas. Complete Sc	hedule T.	Check if Au	stin, TX, office	holder living ex	pense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate / Officehol	der name	O	ffice sought		Office held	d
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories liste	ed at the top of this s	schedule)	Description			
		Check if travel outside	of Texas. Complete S	Schedule T.	Check if A	ustin, TX, offic	eholder living e	expense
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held								
					CHEDULE AS NE	EDED		
Forms provided by Texas Ethi	cs Commissi	วท	www.ethics.	state.tx.us	;			Revised 8/17/2020

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPEND	ITURE CATEG	ORIES F	FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services		Office Ove Polling Ex Printing Ex		Transpor Travel In Travel O	District ut Of District	Expense ent & Related Expense not listed above)
		The Instructi	ion Guide explain	s how to c	complete this form.			
1 Total pages Schedule F2:	2 FILER	NAME n Ferris				3 Filer II	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITER		IPAID INCU	RRED OBLIG	GATION	S	\$		
5 Date	6 Payee	name				1		
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories I	listed at the top of this	schedule)	(b) Description			
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeh	nolder name	C	Office sought		Office held	3
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	blitical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories	listed at the top of this	schedule)	Description			
		Check if travel outsi	ide of Texas. Complete	Schedule T.	Check if A	ustin, TX, offic	eholder living e	expense
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
					SCHEDULE AS NE	EDED		
Forms provided by Texas Ethio	cs Commissi	on	www.ethics	.state.tx.us	S			Revised 8/17/2020

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

TI	he Instruction Guide explains how to complete this form.	1	Total pa	iges Sc	hedule F3:	
² FILER NAME	erris	3	Filer ID	(Ethics	Commissior	n Filers)
4 Date	5 Name of person from whom investment is purchased					
	6 Address of person from whom investment is purchased; Cit	ty;			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; Cit	y;			State;	Zip Code
	Description of investment					
	Amount of investment (\$)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED		

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.**

TI	he Instruction Guide explains how to complete this form.	1	Total pa	iges Sc	hedule F3:	
² FILER NAME	erris	3	Filer ID	(Ethics	Commissior	n Filers)
4 Date	5 Name of person from whom investment is purchased					
	6 Address of person from whom investment is purchased; Cit	ty;			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	AS	NEED	ED		

Forms provided by Texas Ethics Commission

EXPENDITUR	RES MADE BY CRED	IT CARD	SCHEDULE F4			
If the requested information is not applicable, DO NOT include this page in the report.						
	EXPENDITURE CATE	GORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins 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)			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Lauren Ferris					
	1	DTOACREDITCARD	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of thi	is schedule) (b) Description				
PURPOSE OF						
EXPENDITURE	(C) Check if travel outside of Texas. Complete	e Schedule T. Check if <i>i</i>	Austin, TX, officeholder living expense			
11 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 th	ais schedule) Description				
	Check if travel outside of Texas. Complet	te 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 N	EEDED			

EXPENDITUR	RES MADE BY CREDI	T 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/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins 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)						
1 Total pages Schedule F4:									
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	D TO A CREDIT CARD	\$						
5 Date	6 Payee name								
7 Amount (\$)	8 Payee address;	City;	State; Zip Code						
9 TYPE OF EXPENDITURE	Political	Non-Political							
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description							
	(c) Check if travel outside of Texas. Complete	if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
11 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 th	is schedule) Description							
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED						

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)			
4 т	atal pagas Sabadula Cu	2 EILED NA	МГ		-				
1 1	I Total pages Schedule G: 2 FILER NAME					3 Filer ID (Ethics (Commission Fliers)		
4 c	Data								
4 L	Jale	5 Payee name							
6 A	Amount (\$) Reimbursement from	7 Payee ad	dress;		City;	State;	Zip Code		
	political contributions intended								
8 E	PURPOSE OF XPENDITURE	OF							
		(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	tin, TX, officeholder living expense			
9 Can Complete <u>ONLY</u> if direct expenditure to benefit C/OH			ate / Officeholder name		Office sought	(Office held		
Date Payee name									
A	Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended	l contributions							
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austin			, TX, officeholder living ex	pense			
			ate / Officeholder name		Office sought	C	Office held		
C	Date	Payee nar	ne						
Amount (\$) Payee		Payee ad	dress;		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 Sc	hedule T.	Check if Austin	, TX, officeholder living ex	bense		
	plete <u>ONLY</u> if direct inditure 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)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)			
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1 1	I Total pages Schedule G: 2 FILER NAME					3 Filer ID (Ethics (Commission Fliers)		
4 c	Data								
4 L	Jale	5 Payee name							
6 A	Amount (\$) Reimbursement from	7 Payee ad	dress;		City;	State;	Zip Code		
	political contributions intended								
8 E	PURPOSE OF XPENDITURE	OF							
		(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	tin, TX, officeholder living expense			
9 Can Complete <u>ONLY</u> if direct expenditure to benefit C/OH			ate / Officeholder name		Office sought	(Office held		
Date Payee name									
A	Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended	l contributions							
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austin			, TX, officeholder living ex	pense			
			ate / Officeholder name		Office sought	C	Office held		
C	Date	Payee nar	ne						
Amount (\$) Payee		Payee ad	dress;		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 Sc	hedule T.	Check if Austin	, TX, officeholder living ex	bense		
	plete <u>ONLY</u> if direct inditure 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)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)			
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1 1	I Total pages Schedule G: 2 FILER NAME					3 Filer ID (Ethics (Commission Fliers)		
4 c	Data								
4 L	Jale	5 Payee name							
6 A	Amount (\$) Reimbursement from	7 Payee ad	dress;		City;	State;	Zip Code		
	political contributions intended								
8 E	PURPOSE OF XPENDITURE	OF							
		(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	tin, TX, officeholder living expense			
9 Can Complete <u>ONLY</u> if direct expenditure to benefit C/OH			ate / Officeholder name		Office sought	(Office held		
Date Payee name									
A	Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended	l contributions							
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austin			, TX, officeholder living ex	pense			
			ate / Officeholder name		Office sought	C	Office held		
C	Date	Payee nar	ne						
Amount (\$) Payee		Payee ad	dress;		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 Sc	hedule T.	Check if Austin	, TX, officeholder living ex	bense		
	plete <u>ONLY</u> if direct inditure 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)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)			
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1 1	I Total pages Schedule G: 2 FILER NAME					3 Filer ID (Ethics (Commission Fliers)		
4 c	Data								
4 L	Jale	5 Payee name							
6 A	Amount (\$) Reimbursement from	7 Payee ad	dress;		City;	State;	Zip Code		
	political contributions intended								
8 E	PURPOSE OF XPENDITURE	OF							
		(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	tin, TX, officeholder living expense			
9 Can Complete <u>ONLY</u> if direct expenditure to benefit C/OH			ate / Officeholder name		Office sought	(Office held		
Date Payee name									
A	Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended	l contributions							
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austin			, TX, officeholder living ex	pense			
			ate / Officeholder name		Office sought	C	Office held		
C	Date	Payee nar	ne						
Amount (\$) Payee		Payee ad	dress;		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 Sc	hedule T.	Check if Austin	, TX, officeholder living ex	bense		
	plete <u>ONLY</u> if direct inditure 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)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)			
4 т	atal pagas Sabadula Cu	2 EILED NA	МГ		-				
1 1	I Total pages Schedule G: 2 FILER NAME					3 Filer ID (Ethics (Commission Fliers)		
4 c	Data								
4 L	Jale	5 Payee name							
6 A	Amount (\$) Reimbursement from	7 Payee ad	dress;		City;	State;	Zip Code		
	political contributions intended								
8 E	PURPOSE OF XPENDITURE	OF							
		(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	tin, TX, officeholder living expense			
9 Can Complete <u>ONLY</u> if direct expenditure to benefit C/OH			ate / Officeholder name		Office sought	(Office held		
Date Payee name									
A	Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
	Reimbursement from political contributions intended	l contributions							
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austin			, TX, officeholder living ex	pense			
			ate / Officeholder name		Office sought	C	Office held		
C	Date	Payee nar	ne						
Amount (\$) Payee		Payee ad	dress;		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 Sc	hedule T.	Check if Austin	, TX, officeholder living ex	bense		
	plete <u>ONLY</u> if direct inditure 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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In Dist Travel Out O	n Equipm trict f District	g Expense lent & Related Expense y not listed above)
1 Total pages Schedule H:	² FILER N. Lauren				3 Filer ID	(Ethics	Commission Filers)
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description			
	(c) (Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder	· living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	C	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder	living exp	bense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In Dist Travel Out O	n Equipm trict f District	g Expense lent & Related Expense y not listed above)
1 Total pages Schedule H:	² FILER N. Lauren				3 Filer ID	(Ethics	Commission Filers)
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description			
	(c) (Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder	· living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	C	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder	living exp	bense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In Dist Travel Out O	n Equipm trict f District	g Expense lent & Related Expense y not listed above)
1 Total pages Schedule H:	² FILER N. Lauren				3 Filer ID	(Ethics	Commission Filers)
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description			
	(c) (Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder	· living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	C	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder	living exp	bense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In Dist Travel Out O	n Equipm trict f District	g Expense lent & Related Expense y not listed above)
1 Total pages Schedule H:	² FILER N. Lauren				3 Filer ID	(Ethics	Commission Filers)
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description			
	(c) (Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder	· living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	C	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder	living exp	bense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In Dist Travel Out O	n Equipm trict f District	g Expense lent & Related Expense y not listed above)
1 Total pages Schedule H:	² FILER N. Lauren				3 Filer ID	(Ethics	Commission Filers)
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description			
	(c) (Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder	· living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	C	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder	living exp	bense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	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 cor	nplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
	Lauren Ferris				
4 Date	5 Payee name	· · · · ·			
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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 cor	nplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
	Lauren Ferris				
4 Date	5 Payee name	· · · · ·			
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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 FILER NAME		3 Filer ID (Ethics	a Commission Filora)				
Lauren Fe	erris		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	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	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 FILER NAME		3 Filer ID (Ethics	a Commission Filora)				
Lauren Fe	erris		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	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	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

The Instru	uction Guide	explains how to complete	this form.	1 Total pages Schedule T:		
² FILER NAME Lauren Ferris				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation	or Labor Organization / Pledg	or / Payee			
5 Contribution / Expend Schedule A2 Schedule F2						
6 Dates of travel	7 Name of	person(s) traveling				
	8 Departu	e city or name of departure lo	cation			
	9 Destinat	on city or name of destinatior	location			
10 Means of transportation	ion	11 Purpose of travel (includi	ng name of conference, s	eminar, or other event)		
Name of Contributor	Corporation	or Labor Organization / Pledg	or / Payee			
Contribution / Expend	liture reported	on:				
Schedule A2	Sche	edule B Schedule B	J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	edule F4	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name o	person(s) traveling				
	Departu	re city or name of departure lo	cation			
	Destinat	on city or name of destination	location			
Means of transportat	ion	Purpose of travel (includi	ng name of conference, s	eminar, or other event)		
Name of Contributor	[/] Corporation	or Labor Organization / Pledg	or / Payee			
Contribution / Expend	liture reported	on:				
Schedule A2	Schedu	_	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu	lle F4	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling					
Departure city or name of departure location						
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE T

The Instru	uction Guide	explains how to complete	this form.	1 Total pages Schedule T:		
² FILER NAME Lauren Ferris				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation	or Labor Organization / Pledg	or / Payee			
5 Contribution / Expend Schedule A2 Schedule F2						
6 Dates of travel	7 Name of	person(s) traveling				
	8 Departu	e city or name of departure lo	cation			
	9 Destinat	on city or name of destinatior	location			
10 Means of transportation	ion	11 Purpose of travel (includi	ng name of conference, s	eminar, or other event)		
Name of Contributor	Corporation	or Labor Organization / Pledg	or / Payee			
Contribution / Expend	liture reported	on:				
Schedule A2	Sche	edule B Schedule B	J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	edule F4	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name o	person(s) traveling				
	Departu	re city or name of departure lo	cation			
	Destinat	on city or name of destination	location			
Means of transportat	ion	Purpose of travel (includi	ng name of conference, s	eminar, or other event)		
Name of Contributor	[/] Corporation	or Labor Organization / Pledg	or / Payee			
Contribution / Expend	liture reported	on:				
Schedule A2	Schedu	_	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu	lle F4	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling					
Departure city or name of departure location						
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.							
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	IAME Lauren	Ferris		2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE						
	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		WHO IS NOT AN OFFICE plete A & B below <i>only</i> if y	HOLDER you are not an officeholder. ••					
	Α.	CAMPAIGN FUNDS						
	Chec	k only one:						
		I do not have unexpended co	ontributions or unexpended interest or ir	ncome earned fro	om 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 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 and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	В.	ASSETS						
	Chec	k only one:						
		l do not retain assets purcha	sed with political contributions or intere	st or other incom	ne from political contributions.			
		that I may not convert assets	with political contributions or interest or s purchased with political contributions of and that I must dispose of assets purch e, § 254.204.	or interest or othe	er income from political contributions to			
			knowledge I am electronically signing here eaving this blank if it does not apply to me.		Signature of Candidate			
5		file. I am also aware that I will an officeholder, I retain politica political contributions or inter-	bu are an officeholder •• ct to filing requirements applicable to an or be required to file reports of unexpende al contributions, interest or other income est or other income from political contribu- strowledge I am electronically signing here vaving this blank if it does not apply to me.	d contributions if from political cor putions.	, after filing the last required report as			
For	ms provid	ed by Texas Ethics Commission	www.ethics.state.tx.us		Revised 8/17/2020			
1 01			www.otinos.state.tx.us					