CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Eth	iics Commission Filers)	2 Total pages f	iled:				
3 CANDIDATE / OFFICEHOLDER	ms / mrs / mr Mr	FIRST Richard		MI	OFFICE	E USE ONLY				
NAME	NICKNAME	LAST		SUFFIX	Date Received					
		Genera			10/31/202	2 11:35 PM				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; (CITY; STA	TE; ZIP CODE	CITY CLERK'S C	9 77/CE – Diana Nunez_ unez (Nov 1, 2022 07:53 MDT)				
Change of Address										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivere Receipt #	d or Date Postmarked				
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ		Amount \$				
TREASURER NAME	Mr	Richard			Date Processed 11	/01/2022 7:53 AM				
	NICKNAME	LAST		SUFFIX	Date Imaged					
		Genera								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N	O PO BOX PLEASE); APT / S	UITE #; (CITY;	STATE;	ZIP CODE				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXT	ENSION						
TREASURER	()									
9 REPORT TYPE	January 15	30th day before e	election	Runoff		after campaign appointment ler Only)				
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)				
10 PERIOD	Month	Day Year		Month	Day Yea	ar				
COVERED	09/30/20/2	22 /	THROUGH	10/29/20/	22 /					
11 ELECTION	ELECTION DAT	E		ELECTION TYPE						
	Month Day	Year Primary	Runoff	Other Description						
	11/08/2022/	General	Special							
12 OFFICE	OFFICE HELD (if any)			ICE SOUGHT (if known)		strict 5				
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	OF POLITICAL CONTRIBUTIONS HOLDER. THESE EXPENDITURES	S MAY HAVE BEEN M	ADE WITHOUT THE CANE	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME								
Additional Pages	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME							
	-	COMMITTEE CAMPAIGN TRI	EASURER ADDRES	S						
		GO TO	PAGE 2		GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ric	chard	Gener	a	16	Filer ID (Ethic	s Commission Filers)
17 CONTRIBUTION TOTALS	PL	TAL UNITEMIZED POLITICAL EDGES, LOANS, OR GUARAN DNTRIBUTIONS MADE ELECTI	ITEES OF LOANS, OR	R THAN	\$	
		TAL POLITICAL CONTRIBUTED THAN PLEDGES, LOANS		OANS)	\$	\$6,770.00
EXPENDITURE TOTALS	3. то	TAL UNITEMIZED POLITICAL	EXPENDITURE.		\$	
4. TOTAL POLITICAL EXPENDITURES					\$	\$30.73
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTIC REPORTING PERIOD	ONS MAINTAINED AS OF TH	HE LAST D	AY \$	6741.1
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF / ST DAY OF THE REPORTING		S AS OF TH	^{iE} \$	454.81
		under penalty of perjury, tha orted by me under Title 15, Ele		is true ar	nd correct and	includes all information
1:	acknowledge I a	n electronically signing here	Richard Genera Richard Genera (Oct 31, 2022 23:35	MDT)		
					data ar Offical	aldar
			Signature	or Candid	date or Officel	loidei
		Please comple	ete either option b	elow:		
		•	•			
(1) Affidavit						
NOTARY STAMP/SEA	AL.					
		Richard Genera		11	1/01/2022	
Sworn to and subscribed	d before me by		thi	is date		_, to certify which,
	-f -ffi					
witness my hand and seal		Diana Nunez			Nota	ary Public
CITY CLERK'S OFFICE - Dia CITY CLERK'S OFFICE - Diana Nunez (Nov 1, 2022 07:53	MDT)	Bland Hand			noic	
Signature of officer administ	ering oath	Printed name of office	er administering oath		Title of o	fficer administering oath
			DR			
(2) Unsworn Declarat	ion					
My name is			, and my date of b	oirth is		<u> </u>
My address is			,	,	,	,
		(street)	(city)	(state	e) (zip code) (country)
Executed in	Court					
	Cour	nty, State of	, on the day of	(month)	, ∠u (ye:	ar)
				. ,		
			Signature of	Candidate	/Officeholder (I	Declarant)
			0		,	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	er NAME ard Genera	20 Filer ID (Ethics Com	nmise	sion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	\$6,670.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$100.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00
4.	I. SCHEDULE E: LOANS			\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	\$30.73
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	\$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 CON	ITRIBUTIONS	\$	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	\$0.00

SCHEDULE A1

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Richard G	Senera			
4 Date	5 Full name of contributor		(ID#:) 7 Amount of contribution (\$)
10/01/2022			(10#	
			••••••	100.00
	6 Contributor address;	City;	State; Zip Code	
	6405 Shaver	El Pas	so Tx 7992	5
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Inst	ructions)
Date	Full name of contributor	out-of-state PAC	(ID#:	_) Amount of contribution (\$)
10/03/2022	Fainot Pierre			
	Contributor address;	City;	State; Zip Code	20.00
	3614 Titanic	El Pas		1
				•
	oation / Job title (See Instructions)		Employer (See Inst	ructions)
Diesel	ecn		Self	
Date	Full name of contributor	out-of-state PAC	(ID#:	_) Amount of contribution (\$)
10/03/2022	Tracy Hogan			
	Contributor address;	City;	State; Zip Code	50.00
	14284 Honey Point D		•	_
			50 IX 79950	
	pation / Job title (See Instructions)		Employer (See Inst	ructions)
Retired			Retired	
Date	Full name of contributor		(ID#:) Amount of contribution (\$)
10/03/2022			(ID#	
	Jose Roberto Rodri	•		500.00
	Contributor address;	City;	State; Zip Code	000.00
	911 Dallas	El Pas	so Tx 79902	2
Principal occu	pation / Job title (See Instructions)		Employer (See Inst	ructions)
Retired				
		NAL COPIES (OF THIS SCHEDULE A	SNEEDED
	If contributor is out-of-state PAC, p			-

SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Richard G	enera		
4 Date	5 Full name of contributor	\C (ID#:)	7 Amount of contribution (\$)
10/25/2022	IP Bryan		6000.00
	6 Contributor address; City;	State; Zip Code	0000.00
		-	
	1331 Lamar Suite 1078 Hou	uston Ix 77010	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Retired			
Date	Full name of contributor	\C (ID#:)	
Date		/	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
			,
Date	Full name of contributor out-of-state PA	\C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	\C (ID#:)	Amount of contribution (\$)
		/	
	Contributor address; City;	State; Zip Code	
	Contributor address; City;	State, Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		•	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Inst		

SCHEDULE A1

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	:		3 Filer ID (Ethics Commission Filers)
Richard (
4 Date		(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	:		3 Filer ID (Ethics Commission Filers)
Richard (
4 Date		(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	:		3 Filer ID (Ethics Commission Filers)
Richard (
4 Date		(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		

SCHEDULE A2

Tr	ne Instruction Guide explains he	ow to complete	e this for	m.	1 Total pages Scheo	dule A2:
2 FILER NAM	E				3 Filer ID (Ethics C	ommission Filers)
Richard	Genera					
4 TOTAL O	F UNITEMIZED IN-KIND F	POLITICAL C	ONTRI	BUTIONS	\$ 100	
5 Date	6 Full name of contributor 🗌 ou	t-of-state PAC (ID#	:)	8 Amount of	9 In-kind contribution
	Wesley Lawrence	e			Contribution \$	description
10/24/2022	7 Contributor address;	City;	State;	Zip Code	100	Yard signs
	10900 Stonebridge Dr	El Paso	ΤХ	79934		side of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUD		tructions)	11 Employe		IAL)(See Instructions)
Canvass			,		of El Paso Demo	
	principal occupation (FOR JUDIC	IAL)				JDICIAL) (See Instructions)
		,			, (
14 Contributor's	employer/law firm (FOR JUDICIA	L)		15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if a	any) (FOR JUDI	ICIAL)			
Date	Full name of contributor	out-of-state PAC (IC	D#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address;	City;	 State;	Zip Code		
		eny,	01410,			
				1		side of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUD	ICIAL) (See Ins	tructions)	Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	principal occupation (FOR JUDIC	IAL)		Contribu	utor's job title (FOR JU	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIA	L)		Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if	any) (FOR JUDI	ICIAL)	1		
	ATTACH AD If contributor is out-of-state P/				JLE AS NEEDED additional reportin	ig requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	Genera			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	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	Chook if travel outsi	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	de of Texas. Complete Schedule T.
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (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 Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
				de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	Genera			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	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	Chook if travel outsi	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	de of Texas. Complete Schedule T.
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (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 Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
				de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	Genera			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	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	Chook if travel outsi	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	de of Texas. Complete Schedule T.
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (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 Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
				de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	Genera			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	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	Chook if travel outsi	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	de of Texas. Complete Schedule T.
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (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 Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
				de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	e Instruction Guide explains how to com	plete this form	۱.	1 Total pages Sched	ule B:
2 FILER NAME				3 Filer ID (Ethics C	ommission Filers)
Richard	Genera				
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;		Zip Code	Check if travel outs	 . ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 F	mployer (See		
				,	
Date	Full name of pledgor	PAC (ID#:		Amount of Pledge \$	In-kind contribution
	Pledgor address; City;		Zip Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	E	Employer (See	Instructions)	
Date		PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;		Zip Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	E	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state	PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zi	ip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	E	Employer (See	Instructions)	
	ATTACH ADDITIONAL				
l	contributor is out-of-state PAC, please			-	requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	e Instruction Guide explains how to com	plete this form	۱.	1 Total pages Sched	ule B:
2 FILER NAME				3 Filer ID (Ethics C	ommission Filers)
Richard	Genera				
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;		Zip Code	Check if travel outs	 . ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 F	mployer (See		
				,	
Date	Full name of pledgor	PAC (ID#:		Amount of Pledge \$	In-kind contribution
	Pledgor address; City;		Zip Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	E	Employer (See	Instructions)	
Date		PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;		Zip Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	E	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state	PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zi	ip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	E	Employer (See	Instructions)	
	ATTACH ADDITIONAL				
l	contributor is out-of-state PAC, please			-	requirements.

LOA	NS
-----	----

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Richard Ge	nera		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll none	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
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	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

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The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Richard Ge	nera		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll none	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
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	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

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The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Richard Ge	nera		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll none	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
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	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

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The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Richard Ge	nera		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll none	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
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	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

LOA	NS
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The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Richard Ge	nera		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll none	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
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	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

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 Ove Polling Ex Printing Ex Salaries/V	xpense Vages/Contract Labor	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 F1:	2 FILER N Richard				3 Filer ID (Ethi	cs Commission Filers)
4 Date 09/30/2022	5 Payeena Wells Fa					
6 Amount (\$) 25.00	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
10/03/2022	Paypal					
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
2.23						
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of this so Y (See Categories listed at the top of top of the top of t	chedule)	Description		
		Check if travel outside of Texas. Complete So	hedule T.	Check if Austin	, TX, officeholder livi	ng expense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	Richar	d Genera		City Representa	tive N/A	N N
Date	Payee na	ame				
10/29/2022	Venmo					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
1.90						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / 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 E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing Ex Salaries/W	kpense /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:		iame Genera			3 Filer ID (Ethic	s Commission Filers)
4 Date 10/12/2022	5 Payeen ActBlue	ame			I	
⁶ Amount (\$) 1.60	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	÷	date / Officeholder name		Office sought		Office held
Date	Payee r	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	 (See Categories listed at the top of this 	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
	TA	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Exp			pense /ages/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N Richard				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Se	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	ame				
Amount (\$)	Payee ac	ldress;		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 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
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Exp			pense /ages/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N Richard				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Se	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	ame				
Amount (\$)	Payee ac	ldress;		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 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
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Exp			pense /ages/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N Richard				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Se	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	ame				
Amount (\$)	Payee ac	ldress;		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 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
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic					ead/Rental Expense ense ense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Gui	de explains how	to co	mplete this form.			
1 Total pages Schedule F2:		AME Genera				3 Filer II	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITER	MIZED UNF	AID INCURRED) OBLIGATI	ONS	3	\$		
5 Date	6 Payee na	ame						
7 Amount (\$)	8 Payee a	ddress;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE	Po	blitical	No	n-Polit	ical			
10 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at th	ne top of this schedu	le)	(b) Description			
	(c) (c)	Check if travel outside of Texas	. Complete Schedule	Т.	Check if Aus	tin, TX, office	holder living ex	pense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder r	name	Off	ïce sought		Office held	1
Date	Payee n	ame						
Amount (\$)	Payee a	ddress;			City;		State;	Zip Code
TYPE OF EXPENDITURE	Pc	blitical	No.	on-Polit	tical			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at th	ne top of this schedu	ile)	Description			
		Check if travel outside of Texa	as. Complete Schedul	e T.	Check if Au	istin, TX, offic	eholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder ı	name	Off	fice sought		Office hel	d
		ADDITIONAL CO			HEDULE AS NE	EDED		
Forms provided by Texas Ethi	cs Commission	W	ww.ethics.state.	.tx.us				Revised 8/17/2020

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPEND	DITURE CATE	GORIES F	FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services	Expense morials Expense	Office Ove Polling Ex Printing Ex		Transpor Travel In Travel O	District ut Of District	Expense ent & Related Expense not listed above)	
		The Instruct	tion Guide explai	ns how to c	complete this form.			
1 Total pages Schedule F2:	2 FILER Richa	NAME rd Genera				3 Filer II	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITEN		IPAID INCL	JRRED OBLI	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	s listed at the top of thi	s schedule)	(b) Description			
	(c)	Check if travel outsi	ide of Texas. Complete	Schedule T.	Check if Au	stin, TX, office	holder living ex	pense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Office	holder name	С	Office sought		Office held	d
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political	[Non-Po	olitical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories	s listed at the top of thi	s schedule)	Description			
		Check if travel out	tside of Texas. Complete	Schedule T.	Check if A	ustin, TX, offic	eholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Officeholder name Office sought Office held							
					SCHEDULE AS NE	EDED		
Forms provided by Texas Ethio	cs Commissi	on	www.ethics	s.state.tx.u	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.**

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

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.**

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

Forms provided by Texas Ethics Commission

EXPENDITUR	RES M	ADE BY CRE		RD	SCHE	EDULE 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 B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp se Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense		
4		The Instruction Guide e	xplains now to c	omplete this form.				
1 Total pages Schedule F4:	2 FILER Richard	I Genera			3 Filer ID (Ethics	Commission Filers)		
4 TOTAL OF UNITEM	IZED EXF	PENDITURES CHARC	GEDTOACR	EDIT CARD	\$			
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Pc	litical				
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top	o of this schedule)	(b) Description				
	(c)	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Au	ustin, TX, officeholder living	g expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder nam	ie O	ffice sought	Office h	eld		
Date	Payee	name						
Amount (\$)	Payee	address;		City;	State;	Zip Code		
TYPE OF EXPENDITURE		Political	Non-Po	litical				
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top	p of this schedule)	Description				
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if A	ustin, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder nam	ne C	ffice sought	Office h	leld		
	ATTA	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NE	EDED			

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EXPENDITUR	RES M	ADE BY CRE		RD	SCHE	EDULE 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 B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp se Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense		
4		The Instruction Guide e	xplains now to c	omplete this form.				
1 Total pages Schedule F4:	2 FILER Richard	I Genera			3 Filer ID (Ethics	Commission Filers)		
4 TOTAL OF UNITEM	IZED EXF	PENDITURES CHARC	GEDTOACR	EDIT CARD	\$			
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Pc	litical				
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top	o of this schedule)	(b) Description				
	(c)	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Au	ustin, TX, officeholder living	g expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder nam	ie O	ffice sought	Office h	eld		
Date	Payee	name						
Amount (\$)	Payee	address;		City;	State;	Zip Code		
TYPE OF EXPENDITURE		Political	Non-Po	litical				
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top	p of this schedule)	Description				
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if A	ustin, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder nam	ne C	ffice sought	Office h	leld		
	ATTA	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NE	EDED			

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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 ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting ExpenseLegal ServicesSalaries/Wages/Contract LaborThe Instruction Guide explains 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 G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
		rd Genera					
4 Date	5 Payee nar						
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
8 PURPOSE OF	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
EXPENDITURE	(.)						
-	()	Check if travel outside of Texas. Complete Sc	hedule T.		n, TX, officeholder living ex	•	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
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 Austir			in, TX, officeholder living ex	pense		
Candidate / Officeholder name Office sought Office sought Office			Office held				
Date	Payee nar	ne					
Amount (\$)	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	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ΑΤΤΑ	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED		

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 ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting ExpenseLegal ServicesSalaries/Wages/Contract LaborThe Instruction Guide explains 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 G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
		rd Genera					
4 Date	5 Payee nar						
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
8 PURPOSE OF	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
EXPENDITURE	(.)						
-	()	Check if travel outside of Texas. Complete Sc	hedule T.		n, TX, officeholder living ex	•	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
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 Austir			in, TX, officeholder living ex	pense		
Candidate / Officeholder name Office sought Office sought Office			Office held				
Date	Payee nar	ne					
Amount (\$)	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	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ΑΤΤΑ	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED		

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 ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting ExpenseLegal ServicesSalaries/Wages/Contract LaborThe Instruction Guide explains 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 G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
		rd Genera					
4 Date	5 Payee nar						
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
8 PURPOSE OF	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
EXPENDITURE	(.)						
-	()	Check if travel outside of Texas. Complete Sc	hedule T.		n, TX, officeholder living ex	•	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
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 Austir			in, TX, officeholder living ex	pense		
Candidate / Officeholder name Office sought Office sought Office			Office held				
Date	Payee nar	ne					
Amount (\$)	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	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ΑΤΤΑ	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED		

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 ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting ExpenseLegal ServicesSalaries/Wages/Contract LaborThe Instruction Guide explains 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 G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
		rd Genera					
4 Date	5 Payee nar						
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
8 PURPOSE OF	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
EXPENDITURE	(.)						
-	()	Check if travel outside of Texas. Complete Sc	hedule T.		n, TX, officeholder living ex	•	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
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 Austir			in, TX, officeholder living ex	pense		
Candidate / Officeholder name Office sought Office sought Office			Office held				
Date	Payee nar	ne					
Amount (\$)	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	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ΑΤΤΑ	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED		

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 ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting ExpenseLegal ServicesSalaries/Wages/Contract LaborThe Instruction Guide explains 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 G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
		rd Genera					
4 Date	5 Payee nar						
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
8 PURPOSE OF	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
EXPENDITURE	(.)						
-	()	Check if travel outside of Texas. Complete Sc	hedule T.		n, TX, officeholder living ex	•	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
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 Austir			in, TX, officeholder living ex	pense		
Candidate / Officeholder name Office sought Office sought Office			Office held				
Date	Payee nar	ne					
Amount (\$)	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	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ΑΤΤΑ	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	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 explain	Office O Polling E Printing Salaries,	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule H:	2 FILER N	AME d Genera			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	s address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Busines	address;		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 Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		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 Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries,	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule H:	2 FILER N	AME d Genera			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	s address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		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 Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		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 Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries,	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule H:	2 FILER N	AME d Genera			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	s address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Busines	address;		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 Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		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 Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries,	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule H:	2 FILER N	AME d Genera			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	s address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		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 Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		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 Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries,	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule H:	2 FILER N	AME d Genera			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	s address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Busines	address;		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 Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		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 Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

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

Forms provided by Texas Ethics Commission

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

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

Forms provided by Texas Ethics Commission

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	s Commission Filers)		
Richard C		3 Filer ID (Ethic	,
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 (\$)
		ate; Zip Code	
		, <u></u> p couc	
	Purpose for which amount is received Check if	political contribution	returned to filer
		•	
			1
Date	Name of person from whom amount is received		Amount (\$)
	Addross of porson from whom amount is received: City: Sta	to: Zin Codo	
	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
			1
Date	Name of person from whom amount is received		Amount (\$)
	Address of nerson from whom amount is reasized. City.		
	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	
1			

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	s Commission Filers)		
Richard C		3 Filer ID (Ethic	,
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 (\$)
		ate; Zip Code	
		, <u></u> p couc	
	Purpose for which amount is received Check if	political contribution	returned to filer
		•	
			1
Date	Name of person from whom amount is received		Amount (\$)
	Addross of porson from whom amount is received: City: Sta	to: Zin Codo	
	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
			1
Date	Name of person from whom amount is received		Amount (\$)
	Address of nerson from whom amount is reasized. City.		
	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	
1			

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

SCHEDULE T

The Instru	The Instruction Guide explains how to complete this form.						
² FILER NAME Richard Genera					3 Filer ID (Ethics Commiss	ion Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS							
6 Dates of travel	7 Name of	person(s) traveling					
	8 Departu	e city or name of depa	rture loca	tion			
	9 Destinat	on city or name of des	tination lo	ocation			
10 Means of transportation	ion	11 Purpose of travel	(including	name of conference, s	eminar, or other event)		
Name of Contributor	Corporation	or Labor Organization	/ Pledgor	/ Payee			
Contribution / Expend	liture reported	on:					
Schedule A2	Sche	dule B Sched	lule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	edule F4	ule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name o	person(s) traveling					
	Departu	e city or name of depa	arture loca	tion			
	Destinat	on city or name of des	tination Ic	ocation			
Means of transportat	ion	Purpose of travel	(including	name of conference, s	seminar, or other event)		
Name of Contributor	Corporation	or Labor Organization	/ Pledgor	/ Payee			
Contribution / Expend	liture reported	on:					
Schedule A2	Schedu	le B Schedule	e B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedu	le F4	G	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 transportat	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	The Instruction Guide explains how to complete this form.						
² FILER NAME Richard Genera					3 Filer ID (Ethics Commiss	ion Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS							
6 Dates of travel	7 Name of	person(s) traveling					
	8 Departu	e city or name of depa	rture loca	tion			
	9 Destinat	on city or name of des	tination lo	ocation			
10 Means of transportation	ion	11 Purpose of travel	(including	name of conference, s	eminar, or other event)		
Name of Contributor	Corporation	or Labor Organization	/ Pledgor	/ Payee			
Contribution / Expend	liture reported	on:					
Schedule A2	Sche	dule B Sched	lule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	edule F4	ule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name o	person(s) traveling					
	Departu	e city or name of depa	arture loca	tion			
	Destinat	on city or name of des	tination Ic	ocation			
Means of transportat	ion	Purpose of travel	(including	name of conference, s	seminar, or other event)		
Name of Contributor	Corporation	or Labor Organization	/ Pledgor	/ Payee			
Contribution / Expend	liture reported	on:					
Schedule A2	Schedu	le B Schedule	e B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedu	le F4	G	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 transportat	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	NAME Richard	Genera		2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE						
	designa	ating a report as a final report ign contributions or make any	ontributions or political expenditures in con terminates my campaign treasurer appoint campaign expenditures without a campaig	ment. I also u	nderstand that I may not accept any			
			cknowledge I am electronically signing here leaving this blank if it does not apply to me.	Signatur	re of Candidate / Officeholder			
4		WHO IS NOT AN OFFICI nplete A & B below <i>only</i> if	EHOLDER you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS						
	Chec	k only one:						
		I do not have unexpended c	contributions or unexpended interest or inco	ome 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	ased with political contributions or interest	or other incom	e from political contributions.			
		that I may not convert asset	d with political contributions or interest or of s purchased with political contributions or i tand that I must dispose of assets purchas de, § 254.204.	nterest or othe	r income from political contributions to			
			cknowledge I am electronically signing here eaving this blank if it does not apply to me.	S	ignature of Candidate			
5		file. I am also aware that I wi an officeholder, I retain politic political contributions or inter I ac	rou are an officeholder •• ect to filing requirements applicable to an offi Il be required to file reports of unexpended of cal contributions, interest or other income fro rest or other income from political contribut eknowledge I am electronically signing here eaving this blank if it does not apply to me.	contributions if, om political con ions.	after filing the last required report as			
For	ms provid	led by Texas Ethics Commission	www.ethics.state.tx.us		Revised 8/17/202			
or		ieu by texas etnics Commission	www.etmcs.state.tx.us		Reviseu o/17/202			