# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete t	his form. 1 Filer ID (Et	thics Commission Filers)	2 Total pages file	d:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRE	ST	МІ	OFFICE (	USE ONLY
NAME	NICKNAME LAS	ales	SUFFIX	Date Received 11/07/2022	9:26 AM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT /	SUITE #; CITY; STA	ATE; ZIP CODE		FICE – Diana Nunez (Nov7, 2022 10:55 MST)
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUM	MBER EXT	TENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	ms/mrs/mr fire Jose	st <b>M</b>	МІ	Receipt #  Date Processed 11/0	O7/2022 10:55 AM
	NICKNAME LAS	asencia	SUFFIX	Date Imaged	7772022 10:00 7 1111
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEA	ASE); APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM	MBER EXT	FENSION		
9 REPORT TYPE	January 15	0th day before election	Runoff	15th day afte treasurer app (Officeholder	pointment
	July 15 8t	th day before election	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day 07/01/2022	Year THROUGH	Month H 09/29/20	Day Year	
11 ELECTION	Month Day Year 11/08/2022	Primary Runoff General Special	Other Description		
12 OFFICE	OFFICE HELD (if any) <b>N/a</b>		FICE SOUGHT (if known received) Represer	ntative Dist	rict 8
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL OF THE CANDIDATE / OFFICEHOLDER. THES. CONSENT. CANDIDATES AND OFFICEHOLD	E EXPENDITURES MAY HAVE BEEN M DERS ARE REQUIRED TO REPORT THIS	NADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLD	DER'S KNOWLEDGE OR
	COMMITTEE TYPE   COMMITTEE I	NAME			
Additional Pages	GENERAL COMMITTEE A				
	SPECIFIC COMMITTEE (	CAMPAIGN TREASURER NAME			
	COMMITTEE	CAMPAIGN TREASURER ADDRE	ss		
		GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Cru	IZ	Morale	S	16 Filer	ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	PL	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		N	\$	
		TAL POLITICAL CONTRIBU HER THAN PLEDGES, LOANS	TIONS , OR GUARANTEES OF LOANS)		\$ \$	0.00
EXPENDITURE TOTALS	3. тот	AL UNITEMIZED POLITICAL I	EXPENDITURE.		\$	
	4. TO	AL POLITICAL EXPENDIT	JRES		\$	\$0.00
CONTRIBUTION BALANCE		AL POLITICAL CONTRIBUTIO	NS MAINTAINED AS OF THE LA	ST DAY	\$	
OUTSTANDING LOAN TOTALS		AL PRINCIPAL AMOUNT OF A	LL OUTSTANDING LOANS AS OPERIOD	FTHE	\$	
		under penalty of perjury, that rted by me under Title 15, Elec	the accompanying report is truction Code.	e and cor	rrect and ir	ncludes all information
l a	acknowledge I an	n electronically signing here	Cruz Morales Cruz Morales (Nov 7, 2022 09:26 MST)			
			Signature of Ca	andidate d	or Officeho	lder
		Please comple	te either option belov	v:		
(1) Affidavit						
NOTARY STAMP/SEA	L	0 14 1		44/07	/0000	
Sworn to and subscribed	before me by	Cruz Morales	this date	11/07	/2022	, to certify which,
witness my hand and seal o		Diana Nunez		No	otary F	Public
Signature of officer administe	ering oath	Printed name of officer	administering oath		Title of offi	cer administering oath
		0	R			
(2) Unsworn Declarati	on					
My name is Cruz N	1orales		, and my date of birth is	02/26	6/1970	
			,	,		,
El Doos		(street)	(city) (	state)	(zip code)	(country)
Executed in El Paso	Coun	ty, State of Texas	, on the day of Cruz Morales(month	h)	, 20 (year	<u> </u>
			Cruz Morales (Nov 7, 2022 09:26 MST) Signature of Candi	date/Office	eholder (De	eclarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Cor	mmissio	n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	\$0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00
4.	4. SCHEDULE E: LOANS			\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$	\$0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	\$0.00
10.	C. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	\$0.00

### SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS A	VEEDED.

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Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
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Contributor address; City; State; Zip Code	
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Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
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Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
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6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
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6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
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### SCHEDULE A2

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

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

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

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

### SCHEDULE A2

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

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

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

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

	The	Instruction Guide explain	ns how to complete this	s form.	1 Total pages Sched	ule B:
2	FILER NAME				3 Filer ID (Ethics C	Commission Filers)
4 -	TOTAL OF	UNITEMIZED PLED	GES		\$	
5 [	Date	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;	City; St	ate; Zip Code		 
					Check if travel outs	I . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	uctions)	<b>11</b> Employer (See	Instructions)	
[	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		 
					Check if travel outs	I . ide of Texas. Complete Schedule T.
Ρ	Principal occup	ation / Job title (See Instru	ctions)	Employer (See	Instructions)	
[	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;		ate; Zip Code		 
					Check if travel outs	ide of Texas. Complete Schedule T.
F	Principal occup	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
[	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	e; Zip Code		 
					Check if travel outs	ide of Texas. Complete Schedule T.
P	Principal occup	ation / Job title (See Instru	ctions)	Employer (See	Instructions)	

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### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

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5 [	Date	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;	City; St	ate; Zip Code		 
					Check if travel outs	I . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	uctions)	<b>11</b> Employer (See	Instructions)	
[	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		 
					Check if travel outs	I . ide of Texas. Complete Schedule T.
Ρ	Principal occup	ation / Job title (See Instru	ctions)	Employer (See	Instructions)	
[	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;		ate; Zip Code		 
					Check if travel outs	ide of Texas. Complete Schedule T.
F	Principal occup	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
[	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	e; Zip Code		 
					Check if travel outs	ide of Texas. Complete Schedule T.
P	Principal occup	ation / Job title (See Instru	ctions)	Employer (See	Instructions)	

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'				J	
The	Instruction Guide explains	how to compl	ete this form.		1 Total pages Schedule E:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P	AC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions	)	13 Employer (See	Instructions)	
<b>14</b> Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
<b>20</b> Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions)	)	Employer (See	Instructions)	
Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

'				J	
The	Instruction Guide explains	how to compl	ete this form.		1 Total pages Schedule E:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P	AC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions	)	13 Employer (See	Instructions)	
<b>14</b> Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
<b>20</b> Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions)	)	Employer (See	Instructions)	
Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

'				J	
The	Instruction Guide explains	how to compl	ete this form.		1 Total pages Schedule E:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P	AC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions	)	13 Employer (See	Instructions)	
<b>14</b> Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
<b>20</b> Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions)	)	Employer (See	Instructions)	
Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

'				J	
The	Instruction Guide explains	how to compl	ete this form.		1 Total pages Schedule E:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P	AC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions	)	13 Employer (See	Instructions)	
<b>14</b> Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
<b>20</b> Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions)	)	Employer (See	Instructions)	
Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

'				J	
The	Instruction Guide explains	how to compl	ete this form.		1 Total pages Schedule E:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P	AC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions	)	13 Employer (See	Instructions)	
<b>14</b> Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
<b>20</b> Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions)	)	Employer (See	Instructions)	
Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

# SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

# SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

# SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

# SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

# SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge	,	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

## **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

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

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

Printing Expense Travel Ou Salaries/Wages/Contract Labor Other (ent

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	S	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	litical		
10  PURPOSE  OF  EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name C	Office sought	Office hel	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office he	ld
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED	

## **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

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

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	S	\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense	
11 Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held				d	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
TYPE OF EXPENDITURE	Political Non-Po	olitical			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name C	Office sought	Office he	ld	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

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

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

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

# **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

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

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica		Nages/Contract Labor	Other (enter a category	not listed above)
1 Total pages Schedule F4:	2 FILER NAME	complete this form.	3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-F	Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	xpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-F	Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office hel	d
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NE	FEDED	

# **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

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

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica		Nages/Contract Labor	Other (enter a category	not listed above)
1 Total pages Schedule F4:	2 FILER NAME	complete this form.	3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-F	Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	xpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-F	Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office hel	d
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NE	FEDED	

### SCHEDULE G

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

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

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics (	Commission Filers)
4	Date	5 Payee name	-		
6	Amount (\$)  Reimbursement from political contributions	7 Payee address;	City;	State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	t Office held	
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
		ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

#### SCHEDULE G

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

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

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics (	Commission Filers)
4	Date	5 Payee name	-		
6	Amount (\$)  Reimbursement from political contributions	7 Payee address;	City;	State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	t Office held	
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
		ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

#### SCHEDULE G

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

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

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics (	Commission Filers)
4	Date	5 Payee name	-		
6	Amount (\$)  Reimbursement from political contributions	7 Payee address;	City;	State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	t Office held	
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
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#### SCHEDULE G

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics (	Commission Filers)
4	Date	5 Payee name	-		
6	Amount (\$)  Reimbursement from political contributions	7 Payee address;	City;	State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	t Office held	
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
		ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

### SCHEDULE G

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

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics (	Commission Filers)
4	Date	5 Payee name	-		
6	Amount (\$)  Reimbursement from political contributions	7 Payee address;	City;	State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	t Office held	
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
		ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

### SCHEDULE H

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District
Travel Out Of District Other (enter a category not listed above)

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

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

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<b>4</b> Date	5 Business name			
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
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<b>4</b> Date	5 Business name			
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
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Date	Business name			
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expens	e
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<b>4</b> Date	5 Business name			
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expens	е
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offic	ce held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expens	e
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		e held
Date	Business name			
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EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expens	e
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<b>4</b> Date	5 Business name			
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Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expens	e
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Offic	ce held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

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

## SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2	FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4	Date	5 Name of person from whom amount is received		8 Amount (\$)
		6 Address of person from whom amount is received; City; State	e; Zip Code	
		7 Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ite; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Stat	e; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ite; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2	FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4	Date	5 Name of person from whom amount is received		8 Amount (\$)
		6 Address of person from whom amount is received; City; State	e; Zip Code	
		7 Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ite; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Stat	e; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ite; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

# SCHEDULE T

	in the requested information is not applicable, DO NOT include this pa	ge in the report.			
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:			
2	FILER NAME	3 Filer ID (Ethics Commission Filers)			
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5	Contribution / Expenditure reported on:				
	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 Departure city or name of departure location				
	9 Destination city or name of destination location				
10	10 Means of transportation				
	The incurse of transportation and transportation of the incurse of				
	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
	Contribution / Expenditure reported on:				
	Schedule A2 Schedule B Schedule B(J) Schedule C	2 Schedule D Schedule F1			
	Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
	Dates of travel Name of person(s) traveling				
	Departure situ or name of departure leastion				
	Departure city or name of departure location				
	Destination city or name of destination location				
	Destination only of name of destination location				
	Means of transportation Purpose of travel (including name of conference	ce, seminar, or other event)			
	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
	Name of Contributor / Corporation of Labor Organization / Friedgor / Fayee				
	Contribution / Expenditure reported on:				
	Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
	Schedule F2 Schedule F4 Schedule G Schedule H				
		Schedule COH-UC Schedule B-SS			
	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	ce, seminar, or other event)			
	ATTACH ADDITIONAL COPIES OF THIS SCHED	PULE AS NEEDED			

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

# SCHEDULE T

	in the requested information is not applicable, DO NOT include this pa	ge in the report.			
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:			
2	FILER NAME	3 Filer ID (Ethics Commission Filers)			
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5	Contribution / Expenditure reported on:				
	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 Departure city or name of departure location				
	9 Destination city or name of destination location				
10	10 Means of transportation				
	The incurse of transportation and transportation of the incurse of				
	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
	Contribution / Expenditure reported on:				
	Schedule A2 Schedule B Schedule B(J) Schedule C	2 Schedule D Schedule F1			
	Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
	Dates of travel Name of person(s) traveling				
	Departure situ or name of departure leastion				
	Departure city or name of departure location				
	Destination city or name of destination location				
	Destination only of name of destination location				
	Means of transportation Purpose of travel (including name of conference	ce, seminar, or other event)			
	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
	Name of Contributor / Corporation of Labor Organization / Friedgor / Fayee				
	Contribution / Expenditure reported on:				
	Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
	Schedule F2 Schedule F4 Schedule G Schedule H				
		Schedule COH-UC Schedule B-SS			
	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	ce, seminar, or other event)			
	ATTACH ADDITIONAL COPIES OF THIS SCHED	PULE AS NEEDED			

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

			The Instruction Guide explains how to complete th	iis form.			
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N		Manalan	2 Filer ID (Ethics Commission Filers)			
		Cruz	Morales				
3	SIGNA	TURE					
	designa	ating a report as a final r	ical contributions or political expenditures in connection version to the port terminates my campaign treasurer appointment. It is any campaign expenditures without a campaign treasurer appointment. It is any campaign expenditures without a campaign treasurer apply to me.	also understand that I may not accept any			
4		WHO IS NOT AN OF	FFICEHOLDER  Ny if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpen	ded contributions or unexpended interest or income earr	ned from political contributions.			
		may not convert unex personal use. I also unexpended contributi filing this final report.	ntributions or unexpended interest or income earned fror pended political contributions or unexpended interest or understand that I must file an annual report of unexper ons or unexpended interest or income earned on politica Further, I understand that I must dispose of unexpended ned on political contributions in accordance with the requ	r income earned on political contributions to nded contributions and that I may not retain I contributions longer than six years after political contributions and unexpended			
	B.	ASSETS					
	Chec	k only one:					
		I do not retain assets p	purchased with political contributions or interest or other	income from political contributions.			
		that I may not convert	hased with political contributions or interest or other inco assets purchased with political contributions or interest of inderstand that I must dispose of assets purchased with p on Code, § 254.204.	or other income from political contributions to			
			I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Candidate			
5	_	EHOLDER uplete this section only	y if you are an officeholder ••				
		file. I am also aware that an officeholder, I retain	n subject to filing requirements applicable to an officeholder at I will be required to file reports of unexpended contribution political contributions, interest or other income from politic r interest or other income from political contributions.	ons if, after filing the last required report as			
			I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Officeholder			