CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages file 23	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MS.	FIRST Bettina		МІ	OFFICE	USE ONLY
NAME	NICKNAME	LAST Olivares		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	; APT / SUITE #;	CITY; STA	TE; ZIP CODE	10/07/2022 CITY CLERK'S OFFE	7:6 PM (CE - Diana Nunez http://doi.org/10.1002/13.15MDT)
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered Receipt #	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs	FIRST Christina	Baray	МI /		
NAME	NICKNAME	LAST		SUFFIX	Date Processed 10/1	10/2022 1:15 PM
	NICKNAIVIE	Olivares		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS ((NO PO BOX PLEASE); APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXT	ENSION		
TREASURER PHONE	()					
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day aff treasurer ap (Officeholde	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	08/18/20	22 /	THROUGH	09/29/20	2 2 /	
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	11/08/2022	General	Special			
12 OFFICE	OFFICE HELD (if any)	-	_	Represer	ntative Dist	trict 8
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
, united the second of the sec	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	SS .		
	<u> </u>	GO TO	PAGE 2			
		30 10	I AGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Be	ettina	Olivare	es		16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	PL	TAL UNITEMIZED POLITICAL EDGES, LOANS, OR GUARAN NTRIBUTIONS MADE ELECT	TEES OF LO	•	I	^{\$} 0	
		TAL POLITICAL CONTRIBU HER THAN PLEDGES, LOAN:		ANTEES OF LOANS)		\$\$11	,300.00
EXPENDITURE TOTALS	3. TO	TAL UNITEMIZED POLITICAL	EXPENDITUR	RE.		\$93.	66
	4. TO	TAL POLITICAL EXPENDIT	URES			\$\$4,	976.07
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTION REPORTING PERIOD	ONS MAINTAI	NED AS OF THE LAS	ST DAY	\$ O	
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF A		NDING LOANS AS O	F THE	\$6,0	00
		under penalty of perjury, tha orted by me under Title 15, Ele		panying report is tru	e and co	rect and incl	udes all information
		n electronically signing here alk if it does not apply to me.		<i>Olivares</i> (Oct 7, 2022 19:06 MDT)			
	r reaving the plan	ik ii k doos not apply to me.		Signature of Ca	ındidate d	or Officehold	er
		Please comple	ete either	option belov	v:		
		•		•			
(1) Affidavit							
NOTABY OTAMB (OF							
NOTARY STAMP/SEA Sworn to and subscribed		Bettina Olivares		this date	10/10	/2022	o certify which,
witness my hand and seal	- '			tills date		, ,	o certify writeri,
		Diana Nunez - N	Notary Pu	blic			
Signature of officer administ	tering oath	Printed name of office		g oath		Title of office	r administering oath
(2) Unsworn Declarat	tion		OR				
(2) Oliswolli Decialat	iioii						
				d my date of birth is			·
My address is		(street)	,	(city) (s	,	, _ (zip code)	(country)
Executed in		ty, State of	, on the		,		
				(month	n) 	(year)	
				Signature of Candid	date/Offic	eholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Bettina Olivares	20 Filer ID (Ethics Con	mmission	Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			IBTOTAL MOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$1°	1,300.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00
4. SCHEDULE E: LOANS		\$ \$6	,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ \$4	,976.07
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ \$4	,386.41
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	\$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.

ii tile reques	ned information is not applicable, DO NOT incl	due tills page ill tile	тероп.
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
² FILER NAME Bettina OI	ivares		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
8/22/2022	6 Contributor address; City; 4804 Villa Encanto El Paso,	State; Zip Code Texas 79922	\$1,000.00
8 Principal occu Preside	pation / Job title (See Instructions) nt	Sierra Machi	
Date	Full name of contributor		Amount of contribution (\$)
8/23/2022	Contributor address; City; 3940 Flamingo El Paso, To	State; Zip Code exas 79902	\$500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
8/27/2022	Contributor address; City; 7228 Barker El Paso, Te	State; Zip Code	\$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
8/28/2022	Contributor address; City; 5757 Las Brisas El Paso, T	State; Zip Code exas 79905	\$200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE A1

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

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The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Bettina OI	livares			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Carolyn Pufal	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
08/31/2022			State; Zip Code	\$150.00
	480 Saint Matthews	s El Paso,	, Texas 79915	Ψ100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	itions)
Date	Full name of contributor Blanca Chacon	out-of-state PAC	(ID#:)	Amount of contribution (\$)
00/04/2022	Contributor address;	City.	State; Zip Code	$\Phi E \cap \cap \cap$
09/01/2022	,	City;	-	\$50.00
	19674 N. Candance	iviaricopa,	Arizona 85138	Ψ σ σ ι σ σ
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Steve Ortega			
09/02/2022		City;	State; Zip Code	\$1,250.00
	521 Texas El P	aso, Te	exas 79901	Ψ1,200.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction Control Cont	of Steve Ortega
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Alfredo Borrego			.
09/06/2022	Contributor address;	City;	State; Zip Code	\$200.00
00/00/2022	4020 Trowbridge I	El Paso,	Texas 79903	Ψ200.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)

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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
² FILER NAME Bettina OI	ivares			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Francis Frederick	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
09/06/2022	6 Contributor address;	City;	State; Zip Code	\$1,000.00
	500 N. Mesa El	Paso, T	exas 79901	Ψ1,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruction West Star Base)	•
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Emma Guerra			
09/06/2022	Contributor address;	City;	State; Zip Code	\$400.00
	11569 Town Lake La	ane El Pas	o, Texas 79936	ΨΤΟΟ.ΟΟ
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	l etions)
Date	Full name of contributor E.C. Houghton	out-of-state PAC	(ID#:)	Amount of contribution (\$)
09/06/2022		City;	State; Zip Code	\$1,000.00
00/00/-0	210 N. Campbell S	t. El Paso	, Texas 79901	Ψ1,000.00
-	pation / Job title (See Instructions)		Employer (See Instruc	•
CEO			Houghton Fi	nancial Partners
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Lorraine Huit			$\Phi = 0$
09/06/2022	Contributor address;	City;	State; Zip Code	450 00
	768 Colchester Dr	. El Paso	, Texas79912	ψυυ.υυ
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	otions)

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SCHEDULE A1

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The	Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Bettina OI	ivares			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Mary Karlsruher	out-of-state PA		7 Amount of contribution (\$)
09/06/2022			State; Zip Code	\$250.00
	716 Maxie Marie	El Paso,	Texas 79932	Ψ230.00
8 Principal occu	pation / Job title (See Instructions))	9 Employer (See Instruc	otions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Glenda Love			M 4 E 0 00
09/06/2022	Contributor address;		State; Zip Code	\$150.00
	10533 Fernridge	El Paso,	Texas 79925	φισσισσ
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Paul Thompson			A 4 A A A A
09/06/2022	Contributor address;	City;	State; Zip Code	\$100.00
	817 E. University	El Paso,	Texas 79902	Ψ100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	otions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Jeremy Jordan			M 40000
09/06/2022	Contributor address; 308 Stewart El	Paso T	State; Zip Code	\$100.00
Principal occup	pation / Job title (See Instructions)	1 430, 1	Employer (See Instruc	ctions)

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SCHEDULE A1

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

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The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule A1:
2 FILER NAME Bettina OI	ivares		3 Filer ID (Ethics Commission Filers)
4 Date	Lupita Limas	of-state PAC (ID#:)	7 Amount of contribution (\$)
09/06/2022	6 Contributor address; City	y; State; Zip Code	\$25.00
	14374 Aria Lopez El P	Paso, Texas 79938	Ψ20.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		of-state PAC (ID#:)	Amount of contribution (\$)
	Bertha Granado		A 4 A A A A A
09/06/2022	Contributor address; City	y; State; Zip Code	\$100.00
	13448 Emerald Falls El	Paso, Texas 79928	Ψ100.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	itions)
Date		of-state PAC (ID#:)	Amount of contribution (\$)
	Olga Rodriguez		$\Phi \circ = \circ \circ$
09/06/2022	Contributor address; City	r; State; Zip Code	\$25.00
	3107 Edgerock El Pa	aso, Texas 79935	ΨΔΟ.ΟΟ
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	etions)
Date	Full name of contributor out-o	of-state PAC (ID#:)	Amount of contribution (\$)
	Angie Vasquez		M 4 0 0 0 0
09/06/2022	Contributor address; City	•	\$100.00
	6257 Air Force El Pa	so, Texas 79924	φ 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)

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SCHEDULE A1

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

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The	Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1:
2 FILER NAME Bettina OI	ivares		3 Filer ID (Ethics Commission Filers)
4 Date	Jesus Granado	ate PAC (ID#:)	7 Amount of contribution (\$)
09/06/2022	6 Contributor address; City;		\$25.00
	5617 Rick Husband El Pa	aso, Texas 79934	ΨΔΟ.ΟΟ
8 Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		ate PAC (ID#:)	Amount of contribution (\$)
	Jaime Frausto		MAFO 00
09/06/2022	Contributor address; City;	State; Zip Code	\$150.00
	5753 Las Brisas El Pas	so, Texas 79905	Ψ.σσ.σσ
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
	Jessie Frausto		
09/06/2022	Contributor address; City;	State; Zip Code	\$100.00
	721 Feliz El Paso,	Texas 79905	Ψ 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	otions)
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
	Stephanie Ruiz		ተ ባባ ባባ
09/06/2022	Contributor address; City;	State; Zip Code	330.00
	409 Bells Corners El Pa	so, Texas 79932	ΨΟΟΙΟΟ
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)

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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Bettina OI	ivares			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Armando Medina	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
09/06/2022			State; Zip Code	\$40.00
	1501 Greenwood	El Paso,	Texas 79925	ψτυ.υυ
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Sandra Martinez	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/06/2022	Contributor address;	City;	State; Zip Code	\$25.00
	5653 Cortinas E	l Paso, ⁻	Texas 79912	Ψ23.00
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
				MADO 00
09/06/2022	Contributor address;	City;	State; Zip Code	\$100.00
	1129 Marlow El	Paso, I		•
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Ciso Olivares		Ot-1 7:- O-1-	$\Phi A \cap \Phi \cap \Phi$
09/06/2022	Contributor address; 513 Sun City El	Paso, T	exas 79928	\$100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	otions)
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SCHEDULE A1

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

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The	Instruction Guide explains how to co	mplete this	form.	1 Total pages Schedule A1:
² FILER NAME Bettina OI	ivares			3 Filer ID (Ethics Commission Filers)
4 Date	Jose Gutierrez		(ID#:)	7 Amount of contribution (\$)
09/02/2022	6 Contributor address; C		State; Zip Code	\$200.00
	3013 Oak Tower El I	Paso, ˈ	Texas 79936	Ψ200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
09/06/2022		 City;	State; Zip Code	\$200.00
	11625 Lake Erie El I	Paso,	Texas 79936	ψ200.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date			(ID#:)	Amount of contribution (\$)
	Andy Guerra Contributor address;			A - 0 0 0
09/06/2022				\$50.00
	13531 Emerald	rerra	ace 79928	φοσισσ
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor 📗 ot	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Nora Guerra			$\Phi = 0$
09/06/2022	Contributor address; C	ity;	State; Zip Code	450 00
	14300 Early Morn Ave.	El Paso	o, Texas 79936	ψυσισσ
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)

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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Bettina OI	ivares			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Norma Alvarado	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
09/06/2022	6 Contributor address; 8212 Turk Court	City;	State; Zip Code Texas 79907	\$100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor Jeannie Domingue	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
09/06/2022	Contributor address; 6641 Hermoso Del	Sol El Pas	State; Zip Code O, Texas 79911	\$100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Sergio Sosa	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
09/06/2022	Contributor address; 13285 New Britton	city; n El Paso	State; Zip Code , Texas 79928	\$100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Lane Gaddy	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
09/07/2022	Contributor address; 1613 Dede Lane	City; El Paso,	State; Zip Code Texas 79902	\$1,000.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruction Silver Recycles)	,

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SCHEDULE A1

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The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME Bettina Ol	ivares		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#: Maria Guardado		7 Amount of contribution (\$)
09/28/2022		tate; Zip Code	\$25.00
	1288 Vista De Oro El Paso, Te	exas 79935	Ψ23.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
	Frances Gutierrez		M 40000
09/28/20022	•	tate; Zip Code	\$100.00
	2504 Crooked Trail Chula Vista	a, Ca 91914	Ψ.σσ.σσ
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of contribution (\$)
09/11-2022	•••••	tate; Zip Code 3 79928	\$25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
09/20/2022	••••••	exas 79912	\$5.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE A1

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

1 Total pages Schedule A1: 11 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$)
7 Amount of contribution (\$)
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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 A1:11	
2 FILER NAME Bettina Olivares	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor	7 Amount of contribution (\$)	
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) 9 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 Instruct	ions)	
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)		
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 A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:11	
2 FILER NAME Bettina Olivares	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor	7 Amount of contribution (\$)	
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) 9 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 Instruct	ions)	
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)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
Contributor address; City; State; Zip Code		
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8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
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Pettina Olivares		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIC	ONS	\$	
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 Co	ode	Check if travel outsi	 de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 E	Employe	r (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 (Contribu	tor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 L	_aw firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip C	ode	Check if travel outsi	 de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	E	Employe	r (FOR NON-JUDICI	AL)(See Instructions)
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Contributor's	employer/law firm (FOR JUDICIAL)	L	₋aw firm	of contributor's spou	se (if any) (FOR JUDICIAL)
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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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
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² FILER NAMI Bettina	 Olivares		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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;		Check if travel outsi	 de of Texas. Complete Schedule T.
Principal occ	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 firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

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 Sched	ule A2:
² FILER NAMI Bettina	 Olivares		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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;		Check if travel outsi	 de of Texas. Complete Schedule T.
Principal occ	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 firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

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 Sched	ule A2:
² FILER NAMI Bettina	 Olivares		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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;		Check if travel outsi	 de of Texas. Complete Schedule T.
Principal occ	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 firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

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 Sched	ule A2:
² FILER NAMI Bettina	 Olivares		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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;		Check if travel outsi	 de of Texas. Complete Schedule T.
Principal occ	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 firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

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 Sched	ule A2:
² FILER NAMI Bettina	 Olivares		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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;		Check if travel outsi	 de of Texas. Complete Schedule T.
Principal occ	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 firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explains how to complete this form.		1 Total pages Sched	ule B:
	ettina O	livares		3 Filer ID (Ethics C	ommission Filers)
4 T	OTAL OF	UNITEMIZED PLEDGES		\$	
5 Da	ate	6 Full name of pledgor ☐ out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
			Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
10 Pi	rincipal occu	pation / Job title (See Instructions) 11 Emp	loyer (See I	nstructions)	
Da	ate	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
			Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
Pri	incipal occup	ation / Job title (See Instructions) Emp	loyer (See I	Instructions)	
Da	ate	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
			Code		
				Check if travel outsi	I de of Texas. Complete Schedule T.
Pr	rincipal occu	pation / Job title (See Instructions) Emp	loyer (See l	Instructions)	
Da	ate	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip C	ode		
				Check if travel outsi	de of Texas. Complete Schedule T.
Pri	incipal occup	ation / Job title (See Instructions) Emp	loyer (See I	Instructions)	

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explains how to complete this form.		1 Total pages Sched	ule B:
	ettina O	livares		3 Filer ID (Ethics C	ommission Filers)
4 T	OTAL OF	UNITEMIZED PLEDGES		\$	
5 Da	ate	6 Full name of pledgor ☐ out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
			Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
10 Pi	rincipal occu	pation / Job title (See Instructions) 11 Emp	loyer (See I	nstructions)	
Da	ate	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
			Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
Pri	incipal occup	ation / Job title (See Instructions) Emp	loyer (See I	Instructions)	
Da	ate	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
			Code		
				Check if travel outsi	I de of Texas. Complete Schedule T.
Pr	rincipal occup	pation / Job title (See Instructions) Emp	loyer (See l	Instructions)	
Da	ate	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip C	ode		
				Check if travel outsi	de of Texas. Complete Schedule T.
Pri	incipal occup	ation / Job title (See Instructions) Emp	loyer (See I	Instructions)	

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LOANS SCHEDULE E

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

'		,			J		
The	Instruction Guide explains h	now to compl	ete this form	n.		1	Total pages Schedule E:
2 FILER NAME Bettina Oliv	/ares					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 (\$)
09/01/2022	Bettina Olivares						6,000
6 Is lender a financial Institution?	8 Lender address;	City;	s	State;	Zip Code	10	Interest rate
Y ■ N						11	Maturity date
12 Principal occupation Legislative A	on / Job title (See Instructions)		13 Employe		Instructions)		
14 Description of Coll			15			de we	ere deposited into political
none					t (See Instruct		re deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor					19	Amount Guaranteed (\$)
■ not applicable	18 Guarantor address;	City;	 S	State;	Zip Code		
20 Principal Occupat	tion (See Instructions)		21 Employe	er (See	Instructions)		
Date of loan	Name of lender	out-of-state F	PAC (ID#:)		Loan Amount (\$)
ls lender a financial	Lender address;	City;		State;	Zip Code		Interest rate
Institution? Y N							Maturity date
Principal occupation	on / Job title (See Instructions)		Employe	er (See	Instructions)	ı	
Description of Coll	ateral				if personal fund t (See Instruct		ere deposited into political
GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)
	Guarantor address;	City;		State;	Zip Code		
not applicable							
Principal Occupati	on (See Instructions)		Employe	er (See	Instructions)		
			1				

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LOANS SCHEDULE E

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

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Bettina Oliv	ares		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (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 Colling	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Υ N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political
none			,
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
pot overlieth	Guarantor address; City;	State; Zip Code	
not applicable	(Coo Instructions)	Employer (See Instructions)	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTAQUA DESTINAL COE	NEO OE TUIO OOUEDUU E 40 NEE	-0.50

LOANS SCHEDULE E

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

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Bettina Oliv	ares		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (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 Colling	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Υ N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political
none			,
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
pot overlieth	Guarantor address; City;	State; Zip Code	
not applicable	(Coo Instructions)	Employer (See Instructions)	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTAQUA DESTINAL COE	NEO OE TUIO OOUEDUU E 40 NEE	-0.50

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

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The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Bettina Oliv	ares		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (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 Colling	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Υ N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political
none			,
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
pot overlieth	Guarantor address; City;	State; Zip Code	
not applicable	(Coo Instructions)	Employer (See Instructions)	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTAQUA DESTINAL COE	NEO OE TUIO OOUEDUU E 40 NEE	-0.50

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LOANS SCHEDULE E

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The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Bettina Oliv	ares		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (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 Colling	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Υ N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political
none			,
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
pot overlieth	Guarantor address; City;	State; Zip Code	
not applicable	(Coo Instructions)	Employer (See Instructions)	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTAQUA DESTINAL COE	NEO OE TUIO OOUEDUU E 40 NEE	-0.50

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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics Commission Filers)	
4 Date 08/21/2022	5 Payee name Bettina Olivares			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	_
87.50	, a special and	2.9,		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/24/2022	Bettina Olivares			
Amount (\$)	Payee address;	City;	State; Zip Code	
262.50				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/27/2022	Bettina Olivares			
Amount (\$) 315.00	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics Commission	Filers)
4 Date	5 Payee name			
09/01/2022	Bettina Olivares			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	e
120.38				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/22/2022	Bettina Olivares			
Amount (\$)	Payee address;	City;	State; Zip Code	9
254.95				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/02/2022	Bettina Olivares			
Amount (\$)	Payee address;	City;	State; Zip Code	9
566.90				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

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.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics Con	nmission Filers)
4 Date	5 Payee name			
09/02/2022	Bettina Olivares			
6 Amount (\$)	7 Payee address;	City;	State; Z	ip Code
30.74				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expe	nse
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offic	ce held
Date	Payee name			
09/01/2022	Bettina Olivares			
Amount (\$)	Payee address;	City;	State; Z	ip Code
276.04				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living exper	nse
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Offic	ce held
Date	Payee name			
09/06/2022	Bettina Olivares			
Amount (\$)	Payee address;	City;	State; Z	ip Code
671.25				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living exper	nse
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Offi	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	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 c	complete this form.	Carer (errier a carege	ny notinotou azovo,
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date 09/09/2022	5 Payee name Bettina Olivares			
6 Amount (\$) 1,477.50	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	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/22/2022	Bettina Olivares			
Amount (\$)	Payee address;	City;	State;	Zip Code
323.65				
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/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics Commission	on Filers)
4 Date	5 Payee name			
09/25/2022	Dumond Group, LLC			
6 Amount (\$)	7 Payee address;	City;	State; Zip Co	de
496.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	d
Date	Payee name			
09/26/2022	Paypal			
Amount (\$)	Payee address;	City;	State; Zip Co	de
93.66				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Co	de
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office hel	ıd
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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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

Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
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Amount (\$)	Payee address;	City;	State;	Zip Code
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Amount (\$)	Payee address;	City;	State;	Zip Code
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
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Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
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		
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Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/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	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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		
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Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics 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 Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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 Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics 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 Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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 Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense
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Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics 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 Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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 Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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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 Salaries/Wages/Contract Labor

Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
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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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics 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 Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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 Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

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

Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/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	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/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	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/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	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/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	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/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	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/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	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Orcuit Gard'i aymoni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/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	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense

Travel In District

Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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:	FILER NAME Bettina Olivares		3 Filer ID (Et	hics Com	mission Filers)
4	TOTAL OF UNITEM	MIZED UNPAID INCURRED OBLIGATION	S	\$		
5	Date	6 Payee name				
7	Amount (\$)	8 Payee address;	City;	Sta	te;	Zip Code
9	TYPE OF EXPENDITURE	Political Non-Pol	litical			
10		(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	PURPOSE OF EXPENDITURE					
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder	living exp	ense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh					
	Date	Payee name				
	Amount (\$)	Payee address;	City;	Sta	te;	Zip Code
	TYPE OF EXPENDITURE	Political Non-Po	litical			
	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, officeholde	er living ex	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		office sought	Off	îce held	
		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 Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F2:	² FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)		
4	TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLIGATION	ONS	\$			
5	Date	6 Payee name					
7	Amount (\$)	8 Payee address;	City;	State;	Zip Code		
9	TYPE OF EXPENDITURE	Political Non	-Political				
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description				
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder livir	ng expense		
11	11 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	Amount (\$)	Payee address;	City;	State;	Zip Code		
	TYPE OF EXPENDITURE	Political Nor	-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 liv	ing expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:			
Bettina C	Dlivares	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	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

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:			
Bettina C	Dlivares	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	r; State; Zip Code			
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Magas (Contract Labor

Candidate/Officeholder/Politica	_	l Services		ages/Contract Labor		nter a categor	y not listed above)
		e Instruction Guide e	xplains how to co	mplete this form.	ı		
1 Total pages Schedule F4:	2 FILER NAME Bettina Oliva				3 Filer I	D (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	ZED EXPEND	ITURES CHARG	GED TO A CRI	EDIT CARD	\$		
5 Date	6 Payee name						
7 Amount (\$)	8 Payee addre	ess;		City;		State;	Zip Code
9 TYPE OF EXPENDITURE	Politica	al	Non-Pol	itical			
10	(a) Category (See	Categories listed at the top	of this schedule)	(b) Description			
PURPOSE							
OF EXPENDITURE							
	(c) Check	if travel outside of Texas. Co	mplete Schedule T.	Check if Au	stin, TX, offic	ceholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder nam	e Of	fice sought		Office he	ld
Date	Payee name						
Amount (\$)	Payee addre	ess;		City;		State;	Zip Code
TYPE OF EXPENDITURE	Politica	al	Non-Po	litical			
	Category (See	Categories listed at the top	o of this schedule)	Description			
PURPOSE OF EXPENDITURE							
	Chec	k if travel outside of Texas. Co	omplete Schedule T.	Check if Au	ustin, TX, offi	iceholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder nam	ne Of	fice sought		Office he	eld
	ATTACH AI	DDITIONAL COPI	ES OF THIS SO	CHEDULE AS NE	EDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Magas (Contract Labor

Candidate/Officeholder/Politica	_	l Services		ages/Contract Labor		nter a categor	y not listed above)
		e Instruction Guide e	xplains how to co	mplete this form.	ı		
1 Total pages Schedule F4:	2 FILER NAME Bettina Oliva				3 Filer I	D (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	ZED EXPEND	ITURES CHARG	GED TO A CRI	EDIT CARD	\$		
5 Date	6 Payee name						
7 Amount (\$)	8 Payee addre	ess;		City;		State;	Zip Code
9 TYPE OF EXPENDITURE	Politica	al	Non-Pol	itical			
10	(a) Category (See	Categories listed at the top	of this schedule)	(b) Description			
PURPOSE							
OF EXPENDITURE							
	(c) Check	if travel outside of Texas. Co	mplete Schedule T.	Check if Au	stin, TX, offic	ceholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder nam	e Of	fice sought		Office he	ld
Date	Payee name						
Amount (\$)	Payee addre	ess;		City;		State;	Zip Code
TYPE OF EXPENDITURE	Politica	al	Non-Po	litical			
	Category (See	Categories listed at the top	o of this schedule)	Description			
PURPOSE OF EXPENDITURE							
	Chec	k if travel outside of Texas. Co	omplete Schedule T.	Check if Au	ustin, TX, offi	iceholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder nam	ne Of	fice sought		Office he	eld
	ATTACH AI	DDITIONAL COPI	ES OF THIS SO	CHEDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of Distr Salaries/Wages/Contract Labor Other (enter a cate

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	outer (onto a category normal above)
1 Total pages Schedule G:4	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/21/2022	Regal Moments Photography		
6 Amount (\$) 87.50 Reimbursement from political contributions intended	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 expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/24/2022	Regal Moments Photography		
Amount (\$) 262.50 Reimbursement from political contributions intended	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 Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/27/2022	Texas Democratic Party		
Amount (\$) 315.00 Reimbursement from political contributions intended	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 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 NEED	ED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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
Credit Card Payment

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 In District
Travel Out of Dist
Salaries/Wages/Contract Labor Other (enter a cate

oroale cara r aymon	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Bettina Olivares		
4 Date	5 Payee name		
09/01/2022	Harland Clarke		
6 Amount (\$) 120.38 Reimbursement from political contributions intended	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 expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/22/2022	City of El Paso		
Amount (\$) 254.95 Reimbursement from political contributions intended	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 Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/02/2022	Ready Print Go Media		
Amount (\$) 566.90 Reimbursement from political contributions intended	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 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 NEED)ED

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

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 Credit Card Payment

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

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

oroale cara r aymon	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4	Bettina Olivares				
4 Date	5 Payee name				
09/02/2022	FedEx				
6 Amount (\$) 30.74 Reimbursement from political contributions intended	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 expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
09/01/2022	Guitar Center				
Amount (\$) 276.04 Reimbursement from political contributions intended	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.	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
09/06/2022	501 Bistro				
Amount (\$) 671.25 Reimbursement from political contributions intended	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 Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL CODIES				

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POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

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

Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, , ,	,
1 Total pages Schedule G:	² FILER NAME Bettina Olivares		3 Filer ID (Ethics C	Commission Filers)
4 Date 09/09/2022	5 Payee name Ready Print Go Media			
6 Amount (\$) 1477.50 Reimbursement from political contributions intended	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	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
09/22/2022	Vista Print			
Amount (\$) 323.65 Reimbursement from political contributions intended	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 Austin	n, TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		
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 exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 Credit Card Payment 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 Distr Salaries/Wages/Contract Labor Other (enter a cate

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

orcal card aymon	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)
4	Bettina Olivares		
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	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 expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	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 Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE H

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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 D Salaries/Wages/Contract Labor Other (enter a ca

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.			
1 Total pages Schedule H:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)	
4 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 Austin	, TX, officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
LA LADITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
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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 D Salaries/Wages/Contract Labor Other (enter a ca

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.			
1 Total pages Schedule H:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)	
4 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 Austin	, TX, officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
LA LADITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
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Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Printing Expense Travel Out Of D Salaries/Wages/Contract Labor Other (enter a ca

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.			
1 Total pages Schedule H:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)	
4 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 Austin	, TX, officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
LA LADITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Travel Out Of D Salaries/Wages/Contract Labor Other (enter a ca

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Credit Card Payment	The Instruction Guide explains how to	o complete this form.			
1 Total pages Schedule H:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)	
4 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 Austin	, TX, officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
LA LADITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
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Consulting Expense
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Candidate/Officeholder/Political Committee

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

Printing Expense Travel Out Of D Salaries/Wages/Contract Labor Other (enter a ca

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.			
1 Total pages Schedule H:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)	
4 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 Austin	, TX, officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
LA LADITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
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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 D Salaries/Wages/Contract Labor Other (enter a ca

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.			
1 Total pages Schedule H:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)	
4 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 Austin	, TX, officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
LA LADITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED		

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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 D Salaries/Wages/Contract Labor Other (enter a ca

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Credit Card Payment	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 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 Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
LA LADITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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Candidate/Officeholder/Political Committee

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

Printing Expense Travel Out Of D Salaries/Wages/Contract Labor Other (enter a ca

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 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 Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
LA LADITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
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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 D Salaries/Wages/Contract Labor Other (enter a ca

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 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 Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
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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

Printing Expense Travel Out Of D Salaries/Wages/Contract Labor Other (enter a ca

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Bettina Olivares		3 Filer ID (Ethics	Commission Filers)
4 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		
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SCHEDULE I

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

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4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NE	EDED		

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

SCHEDULE K

The	The Instruction Guide explains how to complete this form. 1 Total pages Sche		
² FILER NAME Bettina O	livares	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; St.	ate; Zip Code	
	7 Purpose for which amount is received Check it	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	tate; Zip Code	
	Purpose for which amount is received Check it	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; St.	ate; Zip Code	
	Purpose for which amount is received Check in	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	tate; Zip Code	
	Purpose for which amount is received Check in	f political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Sche	dule K:		
² FILER NAME Bettina O	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; St	ate; Zip Code			
	7 Purpose for which amount is received Check it	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Si	tate; Zip Code			
	Purpose for which amount is received Check it	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; St	ate; Zip Code			
	Purpose for which amount is received Check it	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Si	tate; Zip Code			
	Purpose for which amount is received Check it	f political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE T

If the requested information	is not applicable, DO NOT include	this page in the report.				
The Instruction Guide	e explains how to complete this form.	1 Total pages Schedule T:				
2 FILER NAME Bettina Olivares	3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee					
	edule B Schedule B(J) Sc	nedule C2 Schedule D Schedule F1 nedule H Schedule COH-UC Schedule B-SS				
6 Dates of travel 7 Name of	7 Name of person(s) traveling					
8 Departu	8 Departure city or name of departure location					
9 Destina	9 Destination city or name of destination location					
10 Means of transportation						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Schedule A2 Sch Schedule F2 Sch Dates of travel Name of	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S:					
Destina	tion city or name of destination location					
Means of transportation	Purpose of travel (including name of	conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reporte Schedule A2 Sched Schedule F2 Sched	ule B Schedule B(J) Sched	dule C2 Schedule D Schedule F1				
Dates of travel Name of person(s) traveling						
Departi	Departure city or name of departure location					
Destina	tion city or name of destination location					
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)					
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

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2 FILER NAME Bettina Olivares	3 Filer ID (Ethics Commission Filers)					
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	edule B Schedule B(J) Sc	nedule C2 Schedule D Schedule F1 nedule H Schedule COH-UC Schedule B-SS				
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8 Departu	8 Departure city or name of departure location					
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Schedule A2 Sch Schedule F2 Sch Dates of travel Name of	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S:					
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Dates of travel Name of person(s) traveling						
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Destina	tion city or name of destination location					
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)					
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)				
	Bettir	ina Olivares					
3	SIGNA	TURE					
	designa	expect any further political contributions or political expenditures in connection with m ting a report as a final report terminates my campaign treasurer appointment. I also ugn contributions or make any campaign expenditures without a campaign treasurer application of lacknowledge I am electronically signing here or leaving this blank if it does not apply to me. Signature	inderstand that I may not accept any				
4		FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	conly one:					
		I do not have unexpended contributions or unexpended interest or income earned from	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 longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B.	ASSETS					
	Chec	conly one:					
		I do not retain assets purchased with political contributions or interest or other income from political contributions.					
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
		I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Candidate				
5	_	EHOLDER plete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who cause that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, 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.	gnature of Officeholder				