CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how	to complete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total	pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MS.		MI	C	FFICE USE ONLY
NAME	NICKNAME	LAST SALCIDO	SUFFIX	Date Rece	ived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	CITY; STATE; ZIP CO		2022 10:01 PM <u>RK'S OFFICE - Diana Nunez</u> E-Dians Nunez (0c1 12, 2022 07:27 M0T)
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand Receipt #	-delivered or Date Postmarked
6 CAMPAIGN TREASURER	ms / mrs / mr MR.		MI		
NAME	NICKNAME	LAST	SUFFIX	Date Proce	^{essed} 10/12/2022 7:27 AM
		NINO		Date mag	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I	NO PO BOX PLEASE); APT / SI	JITE #; CITY;	s	TATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	lection Runoff		5th day after campaign easurer appointment)fficeholder Only)
	July 15	8th day before ele	ction Exceeded Moo Reporting Limi		inal Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	I	Month Day	Year
COVERED	07/15/20	22 /	тнгоидн 09/2	9/20/22	
11 ELECTION	ELECTION DAT		ELECTIO	N TYPE	
	Month Day	Year Primary	Runoff Other	ription	
	11/08/2022	General	Special		
12 OFFICE	OFFICE HELD (if any) City Repre	sentative Distri	ict 5 City Repre		District 5
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDIT S MAY HAVE BEEN MADE WITHOUT T RED TO REPORT THIS INFORMATION (HE CANDIDATE'S OR O	FFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
		COMMITTEE ADDRESS			
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
	.				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ABEL	SALCI	DO	16 File	r ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	PL	DTAL UNITEMIZED POLITICAL EDGES, LOANS, OR GUARAI DNTRIBUTIONS MADE ELECT	NTEES OF LOANS, OR	THAN	^{\$} 56,	797.23
		TAL POLITICAL CONTRIB THER THAN PLEDGES, LOAN		ANS)	^{\$} 51,	547.23
EXPENDITURE TOTALS	3. то	TAL UNITEMIZED POLITICAL	EXPENDITURE.		\$	
	4. TO	TAL POLITICAL EXPENDI	TURES		\$23,	764.39
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTI	ONS MAINTAINED AS OF TH	E LAST DAY	\$57,	138.97
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF ST DAY OF THE REPORTING		AS OF THE	\$ 0	
		, under penalty of perjury, that orted by me under Title 15, Ele		is true and co	prrect and incl	udes all information
	0	m electronically signing here nk if it does not apply to me.	ISABEL SALCIAO Isabel Salcido (Oct 11, 2022 22:01 MDT	·)		
			Signature	of Candidate	or Officehold	er
		Please comple	ete either option be	elow:		
(1) Affidavit						
NOTARY STAMP/SE/ Sworn to and subscribed		Isabel Salcido	this	adate	2/2022 _{, t}	o certify which,
witness my hand and seal <u>CITY CLERK'S OFFICE - Dian</u> CITY CLERK'S OFFICE - Diana Nunez (Oct 12, 2022 07:27 N		Diana Nunez				
Signature of officer administ	tering oath	Printed name of office	er administering oath		Title of office	r administering oath
OR (2) Unsworn Declaration						
My name is			, and my date of b	irth is		
		(street)		. ,	(zip code)	
Executed in	Cour	nty, State of	_ , on the day of(month)	, 20 (year)	÷
			Signature of 0			
			Signature of C			and the

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Commis			i Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$5	51,547.23	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ \$5	5,250.00	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$0.00	
4.	4. SCHEDULE E: LOANS			\$0.00	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			3,764.39	
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 FUNDS			\$0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	\$0.00	

MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
If the reques	ted information is not applicable, DO NOT inclu	ude this page in the r	eport.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IE		7 Amount of contribution (\$)
09/07/2022	6 Contributor address; City;	State; Zip Code	500.00
	16831 E EIDER CT, FOUNTAIN HI	LLS, AZ 85268	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor ABEL LEGASPY		Amount of contribution (\$)
09/07/2022	Contributor address; City;	State; Zip Code	35.00
	5737 BURNING TREE DR, EL PASO	, TEXAS 79912	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor Out-of-state PAC (IE	JCIRICA	Amount of contribution (\$)
09/07/2022	Contributor address; City; 201 VILLA SERENA	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (IE		Amount of contribution (\$)
09/07/2022	Contributor address; City;	State; Zip Code	250.00
	12295 PELLICANO DR STE 2, EL PAS	O, TEXAS 79936	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

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MONET	ARY POLITICAL CONTRIBU	ITIONS	SCHEDULE A1
If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor PAUL AND SUZANNE ALEX	·,	7 Amount of contribution (\$)
09/07/2022	6 Contributor address; City; PO BOX 55, EL PASO, T	State; Zip Code EXAS 79940	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributorout-of-state PAC	: (ID#:)	Amount of contribution (\$)
09/07/2022	Contributor address; City; 817 FOREST WILLOW CT, EL PAS	State; Zip Code O, TEXAS, 79922	2,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributorout-of-state PAC JULIO CESAR VIRAMONTE	,	Amount of contribution (\$)
09/07/2022	Contributor address; City; 12651 MONTANA AVE, EL PASC	State; Zip Code D, TEXAS 79938	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor JESSICA CHRISTIANSON	: (ID#:)	Amount of contribution (\$)
09/07/2022	Contributor address; City; 1800 N. STANTON ST #703, EL PAS	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru		

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 2 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: KATHY AND RAYMOND PALACIOS 2,500.00 6 Contributor address; City; 09/08/2022 State; Zip Code 5025 MEADOWLARK DR, EL PASO, TEXAS 79922 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) RUBEN CHAVEZ ,000.00 08/23/2022 Contributor address; City; State; Zip Code 1912 PASEO REAL CIR, EL PASO, TEXAS 79936 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) DAN W. OLIVAS ,000.00 08/22/2022 Contributor address; City; State; Zip Code 240 THUNDERBIRD STE D, EL PASO, TEXAS 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) EDUARDO A AND MARIA R RODRIGUEZ Contributor address; State; Zip Code City; .000.00 08/02/2022 5853 MIRA SERENA DR, EL PASO, TEXAS 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1	
If the reques	ted information is not applicable, DO NOT inc	lude this page in the	report.
The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor JOSE XAVIER BANALES	ID#:)	7 Amount of contribution (\$)
08/29/2022	6 Contributor address; City;		100.00
8 Principal occu	3210 DYER, EL PASO, TE	I	
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of contribution (\$)
08/23/2022	Contributor address; City;	State; Zip Code	2,500.00
	4804 VILLA ENCANTO, EL PASO	, TEXAS 79922	2,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🛛 out-of-state PAC (ID#:)	Amount of contribution (\$)
09/06/2022	Contributor address; City; 10824 POZA RICA CT, EL PASO	State; Zip Code , TEXAS 79925	1,000.00
Principal occuț	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor YVONNE D AND JORGE OJ		Amount of contribution (\$)
09/07/2022	Contributor address; City; 1589 HARTSDALE DR, HORIZON CIT	State; Zip Code	500.00
Principal occuț	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc		

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1			
If the reques	If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor Out-of-state PAC	/	7 Amount of contribution (\$)			
09/08/2022	6 Contributor address; City;	State; Zip Code	2,000.00			
	805 WINGFOOTE RD, EL PASO	, TEXAS 79912	2,000.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
Date	Full name of contributor out-of-state PAC (1D#:)	Amount of contribution (\$)			
09/08/2022	Contributor address; City;	State; Zip Code	250.00			
	1404 VILLA QUIJANO, EL PASO	, TEXAS 79912	200.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributorout-of-state PAC (Amount of contribution (\$)			
09/08/2022	Contributor address; City;	State; Zip Code	250.00			
	10213 ALLWAY, EL PASO, T	EXAS 79925	200.00			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC (Amount of contribution (\$)			
09/01/2022	Contributor address; City;	State; Zip Code	1,000.00			
	1358 GOLDEN TRAIL LANE, EL PASO, TEXAS 79936					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED			
	If contributor is out-of-state PAC, please see Instru	ction guide for additional r	reporting requirements.			

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 2 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:______ DION J CASTRO 1.000.00 6 Contributor address; 08/30/2022 City; State; Zip Code 10824 POZA RICA CT, EL PASO, TEXAS 79935 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) RICHARD A. CASTRO 2,500.00 09/06/2022 Contributor address; City; State; Zip Code 3332 WEDGEWOOD, EL PASO, TEXAS 79925 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) OSCAR VENEGAS 09/01/2022 Contributor address; City; State; Zip Code 6321 CAMINO NOGAL DR, EL PASO, TEXAS 79932 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) EDWARD AND MARGARITA ESCUDERO 2,500.00 State; Zip Code Contributor address; City; 09/01/2022 34 GOODWIN LN, EL PASO, TEXAS 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1			
If the reques	If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor DUANE E. MURPHY	D#:)	7 Amount of contribution (\$)			
08/30/2022	6 Contributor address; City;	State; Zip Code	1,000.00			
	PO. BOX 920448, EL PASO, 7	EXAS 79902	1,000.00			
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)			
Date	Full name of contributor 🛛 out-of-state PAC (I		Amount of contribution (\$)			
09/08/2022	Contributor address; City;	State; Zip Code	500.00			
	325 VISTA DEL REY, EL PASO,	TEXAS 79912				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor 🛛 out-of-state PAC (I	D#:)	Amount of contribution (\$)			
08/24/2022	Contributor address; City;	State; Zip Code	500.00			
	730 MCKELLIGON DR, EL PASO	, TEXAS 79902				
Principal occup	bation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor BILL BURTON	D#:)	Amount of contribution (\$)			
08/24/2022	Contributor address; City;	State; Zip Code	259 92			
	123 W. MILLS, EL PASO, TE	EXAS, 79901				
Principal occup	bation / Job title (See Instructions)	Employer (See Instruct	ions)			
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SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor VICTORIA DOMINGUEZ)	7 Amount of contribution (\$)
08/25/2022	6 Contributor address; City; 4825 RANCHO FELIZ CT, EL PASC	State; Zip Code), TEXAS 79934	1,038.73
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor Out-of-state PAC (I	ID#:)	Amount of contribution (\$)
09/07/2022	Contributor address; City; 2522 CEYLON, EL PASO, T	State; Zip Code EXAS 79925	104.15
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor ISABEL OTTEN	ID#:)	Amount of contribution (\$)
09/07/2022	Contributor address; City; 13024 COZY COVE AVE., EL PASC		100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor Dout-of-state PAC (I	ID#:)	Amount of contribution (\$)
09/07/2022	Contributor address; City; 801 RIVER OAKS DR, EL PASO,	State; Zip Code TEXAS 79912	1,038.73
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF		

MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
If the reques	sted information is not applicable, DO NOT incl	ude this page in the	report.
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor LAURA BUTLER	D#:)	7 Amount of contribution (\$)
09/07/2022	6 Contributor address; City;	State; Zip Code	104.15
	4612 ROUND ROCK, EL PASO,	TEXAS 79924	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	VICTOR FERNANDEZ	D#:)	Amount of contribution (\$)
09/07/2022	Contributor address; City;	State; Zip Code	250.00
	1341 AMBER MORGAN DR, EL PAS	O, TEXAS 79936	200.00
Principal occup	bation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor GABRIELA PADILLA	D#:)	Amount of contribution (\$)
09/08/2022	Contributor address; City;	State; Zip Code	104.15
	415 N. MESA STREET, EL PASO	, TEXAS 79901	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor TRAVIS HAWK	D#:)	Amount of contribution (\$)
09/08/2022	Contributor address; City;	State; Zip Code	104.15
	945 S. MESA HILLS DR., APT 3802, EL PASO,	TEXAS 79912104.15	
Principal occu	bation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 2 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ YAJAIRA LOPEZ 1,038.73 State; Zip Code 6 Contributor address; City; 09/19/2022 929 CORTIJO DR., EL PASO, TEXAS 79912 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) JUAN URIBE 519.52 09/20/2022 Contributor address; City; State; Zip Code 6350 ESCONDIDO DR, EL PASO, TEXAS 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:______) Amount of contribution (\$) CARMEN I. PEREZ 250.0 08/25/2022 Contributor address; City; State; Zip Code PASO, TEXAS Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$)) E.C. HOUGHTON. JR. Contributor address; ,000.00City; State; Zip Code 08/25/2022 L PASO, TEXAS Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 2 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ **KELLY A. TOMBLIN** 1,000.00 City; 6 Contributor address; 08/25/2022 State; Zip Code PASO, TEXAS Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Full name of contributor Date Amount of contribution (\$) DONALD R. MARGO III & ADAIR W MARGO ,000.00Contributor address; 08/25/2022 City; State; Zip Code EL PASO, TEXAS Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) ROGELIO LOPEZ 1.000.00 08/25/2022 Contributor address; City; State; Zip Code PASO, TEXAS Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_____) JACK T. CHAPMAN 500.0Contributor address; City; State; Zip Code 08/25/2022 EL PASO, TEXAS Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
If the reques	sted information is not applicable, DO NOT inc	lude this page in the	report.
The	Instruction Guide explains how to complete this f	örm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor JOSEPH MOODY CAMPAIG		7 Amount of contribution (\$)
08/25/2022	6 Contributor address; City; EL PASO, TEXAS	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (Amount of contribution (\$)
08/25/2022	Contributor address; City; EL PASO, TEXAS	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🛛 out-of-state PAC (STANLEY P. JOBE	ID#:)	Amount of contribution (\$)
08/25/2022	Contributor address; City; EL PASO, TEXAS	State; Zip Code	2,500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributorout-of-state_PAC (SAMPSON, LLP	Amount of contribution (\$)
08/25/2022	Contributor address; City; EL PASO, TEXAS	State; Zip Code	500.00
Principal occuț	bation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OI If contributor is out-of-state PAC, please see Instruct		

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MONET	ARY POLITICAL CONTRIBUTIO	ONS	SCHEDULE A1			
If the reques	If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributorout-of-state PAC (ID#: L. FREDERICK FRANCIS		7 Amount of contribution (\$)			
08/23/2022	6 Contributor address; City; Sta EL PASO, TEXAS	te; Zip Code	2,500.00			
8 Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instruction	ons)			
Date	Full name of contributor out-of-state PAC (ID#: ERICA SALCIDO AGUILAR		Amount of contribution (\$)			
08/17/2022	Contributor address; City; Sta	ite; Zip Code	50.00			
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	ons)			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of contribution (\$)			
08/17/2022	Contributor address; City; Sta EL PASO, TEXAS	te; Zip Code	50.00			
Principal occup	eation / Job title (See Instructions)	mployer (See Instruction	ons)			
Date	Full name of contributorout-of-state PAC (ID#: CECILIA LIZARAGA CAMPAIC		Amount of contribution (\$)			
08/17/2022	Contributor address; City; Star 513 UPSON DR, EL PASO, TEX	ite; Zip Code	200.00			
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	ons)			
	I					
	ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see Instruction					

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MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
If the reques	sted information is not applicable, DO NOT i	nclude this page in the	report.
The	Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PARANDALL J. BOWLING	AC (ID#:)	7 Amount of contribution (\$)
08/24/2022	⁶ Contributor address; City; 1507 RIM RD, EL PASO,	-	2,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
08/29/2022	Contributor address; City; 457 SAN CLEMENTE, EL PAS	State; Zip Code O, TEXAS 79912	2,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	J. KIRK ROBISON	AC (ID#:)	Amount of contribution (\$)
08/19/2022	Contributor address; City; 4445 N. MESA STE. 100, EL PAS	State; Zip Code SO, TEXAS 79902	2,500.00
Principal occuj	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
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SCHEDULE A1

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Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 5,250.00	
5 _{Date} 10/05/2022	10/05/2022 7 Contributor address; City; State; Zip Code		8 Amount of Contribution \$ 9 In-kind contribution description CAMPAIGN CONSULTING SERVICES	
10 Principal occ	219 E. MILLS, PMB NO 334, EL PASO, TEXA upation / Job title (FOR NON-JUDICIAL)(See Instructions)		Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State;	Zip Code	 Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			

SCHEDULE A2

Tr	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedule A2:	
2 FILER NAME			3 Filer ID (Ethics Commission 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 9 In-kind contribution Contribution \$ description	
	7 Contributor address; City; State;	Zip Code		
40 5		44 Employ	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State;		Charle if the relative of Tures Complete Ontwick T	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
	ATTACH ADDITIONAL COPIES OF T			
	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting requirements.	

SCHEDULE A2

Tr	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedule A2:	
2 FILER NAM	E	3 Filer ID (Ethics Commission 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 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code		
40 5		44 Employ	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
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16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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	Contributor address; City; State;		Charle if the relative of Tures Complete Ontwick T	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
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	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting requirements.	

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Tr	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedule A2:	
2 FILER NAM	E	3 Filer ID (Ethics Commission 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 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code		
40 5		44 Employ	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)	
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	Contributor address; City; State;		Charle if the set of Taura Complete Onto data T	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
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Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
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2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)		
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5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code		
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Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
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2 FILER NAM	E	3 Filer ID (Ethics Commission 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 9 In-kind contribution Contribution \$ description		
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40 5		44 Employ	Check if travel outside of Texas. Complete Schedule T.	
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2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
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2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)		
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2 FILER NAM	E	3 Filer ID (Ethics Commission 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 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code		
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12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)	
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State;		Charle if the relative of Tures Complete Ontwick T	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
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Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
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	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting requirements.	

SCHEDULE A2

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2 FILER NAM	E	3 Filer ID (Ethics Commission 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 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code		
40 5		44 Employ	Check if travel outside of Texas. Complete Schedule T.	
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12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)	
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State;		Charle if the relative of Tures Complete Ontwick T	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
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	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting requirements.	

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

	The	Instruction Guide explains how to	complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF	UNITEMIZED PLEDGES			\$	
5	Date		state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City			Check if travel outs	 . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See		de of lexas. complete ochedule 1.
	,					
	Date	Full name of pledgor 🗌 out-of-	state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
				e; Zip Code		 .
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)	
	Date		state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City		e; Zip Code		
						ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)		Employer (See	Instructions)	
	Date	Full name of pledgor Out-of-	state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City	/; State;	Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)	
	If	ATTACH ADDITIO			-	requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

	The	Instruction Guide explains how to	complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF	UNITEMIZED PLEDGES			\$	
5	Date		state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City			Check if travel outs	 . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See		de of lexas. complete ochedule 1.
	,					
	Date	Full name of pledgor 🗌 out-of-	state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
				e; Zip Code		 .
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)	
	Date		state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City		e; Zip Code		
						ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)		Employer (See	Instructions)	
	Date	Full name of pledgor Out-of-	state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City	/; State;	Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)	
	lf	ATTACH ADDITIO			-	requirements.

SCHEDULE E

	The	Insti	ruction Guide explain	s how to compl	ete this form.		1 Total pages Schedule E:
2	2 FILER NAME						3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS							\$
5	Date of loan	7	Name of lender	out-of-state P	PAC (ID#:)	9 Loan Amount (\$)
6	Is lender 8 Lender address; City; State; Zip Code Institution?			10 Interest rate			
	Y N						11 Maturity date
12	12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)					Instructions)	1
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION		Name of guarantor		1		19 Amount Guaranteed (\$)
			Guarantor address;	City;	State;	Zip Code	
	not applicable						
20	Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
	Date of loan		Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
	ls lender a financial Institution?		Lender address;	City;	State;	Zip Code	Interest rate
	Y N						Maturity date
	Principal occupation	on /	Job title (See Instruction	ns)	Employer (See	Instructions)	
	Description of Colla	atera	I				ds were deposited into political
	none				accoun	t (See Instruct	ions)
	GUARANTOR INFORMATION		Name of guarantor				Amount Guaranteed (\$)
			Guarantor address;	City;	State;	Zip Code	
	not applicable						
	Principal Occupati	ion (\$	See Instructions)		Employer (See	Instructions)	
	lf le	ende			IES OF THIS SCHEI		EDED porting requirements.

SCHEDULE E

The Instruction Guide explains how to complete this form.							1 Total pages Schedule E:	
2	2 FILER NAME						3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS						\$		
5	Date of loan	7	Name of lender	out-of-state P	AC (ID#:)	9 Loan Amount (\$)	
6	ls lender a financial Institution?	8	Lender address;	City;	State;	Zip Code	10 Interest rate	
	Y N	Y N					11 Maturity date	
12 Principal occupation / Job title (See Instructions)					13 Employer (See Instructions)			
14	Description of Collateral				15 Check if personal funds were deposited into political account (See Instructions)			
16	GUARANTOR 17 Name of guarantor INFORMATION				1	19 Amount Guaranteed (\$)		
	18 Guarantor address; City; State; Zip Code					Zip Code		
	not applicable							
20 Principal Occupation (See Instructions)					21 Employer (See	Instructions)		
	Date of loan Name of lender Out-of-state				PAC (ID#:)		Loan Amount (\$)	
	ls lender a financial Institution?		Lender address;	City;	State;	Zip Code	Interest rate	
	Y N						Maturity date	
Principal occupation / Job title (See Instructions)				ons)	Employer (See Instructions)			
Description of Collateral					Check if personal funds were deposited into political			
	none			accoun	nt (See Instruct	lions)		
GUARANTOR INFORMATION			Name of guarantor			Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code		
not applicable								
Principal Occupation (See Instructions)					Employer (See	Instructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

SCHEDULE E

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

	The	1 Total pages Schedule E:							
2	FILER NAME	3 Filer ID (Ethics Commission Filers)							
4	TOTAL OF UN	NITE		\$					
5	Date of loan	7	Name of lender)	9 Loan Amount (\$)				
6	ls lender a financial Institution?	8 Lender address; City; State; Zip Code				Zip Code	10 Interest rate		
	Y N						11 Maturity date		
12	Principal occupation	on /	Job title (See Instructior	ns)	13 Employer (See	Instructions)	1		
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION		Name of guarantor		1		19 Amount Guaranteed (\$)		
18 Guarantor address; City; State; Zip Code									
	not applicable								
20	Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)			
	Date of loan		Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)		
	ls lender a financial Institution?		Lender address;	City;	State;	Zip Code	Interest rate		
	Y N						Maturity date		
	Principal occupation	on /	Job title (See Instruction	ns)	Employer (See Instructions)				
	Description of Colla	atera	I		Check if personal funds were deposited into political				
none					accoun	t (See Instruct	ions)		
	GUARANTOR INFORMATION		Name of guarantor				Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
	Principal Occupati	ion (\$	See Instructions)		Employer (See	Instructions)			
	lf le	ende			IES OF THIS SCHEI		EDED porting requirements.		

SCHEDULE E

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	The	1 Total pages Schedule E:							
2	FILER NAME	3 Filer ID (Ethics Commission Filers)							
4	TOTAL OF UN	NITE		\$					
5	Date of loan	7	Name of lender)	9 Loan Amount (\$)				
6	ls lender a financial Institution?	8 Lender address; City; State; Zip Code				Zip Code	10 Interest rate		
	Y N						11 Maturity date		
12	Principal occupation	on /	Job title (See Instructior	ns)	13 Employer (See	Instructions)	1		
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION		Name of guarantor		1		19 Amount Guaranteed (\$)		
18 Guarantor address; City; State; Zip Code									
	not applicable								
20	Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)			
	Date of loan		Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)		
	ls lender a financial Institution?		Lender address;	City;	State;	Zip Code	Interest rate		
	Y N						Maturity date		
	Principal occupation	on /	Job title (See Instruction	ns)	Employer (See Instructions)				
	Description of Colla	atera	I		Check if personal funds were deposited into political				
none					accoun	t (See Instruct	ions)		
	GUARANTOR INFORMATION		Name of guarantor				Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
	Principal Occupati	ion (\$	See Instructions)		Employer (See	Instructions)			
	lf le	ende			IES OF THIS SCHEI		EDED porting requirements.		

SCHEDULE E

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

	The	1 Total pages Schedule E:							
2	FILER NAME	3 Filer ID (Ethics Commission Filers)							
4	TOTAL OF UN	NITE		\$					
5	Date of loan	7	Name of lender)	9 Loan Amount (\$)				
6	ls lender a financial Institution?	8 Lender address; City; State; Zip Code				Zip Code	10 Interest rate		
	Y N						11 Maturity date		
12	Principal occupation	on /	Job title (See Instructior	ns)	13 Employer (See	Instructions)	1		
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION		Name of guarantor		1		19 Amount Guaranteed (\$)		
18 Guarantor address; City; State; Zip Code									
	not applicable								
20	Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)			
	Date of loan		Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)		
	ls lender a financial Institution?		Lender address;	City;	State;	Zip Code	Interest rate		
	Y N						Maturity date		
	Principal occupation	on /	Job title (See Instruction	ns)	Employer (See Instructions)				
	Description of Colla	atera	I		Check if personal funds were deposited into political				
none					accoun	t (See Instruct	ions)		
	GUARANTOR INFORMATION		Name of guarantor				Amount Guaranteed (\$)		
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
	Principal Occupati	ion (\$	See Instructions)		Employer (See	Instructions)			
	lf le	ende			IES OF THIS SCHEI		EDED porting requirements.		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhee Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		pense Travel Out Of District ages/Contract Labor Other (enter a category not list		pment & Related Expense		
1 Total pages Schedule F1:	2 FILER N	JAME			3 Filer ID (Ethic	s Commission Filers)		
4 Date 09/27/2022	5 Payeen JOSE L	^{ame} UIS FLORES						
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code		
304.00								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			(b) Description				
	(c)	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austi				in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
09/27/2022	VANES	SA VALDEZ						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
96.00								
PURPOSE OF EXPENDITURE	Categor	y (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 livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held		
Date	Payee r	ame						
09/28/2022	FRANK	LUNA						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
250.00								
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held		
	ΔΤ	TACH ADDITIONAL COPIES		SCHEDULE AS NEE				

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		rhead/Rental Expense pense pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)	
4 Date 09/19/2022	5 Payee na CHRIS	ame HERNANDES					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
376.00							
8 PURPOSE OF EXPENDITURE	(a) Catego	Y (See Categories listed at the top of this	s schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	stin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
09/19/2022	VANES	SA VALDEZ					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
304.00							
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
09/19/2022	JOSE L	UIS FLOREZ					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
304.00							
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living) expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES		SCHEDULE AS NEE			

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		rhead/Rental Expense pense pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethic	s Commission Filers)	
4 Date 09/13/2022	5 Payeen JOSE L	^{ame} .UIS FLORES					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
312.00							
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
09/07/2022	VANES	SA VALDEZ					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
256.00							
PURPOSE OF EXPENDITURE	Categor	y (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 livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date	Payee r	ame					
09/10/2022	LEE CA	RRETO					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
160.00							
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Commit Credit Card Payment		Fees Office Overl Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp		kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethic	cs Commission Filers)
4 Date 08/29/2022	5 Payee n AUDRE	ame Y GUTIERREZ				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
144.00						
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	sschedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
09/07/2022	CHRIS	HERNANDEZ				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
1,000.00						
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
09/07/2022	GRACII	E VIRAMONTES				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
500.00						
PURPOSE OF EXPENDITURE	Categor	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)	
4 Date 09/07/2022	5 Payee na CAROL	ame INE MILLER					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
150.00							
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description			
	(c)	(C) Check if travel outside of Texas. Complete Schedule T. Check if Aust				g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
09/07/2022	JOSE L	UIS FLORES					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
376.00							
PURPOSE OF EXPENDITURE	Categor	 (See Categories listed at the top of this 	schedule)	Description			
		Check if travel outside of Texas. Complete S	Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
08/29/2022	MELOD	Y JIMENEZ					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
112.00							
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		FeesOffice OverFood/Beverage ExpensePolling ExpGift/Awards/Memorials ExpensePrinting Exp		kpense /ages/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)		
4 Date 08/23/2022	5 Payee na MELOD	ame IY JIMENEZ						
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code		
80.00								
8 PURPOSE OF EXPENDITURE	(a) Categor	Y (See Categories listed at the top of thi	s schedule)	(b) Description				
	(c)	(C) Check if travel outside of Texas. Complete Schedule T. Check if Aust				tin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held		
Date	Payee na	ame						
08/29/2022	HAYDE	E COLBERT						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
80.00								
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 livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
08/30/2022	VMP ST	RATEGIES LLC						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
7,500.00								
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	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held		
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEE	EDED			

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	cs Commission Filers)
4 Date 08/30/2022	5 Payee na	ame FRATEGIES LLC				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
2,422.00						
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	ig expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
08/29/2022	VANES	SA VALDEZ				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
192.00						
PURPOSE OF EXPENDITURE	Categor	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
08/29/2022	JOSE L	UIS FLORES				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
384						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this and the top of this and the top of the second	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	,	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Distr	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethio	cs Commission Filers)
4 Date 08/29/2022	5 Payee na CHRIS	ame HERNANDEZ			<u> </u>	
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
1,000.00						
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	sschedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
08/25/2022	MARK	SMITH PUBLIC AFFA	IRS			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
2,750.00						
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this and the top of this and the top of the second	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
08/23/2022	JOSE L	UIS FLORES				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
240.00						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this a	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Le The Instruction Guide explains how to complete this f			rhead/Rental Expense pense pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	JAME			3 Filer ID (Ethic	s Commission Filers)
4 Date 08/23/2022	5 Payeen	^{ame} SA VALDEZ				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
288.00						
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	sschedule)	(b) Description		
	(c)	(C) Check if travel outside of Texas. Complete Schedule T. Check if Aus				g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
08/17/2022	CHRIS	HERNANDEZ				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
1,000.00						
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee r	ame				
08/17/2022	BEJAM	IN ONTIVEROS				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
300.00						
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	TA	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Even
Accounting/Banking	Fees
Consulting Expense	Food
Contributions/Donations Made By	Gift/A
Candidate/Officeholder/Political Committee	Lega
Credit Card Payment	

vent Expense iees iood/Beverage Expense itt/Awards/Memorials Expense egal 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 F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 07/27/2022	5 Payee name CHRISTOPHER HERNANDEZ			
6 Amount (\$) 1,000.00	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 <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/26/2022	IAN TORRES			
Amount (\$)	Payee address;	City;	State;	Zip Code
100.00				
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 <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/21/2022	IAN TORRES			
Amount (\$)	Payee address;	City;	State;	Zip Code
400.00				
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/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees God/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		nent & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID	(Ethics	Commission Filers)
4 Date 07/20/2022	5 Payee na EMAJJ	me					
6 Amount (\$) 770.00	7 Payee ac	ldress;		City;	St	ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officehol	Ider living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		(Office held
Date	Payee na	me					
09/29/2022	ALON						
Amount (\$)	Payee ac	ldress;		City;	St	ate;	Zip Code
67.00							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officehol	der living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought			Office held
Date	Payee na	ame					
09/20/2022	ALON						
Amount (\$)	Payee ac	ldress;		City;	St	ate;	Zip Code
63.06							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officehol	der living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought			Office held
	AT	FACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	,	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	•			3 Filer ID (Ethic	s Commission Filers)
4 Date 09/12/2022	5 Payee na					
6 Amount (\$) 65.13	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	sschedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
08/10/2022	ATT					
Amount (\$) 413.25	Payee ac	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
08/03/2022	UNITED	BANK				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
5.95						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame			1	
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this 	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame			1	
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this 	schedule)	Description		
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Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

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1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame			1	
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
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Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this 	schedule)	Description		
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Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

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Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame			1	
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this 	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
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Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

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4 Date	5 Payee na	ame			1	
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this 	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

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Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na	ame			1		
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description			
	(C) Check if travel outside of Texas. Complete Schedule T. Check if A				in, TX, officeholder livin	g expense	
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Date	Payee na	ime					
Amount (\$)	Payee a	ldress;		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 <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		ead/Rental Expense Transportation Equipment & Relate inse Travel In District ense Travel Out Of District		
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na	ame			1		
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description			
	(C) Check if travel outside of Texas. Complete Schedule T. Check if A				in, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ime					
Amount (\$)	Payee a	ldress;		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 <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	

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Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.			
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4 Date	5 Payee na	ame			1		
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description			
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ime					
Amount (\$)	Payee a	ldress;		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 <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	

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Date	Payee na	ime					
Amount (\$)	Payee a	ldress;		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		
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
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Date	Payee n	ame					
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code	
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Date	Payee na	ime					
Amount (\$)	Payee a	ldress;		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 <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		ead/Rental Expense Transportation Equipment & Relate inse Travel In District ense Travel Out Of District		
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na	ame			1		
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code	
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PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printir		Office Ove Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame			1	
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this 	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printir		Office Ove Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame			1	
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this 	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printir		Office Ove Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame			1	
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this 	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services		Office Ove Polling Exp Printing Ex		Transport Travel In I Travel Ou	District It Of District	Expense nt & Related Expense not listed above)
		The Instruction	on Guide explair	is how to c	omplete this form.			
1 Total pages Schedule F2:	2 FILER	NAME				3 Filer ID	(Ethics Co	mmission Filers)
4 TOTAL OF UNITER	MIZED UN	IPAID INCUF		GATION	S	\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories li:	sted at the top of this	schedule)	(b) Description			
	(C)	Check if travel outside	of Texas. Complete S	chedule T.	Check if Aus	stin, TX, officeh	older living ex	pense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate / Officeh	older name	C	ffice sought		Office held	1
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories li	sted at the top of this	schedule)	Description			
		Check if travel outsic	le of Texas. Complete	Schedule T.	Check if A	ustin, TX, office	eholder living e	expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held								
					CHEDULE AS NE	EDED		
Forms provided by Texas Ethi	cs Commissi	on	www.ethics	.state.tx.us	;			Revised 8/17/2020

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services		Office Ove Polling Exp Printing Ex		Transporta Travel In I Travel Ou	District t Of District	Expense nt & Related Expense not listed above)
		The Instructio	on Guide explair	is how to c	omplete this form.			
1 Total pages Schedule F2:	2 FILER	NAME				3 Filer ID	(Ethics Co	mmission Filers)
4 TOTAL OF UNITER	MIZED UN	IPAID INCUR		GATION	S	\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories lis	sted at the top of this	schedule)	(b) Description			
	(C)	Check if travel outside	of Texas. Complete S	chedule T.	Check if Aus	stin, TX, officeh	older living ex	pense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate / Officeho	older name	C	ffice sought		Office held	1
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	Pry (See Categories lis	sted at the top of this	schedule)	Description			
		Check if travel outsid	le of Texas. Complete	Schedule T.	Check if A	ustin, TX, office	eholder living e	expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
					CHEDULE AS NE	EDED		
Forms provided by Texas Ethi	cs Commissi	วท	www.ethics	.state.tx.us	5			Revised 8/17/2020

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Tr	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		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	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

Forms provided by Texas Ethics Commission

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Tr	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		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	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

Forms provided by Texas Ethics Commission

EXPENDITUR	RES MADE BY CRED	DIT CARD	SCHEDULE F4			
If the requested inforr	If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CAT	EGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule) (b) Description				
	(c) Check if travel outside of Texas. Compl	lete Schedule T. Check if A	Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description				
	Check if travel outside of Texas. Comp	elete Schedule T. Check if	Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS N	EEDED			

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EXPENDITUR	RES MADE BY CRED	DIT CARD	SCHEDULE F4						
If the requested inforr	nation is not applicable, DO NOT i	nclude this page in the re	eport.						
EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)						
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$									
5 Date	6 Payee name								
7 Amount (\$)	8 Payee address;	City;	State; Zip Code						
9 TYPE OF EXPENDITURE	Political Non-Political								
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule) (b) Description							
	(c) Check if travel outside of Texas. Compl	lete Schedule T. Check if A	Austin, TX, officeholder living expense						
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name								
Amount (\$)	Payee address;	City;	State; Zip Code						
TYPE OF EXPENDITURE	Political	Non-Political							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description							
	Check if travel outside of Texas. Comp	elete Schedule T. Check if	Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS N	EEDED						

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SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Aco Co Co C	vertising Expense counting/Banking nsulting Expense ntributions/Donations Made andidate/Officeholder/Politid dit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense			
4 -		0	-		•	0				
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)			
4 [Date	5 Payee nar	ne							
6 /	Amount (\$) Reimbursement from political contributions intended	7 Payee add	Iress;		City;	State;	Zip Code			
8 (a) C PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description					
		(c) (Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living ex	pense			
9 Ca Complete <u>ONLY</u> if direct expenditure to benefit C/OH			ate / Officeholder name		Office sought		Office held			
[Date Payee name									
1	Amount (\$)	Payee add	Iress;		City;	State;	Zip Code			
	Reimbursement from political contributions intended									
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description					
			Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held			
[Date	Payee nar	ne							
/	Amount (\$)	Payee add	lress;		City;	State;	Zip Code			
	Reimbursement from political contributions intended									
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description					
		(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense			
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held			
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED				

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Aco Co Co C	vertising Expense counting/Banking nsulting Expense ntributions/Donations Made andidate/Officeholder/Politid dit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense			
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1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)			
4 [Date	5 Payee nar	ne							
6 /	Amount (\$) Reimbursement from political contributions intended	7 Payee add	Iress;		City;	State;	Zip Code			
8 (a) C PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description					
		(c) (Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living ex	pense			
9 Ca Complete <u>ONLY</u> if direct expenditure to benefit C/OH			ate / Officeholder name		Office sought		Office held			
[Date Payee name									
1	Amount (\$)	Payee add	łress;		City;	State;	Zip Code			
	Reimbursement from political contributions intended									
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description					
			Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held			
[Date	Payee nar	ne							
/	Amount (\$)	Payee add	lress;		City;	State;	Zip Code			
	Reimbursement from political contributions intended									
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description					
		(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense			
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held			
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED				

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Aco Co Co C	vertising Expense counting/Banking nsulting Expense ntributions/Donations Made andidate/Officeholder/Politid dit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense			
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1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)			
4 [Date	5 Payee nar	ne							
6 /	Amount (\$) Reimbursement from political contributions intended	7 Payee add	Iress;		City;	State;	Zip Code			
8 (a) C PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description					
		(c) (Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living ex	pense			
9 Ca Complete <u>ONLY</u> if direct expenditure to benefit C/OH			ate / Officeholder name		Office sought		Office held			
[Date Payee name									
1	Amount (\$)	Payee add	Iress;		City;	State;	Zip Code			
	Reimbursement from political contributions intended									
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description					
			Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held			
[Date	Payee nar	ne							
/	Amount (\$)	Payee add	lress;		City;	State;	Zip Code			
	Reimbursement from political contributions intended									
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description					
		(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense			
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held			
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED				

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Aco Co Co C	vertising Expense counting/Banking nsulting Expense ntributions/Donations Made andidate/Officeholder/Politid dit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense			
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1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)			
4 [Date	5 Payee nar	ne							
6 /	Amount (\$) Reimbursement from political contributions intended	7 Payee add	Iress;		City;	State;	Zip Code			
8 (a) C PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description					
		(c) (Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living ex	pense			
9 Ca Complete <u>ONLY</u> if direct expenditure to benefit C/OH			ate / Officeholder name		Office sought		Office held			
[Date Payee name									
1	Amount (\$)	Payee add	Iress;		City;	State;	Zip Code			
	Reimbursement from political contributions intended									
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description					
			Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held			
[Date	Payee nar	ne							
/	Amount (\$)	Payee add	lress;		City;	State;	Zip Code			
	Reimbursement from political contributions intended									
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description					
		(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense			
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held			
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED				

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Aco Co Co C	vertising Expense counting/Banking nsulting Expense ntributions/Donations Made andidate/Officeholder/Politid dit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense			
4 -		0	-		•	0				
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)			
4 [Date	5 Payee nar	ne							
6 /	Amount (\$) Reimbursement from political contributions intended	7 Payee add	Iress;		City;	State;	Zip Code			
8 (a) C PURPOSE OF EXPENDITURE		(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description					
		(c) (Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living ex	pense			
9 Ca Complete <u>ONLY</u> if direct expenditure to benefit C/OH			ate / Officeholder name		Office sought		Office held			
[Date Payee name									
1	Amount (\$)	Payee add	Iress;		City;	State;	Zip Code			
	Reimbursement from political contributions intended									
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description					
			Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held			
[Date	Payee nar	ne							
/	Amount (\$)	Payee add	lress;		City;	State;	Zip Code			
	Reimbursement from political contributions intended									
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description					
		(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense			
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held			
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED				

SCHEDULE **H**

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

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
-	_	•	IS HOW LO	complete this form.		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s 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 so	chedule)	(b) Description		
	(c) (Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candid	ate / 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 sc	hedule)	Description		
	C	Check if travel outside of Texas. Complete Sch	iedule T.	Check if Austin,	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / 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 so	chedule)	Description		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE |

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

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

Forms provided by Texas Ethics Commission

SCHEDULE |

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

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

Forms provided by Texas Ethics Commission

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

SCHEDULE K

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

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

SCHEDULE K

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

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

SCHEDULE T

The Instruction Guid	1 Total pages Schedule T:							
2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
5 Contribution / Expenditure reporte	d on:							
	edule B Schedule B(J) Schedule	C2 Schedule D Schedule F1						
Schedule F2								
6 Dates of travel 7 Name of	6 Dates of travel 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 11 Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reporte	d on:							
Schedule A2 Sch	edule B Schedule B(J) Schedule	C2 Schedule D Schedule F1						
Schedule F2 Sch	nedule F4	H Schedule COH-UC Schedule B-SS						
Dates of travel Name of	of person(s) traveling							
Departe	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)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expenditure reporte	d on:							
Schedule A2 Sched	ule B Schedule B(J) Schedule C2	Schedule D Schedule F1						
Schedule F2 Sched	lule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS						
Dates of travel Name of	Name of person(s) traveling							
Depart	Departure city or name of departure location							
Destina	Destination city or name of destination location							
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

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

SCHEDULE T

The Instruction Guid	1 Total pages Schedule T:							
2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
5 Contribution / Expenditure reporte	d on:							
	edule B Schedule B(J) Schedule	C2 Schedule D Schedule F1						
Schedule F2								
6 Dates of travel 7 Name of	6 Dates of travel 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 11 Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reporte	d on:							
Schedule A2 Sch	edule B Schedule B(J) Schedule	C2 Schedule D Schedule F1						
Schedule F2 Sch	nedule F4	H Schedule COH-UC Schedule B-SS						
Dates of travel Name of	of person(s) traveling							
Departe	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)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expenditure reporte	d on:							
Schedule A2 Sched	ule B Schedule B(J) Schedule C2	Schedule D Schedule F1						
Schedule F2 Sched	lule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS						
Dates of travel Name of	Name of person(s) traveling							
Depart	Departure city or name of departure location							
Destina	Destination city or name of destination location							
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
		•• Complete	only if "Report Type" on page 1 is	marked "Fina	al Report" ••		
1	C/OH N				2 Filer ID (Ethics Commission Filers)		
	ISAB	EL	SALCIDO				
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
			knowledge I am electronically signing here eaving this blank if it does not apply to me.				
			aving this blank in todes not apply to me.	Signatu	re of Candidate / Officeholder		
4	FILER	WHO IS NOT AN OFFICE	HOLDER				
	•• Com	plete A & B below only if y	ou are not an officeholder. ••				
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended co	ontributions or unexpended interest or ir	ncome earned fro	om political contributions.		
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	В.	ASSETS					
	Chec	k only 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.						
			knowledge I am electronically signing here aving this blank if it does not apply to me.	S	Signature of Candidate		
5		file. I am also aware that I will an officeholder, I retain politica political contributions or intere	bu are an officeholder •• ct to filing requirements applicable to an or be required to file reports of unexpende al contributions, interest or other income est or other income from political contrib knowledge I am electronically signing here eaving this blank if it does not apply to me.	d contributions if, from political cor putions.	, after filing the last required report as ntributions, or assets purchased with		
For	ms provid	ed by Texas Ethics Commission	www.ethics.state.tx.us	Si	ignature of Officeholder Revised 8/17/2020		
U	me hrong	EU DY TEXAS EUTICS CONTINUSSION	www.cullcs.state.tk.us				