CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	ms / mrs / mr MS.			MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST SALCIDO		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	CITY; STA	TE; ZIP CODE	10/31/2022 -	11:07 PM 57/ <u>CE - Diana Nunez</u> Nov1, 2022 07:40 MDT)
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	ms / mrs / mr MR.			MI		
NAME	NICKNAME	LAST		SUFFIX	Date Processed 11/	01/2022 7:40 AM
		NINO			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; (CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before e	lection	Runoff		iter campaign ppointment er Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	r
COVERED	09/30/20	22 /	THROUGH	10/29/20	22 /	
11 ELECTION	ELECTION DA	Primary	Runoff	ELECTION TYPE		
	Month Day		Special	Description		
	11/08/2022		Opecial			
12 OFFICE	OFFICE HELD (if any)	esentative Distri		Represen		trict 5
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M	ADE WITHOUT THE CANL	DIDATE'S OR OFFICEHO	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	S		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME ISA	ABEL	SALCI	DO		16 Filer	ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	PL	DTAL UNITEMIZED POLITICAL LEDGES, LOANS, OR GUARAN DNTRIBUTIONS MADE ELECT	NTEES OF LOANS, OF		N	\$9,8	12.15
		TAL POLITICAL CONTRIB		OF LOANS)	\$\$9,	812.15
EXPENDITURE TOTALS	3. то	TAL UNITEMIZED POLITICAL	EXPENDITURE.			\$	
	4. TO	TAL POLITICAL EXPENDIT	TURES			\$\$74	1,241.43
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTIO	ONS MAINTAINED AS	OF THE LA	ST DAY	\$2,9	09.69
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF ST DAY OF THE REPORTING		OANS AS C	F THE	\$ 0	
		, under penalty of perjury, that orted by me under Title 15, Ele		report is tru	ie and co	prrect and inc	ludes all information
		m electronically signing here	<u>Isabel Salcidi</u>)			
		nk if it does not apply to me.	Isabel Salcido (Oct 31, 2022	23:07 MDT)			
			Sigr	nature of Ca	andidate	or Officehold	ler
		Diagon commi					
		Please comple	ete either optio	voied nc	N:		
(1) Affidavit							
NOTARY STAMP/SEA	AI.						
		Isabel Salcido			11/01	/2022	
Sworn to and subscribed	l before me by			this date	e	, 1	to certify which,
witness my hand and seal	of office.						
CITY CLERK'S OFFICE - Dian CITY CLERK'S OFFICE - Diana Nunez (Nov 1, 2022 07:40 MD	na Nunez	Diana Nunez - N	lotary Public				
Signature of officer administe	ering oath	Printed name of office	er administering oath			Title of office	er administering oath
			OR				
(2) Unsworn Declarati	ion						
My name is			, and my da	te of birth is	6		·
,		(street)	,(city)	,	state)	(zip code)	(country)
Executed in	Cour	(),			,	()	
		nty, State of		(mont	h)	(year)	-
			Signati	ire of Candi	date/Offic	ceholder (Dec	larant)
			Signat		auto Onit		arany

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co			on Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	\$9,812.15	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00	
4.	4. SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	574,241.43	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	\$0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	\$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 CO	NTRIBUTIONS	\$	\$0.00	
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Date 10/21/2022	RICHARD AGUILAR	C (ID#:)	7 Amount of contribution (\$) 2,500.00		
	6 Contributor address; City;	State; Zip Code			
	150 W. CASTELLANO, SUITE B, EL PA	ASO, TEXAS 79912			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct EPT LAND (tions) COMMUNITIES		
Date 10/15/2022	Full name of contributor out-of-state PAC		Amount of contribution (\$)		
			2,500.00		
	Contributor address; City;	State; Zip Code			
	15319 WELING CT, HORIZON CIT	Y, IEXAS 79928			
	ation / Job title (See Instructions)	Employer (See Instruct	-		
Date 10/15/2022	Full name of contributor Out-of-state PAC GERALD AND STANLEE R Contributor address; City; 538 LAUREL CANYON, EL PASC	UBIN State; Zip Code	Amount of contribution (\$) 2,500.00		
	Dation / Job title (See Instructions)	Employer (See Instruct RIVER OAK			
Date	Full name of contributorout-of-state PAC	C (ID#:)	Amount of contribution (\$)		
10/11/2022	TREPAC/ TEXAS ASSOCIATION OF		2,000.00		
	Contributor address; City;	State; Zip Code	_,		
	PO BOX 2246, AUSTIN, T	EXAS 78768			
Principal occup PAC	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	ATTACH ADDITIONAL COPIES				

SCHEDULE A1

The	Instruction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 Date 10/25/2022	5 Full name of contributor □ out-of-state PAC (Maira Maese	ID#:)	7 Amount of contribution (\$) 259.92			
	6 Contributor address; City;	State; Zip Code				
	2604 Sammy Cervantes Street, El Paso, TX, I	United States, 79938				
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor	ID#:)	Amount of contribution (\$)			
10/19/2022	Winston Bonnheim		52.23			
	Contributor address; City;	State; Zip Code				
	74569 Lavender Way, Palm Desert, CA, U	nited States, 92260				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
	ATTACH ADDITIONAL COPIES OI					
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction 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 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;			
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	HIS SCHEDI		
	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)	
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 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)	
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		
	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)	
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)	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		
	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)	
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)	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		
	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)	
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)	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		
	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)	
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)	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		
	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)	
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)	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		
	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)	
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)	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		
	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)	
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)	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		
	ATTACH ADDITIONAL COPIES OF T			
	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)	
	lf	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		ide of fexas. 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

	The	1 Total pages Schedule E:							
2	FILER NAME	3 Filer ID (Ethics Commission Filers)							
4	TOTAL OF UN	NITE	MIZED LOANS		\$				
5	Date of loan	7	Name of lender)	9 Loan Amount (\$)				
6	ls lender a financial Institution?	8	Lender address;	City;	State;	10 Interest rate			
	Y N						11 Maturity date		
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instru							1		
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)		
16	16 GUARANTOR INFORMATION 17					19 Amount Guaranteed (\$)			
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
20 Principal Occupation (See Instructions) 21 Em					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

	The	1 Total pages Schedule E:							
2	FILER NAME	3 Filer ID (Ethics Commission Filers)							
4	TOTAL OF UN	NITE	MIZED LOANS		\$				
5	Date of loan	7	Name of lender)	9 Loan Amount (\$)				
6	ls lender a financial Institution?	8	Lender address;	City;	State;	10 Interest rate			
	Y N						11 Maturity date		
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instru							1		
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)		
16	16 GUARANTOR INFORMATION 17					19 Amount Guaranteed (\$)			
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
20 Principal Occupation (See Instructions) 21 Em					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

	The	1 Total pages Schedule E:							
2	FILER NAME	3 Filer ID (Ethics Commission Filers)							
4	TOTAL OF UN	NITE	MIZED LOANS		\$				
5	Date of loan	7	Name of lender)	9 Loan Amount (\$)				
6	ls lender a financial Institution?	8	Lender address;	City;	State;	10 Interest rate			
	Y N						11 Maturity date		
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instru							1		
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)		
16	16 GUARANTOR INFORMATION 17					19 Amount Guaranteed (\$)			
			Guarantor address;	City;	State;	Zip Code			
	not applicable								
20 Principal Occupation (See Instructions) 21 Em					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 B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense				
1 Total pages Schedule F1:	otal pages Schedule F1: 2 FILER NAME 3 F									
4 Date 09/30/2022		Payee name STACEY BALLEZ								
6 Amount (\$)	7 Payee ac	7 Payee address; City; State; Zip Code								
144.00										
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 S	tin, TX, officeholder living expense							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	0	ate / Officeholder name		Office sought		Office held				
Date	Payee na	me								
10/05/2022	10/05/2022 CLAUDIA VELAZQUEZ									
Amount (\$)	nount (\$) Payee address;				State;	Zip Code				
144.00										
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, 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								
10/05/2022	MIKE A	GUILAR								
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code				
144.00										
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
Complete <u>ONLY</u> if direct expenditure to benefit C/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 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 10/05/2022		Payee name LVIRA SALCIDO								
6 Amount (\$)	7 Payee ad	Payee address; City; State; Zip Code								
200.00										
8 PURPOSE OF EXPENDITURE	PURPOSE OF			(b) Description						
	(c)	(C) Check if travel outside of Texas. Complete Schedule T. Check if Aus				stin, TX, officeholder living expense				
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office sought Office sought					Office held					
Date	Payee na	ime								
10/05/2022	DANNY	ΑΜΑΥΑ								
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code				
256.00										
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this :	schedule)	Description						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held				
Date	Payee na	ame								
10/05/2022	JOSE L	UIS FLORES								
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code				
368.00										
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, officeholder living	g expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held				
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED					

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B 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 Ex Printing Ex Salaries/M	kpense /ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethi	cs Commission Filers)		
4 Date 10/06/2022	5 Payee na CLAUD	ame IA VELAZQUEZ						
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code		
144.00								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			(b) Description				
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held		
Date	Payee na	ame						
10/06/2022	EL PAS	O BILLBOARD TRUC	CKS					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
5,000.00								
PURPOSE OF EXPENDITURE	Categor	 (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 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						
10/07/2022	AIRPOF	RT PRINTING SERVI	CES					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
6,346.11								
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/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/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Legal Serv		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 (Et	hics Commission Filers)					
4 Date 10/07/2022		Payee name VANESSA VALDEZ							
6 Amount (\$)	7 Payee a	Payee address; City; State;							
256.00									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Descri			(b) Description					
	(c)	(C) Check if travel outside of Texas. Complete Schedule T. Check if Aus				stin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name Office sought Office holder have Office holder have Office holder have Description of the holder have benefit C/OH					Office held			
Date	Payee na	ame							
10/07/2022	10/07/2022 RENEGADE PUBLIC RELATIONS								
Amount (\$) Payee address; City;					State;	Zip Code			
5,500.00									
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	in, TX, officeholder l	ving expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held			
Date	Payee n	ame							
10/11/2022	CHRIS	HERNANDEZ							
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code			
1,500.00									
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this a (See Categories listed at the top of the sec (See Categories listed at th	schedule)	Description					
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder li	ving 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 explai	Office Ove Polling Exp 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	AME			3 Filer ID (Ethic	cs Commission Filers)
4 Date 10/12/2022	5 Payee na					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
30.00						
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	, 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				
10/12/2022	JOSE L	UIS FLORES				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
344.00						
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		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/12/2022	EMAJJ					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
500.00						
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / 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 B Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services	e Expense emorials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics	Commission Filers)	
4 Date 10/17/2022	5 Payee name CLAUDIA VELAZ	QUEZ					
6 Amount (\$)	Payee address; City; State; Zip Code						
96.00							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categorie	s listed at the top of this s	chedule)	(b) Description			
	(c) Check if travel outs	side of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeho	lder name		Office sought		Office held	
Date	Payee name						
10/18/2022	AIPORT PRINTIN	NG SERVICE	S				
Amount (\$)	Payee address;			City;	State;	Zip Code	
5,211.40							
PURPOSE OF EXPENDITURE	Category (See Categories	listed at the top of this sc	hedule)	Description			
	Check if travel outs	side of Texas. Complete Scl	hedule T.	Check if Austin	, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeho	lder name		Office sought		Office held	
Date	Payee name						
10/20/2022	JOSE LUIS FLOF	RES					
Amount (\$)	Payee address;			City;	State;	Zip Code	
288.00							
PURPOSE OF EXPENDITURE	Category (See Categories	listed at the top of this sc	hedule)	Description			
	Check if travel outs	side of Texas. Complete Sch	nedule T.	Check if Austin,	, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeho	older name		Office sought		Office held	
	ATTACH ADDIT	IONAL COPIES	OF THIS S	CHEDULE 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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Exp Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date 10/20/2022	5 Payee na	ame				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
845.00						
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	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/21/2022	AIRPOF	RT PRINTING SERVIO	CES			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
5,211.40						
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 Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/26/2022	VANES	SA VALDEZ				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
192.00						
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 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	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	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	IAME			3 Filer ID (Ethio	cs Commission Filers)
4 Date 10/26/2022	5 Payeen JOSE L	ame .UIS FLORES				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
368.00						
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	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/27/2022	TEJAN	O DEMOCRATS				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
50.00						
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	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/27/2022	ADRIAN	NRODRIGUEZ				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
50.00						
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
	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 explai	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	nyment/Reimbursement 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	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date 10/28/2022	5 Payee na RENEG	ame ADE PUBLIC RELAT	FIONS			
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
961.25						
8 PURPOSE OF EXPENDITURE	(a) Categor	$\mathbf y$ (See Categories listed at the top of thi	is 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		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/11/2022	DOLLA	R TREE				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
48.71						
PURPOSE OF EXPENDITURE	Category	V (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 livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/11/2022	ALON					
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
69.29						
PURPOSE OF EXPENDITURE	Category	V (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 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	S OF THIS	SCHEDULE AS NEI	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	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date 10/05/2022	5 Payee na UNITED					
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
5.95						
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, 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				
10/04/2022	EMPIRE	8168				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
70.05						
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	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 n	ame				
10/03/2022	TOVAR	PRINTING				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
83.35						
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		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	<i>,</i>	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Exp Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense	
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethics Commission Filers)		
4 Date 10/24/2022	5 Payeen						
6 Amount (\$) 67.33	7 Payee a	ddress;	State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (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	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					
10/18/2022	EL PAS	O HISPANIC CHAME	BER OF	COMMERCE			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
60.00							
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 living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date	Payee r	ame					
10/18/2022	EMPIRI	E 8175					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
60.00							
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	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	DED		

SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E		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	complete this form.				
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Payee na	ame						
10/18/2022	VMP S	TRATEGIES, LLC						
6 Amount (\$) 7,000.00	7 Payee a	ddress;		City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description				
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date / Officeholder name		Office sought	Office held			
Date	Payee na	ame						
10/18/2022	VMP ST	FRATEGIES, LLC						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
1,623.75								
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 Aust	in, TX, officeholder livin	, 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						
10/18/2022	VMP ST	TRATEGIES, LLC						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
850.00								
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	in, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held		
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED			

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Ove Polling Exp ense Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
4 Date 10/18/2022	5 Payee name VMP STRATEGIES, LLC	2			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
3,300.00					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. C	Complete Schedule T.	Check if Austin	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				
10/18/2022	VMP STRATEGIES, LLC)			
Amount (\$)	Payee address;		City;	State;	Zip Code
2,500.00					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to	op of this schedule)	Description		
	Check if travel outside of Texas. C	Complete Schedule T.	Check if Austir	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				
10/18/2022	VMP STRATEGIES, LLC	>			
Amount (\$)	Payee address;		City;	State;	Zip Code
5,300.00					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to	op of this schedule)	Description		
	Check if travel outside of Texas. C	complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	3	Office sought		Office held
	ATTACH ADDITIONAL C	OPIES 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		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 Distric	oment & Related Expense	
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethics Commission Filers)		
4 Date 10/18/2022	5 Payee na STRAT						
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
500.00							
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (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, 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 na	ame					
10/29/2022	RENEG	ADE PUBLIC AFFAIF	RS				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
2,053.84							
PURPOSE OF EXPENDITURE	Category	y (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	
Date	Payee n	ame					
10/29/2022	RENEG	ADE PUBLIC AFFAIF	RS				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
11,200.00							
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this sector)	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.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction	ı Guide	explains	how to	complete	this	form.
-----------------	---------	----------	--------	----------	------	-------

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/2022	5 Payee name RENEGADE PUBLIC AFFAIRS		
⁶ Amount (\$) 5,300.00	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 Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe By Gift/Awards/Memorials Expense Printing Expe			Pense Transportation Equipment & Related Ex Travel In District 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 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		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	

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		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	

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		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	

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		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	

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		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	

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		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	

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		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	

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		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	

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		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	

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		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	

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		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	

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		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	

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 By Candidate/Officeholder/Political Committee		FeesOffice OverheadFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expens 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	stin, TX, officeholder living 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 Austin, 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	

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 By Candidate/Officeholder/Political Committee		FeesOffice OverheadFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expens 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	stin, TX, officeholder living 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 Austin, 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	

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 By Candidate/Officeholder/Political Committee		FeesOffice OverheadFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expens 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	stin, TX, officeholder living 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 Austin, 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	

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 By Candidate/Officeholder/Political Committee		FeesOffice OverheadFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expens 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	stin, TX, officeholder living 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 Austin, 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	

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 By Candidate/Officeholder/Political Committee		FeesOffice OverheadFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expens 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	stin, TX, officeholder living 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 Austin, 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	

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

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

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			

ſ

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						

ſ

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			
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	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			
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			
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			
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			
	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 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			
	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 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			
	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 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			
	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 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			
	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 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			
	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 **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 **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 **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 **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 **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 **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 **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 **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				