CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME			Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked
ADDRESS change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	()		Date Processed
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Date Imaged
NAME	NICKNAME LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	GO TO PAG	SE2	

CANDIDAT SUPPORT		CEHOLDER S	REPORT:	FORM C/OH Cover Sheet pg 2
14 C/OH NAME			1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPENDITUR	NS ACCEPTED OR POLITICAL EXPENDITURES MAD ES MAY HAVE BEEN MADE WITHOUT THE CANDI EQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME		
additional pages		COMMITTEE CAMPAIGN TR	REASURER NAME	
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER THAN ITEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRI	BUTIONS S, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITUR	ES OF \$100 OR LESS, UNLESS ITEM	zed \$
	4. TOTAL	POLITICAL EXPEND	TURES	\$
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIO	DNS MAINTAINED AS OF THE LAST D	^{AY} \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF TI PERIOD	^{HE} \$
18 AFFIDAVIT				perjury, that the accompanying report nformation required to be reported by
			Signature of Cand	idate or Officeholder
AFFIX NOTARY STAM				
	bscribed before me, by the said, this the ay of, 20, to certify which, witness my hand and seal of office.			
Signature of officer admi	inistering oath	Printed name of	officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS

SCHEDULE A **OTHER THAN PLEDGES OR LOANS** 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 2 4 Date 5 Full name of contributor Amount of In-kind contribution 7 8 out-of-state PAC (ID# contribution (\$) description (if applicable) Contributor address; City; State; Zip Code 6 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date out-of-state PAC (ID#: Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: In-kind contribution Date Amount of contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLED	GED CONTRIBUTIONS			SCHEDULE B	
т	he Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule B:	
FILER NAM	ΛE		3 ACCOUNT # (E	thics Commission Filers)	
TC	TAL OF UNITEMIZED PLEDGES: ⇒			\$	
Date	 6 Full name of pledgor out-of-state PAC (ID#: 7 Pledgor address; City; State; Zip Code)	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
0 Principal oc	ccupation / Job title (See Instructions)	11 Employer (See In		 of Texas, complete Schedule T)	
			1		
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code			 	
			(If travel outside of Texas, complete Schedule T)		
Principal oc	ccupation / Job title (See Instructions)	Employer (See li	nstructions)		
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code			 	
Principal oc	ccupation / Job title (See Instructions)	Employer (See li		of Texas, complete Schedule T)	
			,		
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code			 	
			(If travel outside	of Texas, complete Schedule T)	
Principal oc	ccupation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code				
			(If travel outside	l of Texas, complete Schedule T)	
Principal oc	ccupation / Job title (See Instructions)	Employer (See I	nstructions)		
I	ATTACH ADDITIONAL COPIES O f contributor is out-of-state PAC, please see instru			requirements.	

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

LOANS				SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pag	ges Schedule E:
2 FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
4 тота	L OF UNITEMIZED LOANS:		⇒	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
5 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N			-	11 Maturity date
2 Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)	I	
Description of Coll none	ateral	15 Check if personal funds were	deposited	into political account
6 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N			-	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	I	
Description of Colla	ateral	Check if personal funds were deposited into political account		
GUARANTOR	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
lf lend	ATTACH ADDITIONAL COP der is out-of-state PAC, please see ins	PIES OF THIS SCHEDULE AS NEE struction guide for additional rep		uirements.

I

Austin, Texas 78711-2070

POLITICAL	EXPENDITURES			SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES I Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distri Office Overhead/Ro	ntract Labor Los sing Expense Tra Co rict	an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee 'HER (enter a category not listed above)
4 Tatal names Oakadula Fr	The Instruction Guide	e explains how to o	complete this form.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
8 PURPOSE	(a) Category (See categories listed at the top	p of this schedule)	(b) Description (If tr	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	3	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
PURPOSE OF	Category (See categories listed at the top	p of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/	OH ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS NE	EDED

Γ

	. EXPENDITURES M PERSONAL FUN	IDS		SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	E CATEGORIES I Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of District Office Overhead/Re e explains how to c	ntract Labor Lo sing Expense Tr Co rict ental Expense O	oan Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	p of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS NE	EDED

(512) 463-5800 **PAYMENT FROM POLITICAL CONTRIBUTIONS** SCHEDULE H TO A BUSINESS OF C/OH EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Advertising Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundraising Expense Legal Services Transportation Equipment & Related Expense **Consulting Expense** Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense Fees OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 Date 5 Business name 6 Amount (\$) 7 Business address: City; State; Zip Code PURPOSE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) City; State; Zip Code Business address; Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH **Business** name Date Amount (\$) Business address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Austin, Texas 78711-2070

	TICAL EXPENDITURES	ONS		SCHEDULE
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/O Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor raising Expense strict /Rental Expense	Loan Repayment/R Transportation Equi Contributions/Dona Candidate/Office OTHER (enter a ca	pment & Related Expense
Total pages Schedule I:	2 FILER NAME		3 ACCOUNT	# (Ethics Commission Filer
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
⁸ PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Descriptio	n (See instructions regard	ding type of information required.
Date	Payee name	1		
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Descriptio	n (See instructions regard	ding type of information required.
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Descriptio	n (See instructions regar	ding type of information required
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Descriptio	n (See instructions regar	rding type of information required
	ATTACH ADDITIONAL COPIES OF THIS		NEEDED	

	dule K:		
FILER NA	hics Commission Filers)		
Date	5 Name of person from whom amount is received	I	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE		

DD 1-800-735-298	9)

IN-KIND CO FOR TRAVE				EXPEND	ITURE	SCHEDULE T
The Instru	uction Guide	e explains how to	complete this for	m.	1 Total pages Schedul	e T:
2 FILER NAME					3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor /	Corporation	or Labor Organizat	ion / Pledgor / Paye	Э		
5 Contribution / Expend	liture reported	d on:				
Sch	nedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	nedule H	Schedule N	COH-UC	СОН-Т	PAC-C	PAC-E
6 Dates of travel	7 Name o	of person(s) travelin	g			
	8 Departu	re city or name of d	eparture location			
	9 Destinat	tion city or name of	destination location			
10 Means of transportation	ion	11 Purpose of tra	vel (including name	of conference, se	minar, or other event)	
Name of Contributor / (Corporation c	Labor Organizatio	on / Pledgor / Payee			
Contribution / Expendit	ure reported	on:				
Sch	nedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	nedule H	Schedule N	COH-UC	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of p	person(s) traveling				
	Departure	city or name of dep	arture location			
	Destination	n city or name of de	estination location			
Means of transportation	1	Purpose of trave	I (including name of	conference, sem	nar, or other event)	
Name of Contributor / (Corporation o	r Labor Organizatio	on / Pledgor / Payee			
Contribution / Expendit	ture reported	on:				
Sch	nedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	nedule H	Schedule N	СОН-UC	Сон-т	PAC-C	PAC-E
Dates of travel	Name of p	erson(s) traveling				
Departure city or name of departure location						
	Destinatior	n city or name of de	stination location			
Means of transportation	1	Purpose of trave	I (including name of	conference, sem	nar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

		IDIDATE / OFFICEHOLDER REPORT: SIGNATION OF FINAL REPORT	FORM C/OH - FR
		The Instruction Guide explains how to complete this •• Complete only if "Report Type" on page 1 is marked "Finder the temperature of temperat	
1	C/OH N	IAME	2 ACCOUNT # (Ethics Commission Filers)
3	SIGNA	ATURE	
	report a	expect any further political contributions or political expenditures in connection with my ca s a final report terminates my campaign treasurer appointment. I also understand that I ma any campaign expenditures without a campaign treasurer appointment on file.	
		Signatu	re of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
	Α.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned from p	olitical contributions.
		I have unexpended contributions or unexpended interest or income earned from political on to convert unexpended political contributions or unexpended interest or income earned use. I also understand that I must file an annual report of unexpended contributions ar contributions or unexpended interest or income earned on political contributions longer report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election Code, §	on political contributions to personal nd that I may not retain unexpended er than six years after filing this final and unexpended interest or income
	В.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or other income from	om political contributions.
		I do retain assets purchased with political contributions or interest or other income from pol I may not convert assets purchased with political contributions or interest or other income fr use. I also understand that I must dispose of assets purchased with political contributions of Election Code, § 254.204.	rom political contributions to personal
			Signature of Candidate
5		CEHOLDER plete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder who does I am also aware that I will be required to file reports of unexpended contributions if, after officeholder, I retain political contributions, interest or other income from political contribution contributions or interest or other income from political contributions.	r filing the last required report as an
		S	ignature of Officeholder