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	NICKNAME LAST		Date Received	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	/; STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS			Date Hand-delivered or Postmarked	
Change of address			Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	
PHONE	()			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	М	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	n 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 Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

CANDIDAT SUPPORT		CEHOLDER S		FORM C/OH OVER SHEET PG 2
14 C/OH NAME			15 AC	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENSION CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION			ES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE	S OR OFFICEHOLDER'S KNOWLEDGE OR
·	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TR	REASURER NAME	
additional pages		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER THAN ITEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRI	BUTIONS S, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	
	4. TOTAL POLITICAL EXPENDITURES \$			\$
CONTRIBUTION BALANCE		AL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY		\$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD		\$
18 AFFIDAVIT			I swear, or affirm, under penalty of perju is true and correct and includes all inform me under Title 15, Election Code.	
			Signature of Candidate	or Officeholder
AFFIX NOTARY STAM				
		-		
day	of	, 20	, to certify which, witness my ha	and and seal of office.
Signature of officer admi	inistering oath	Printed name of	officer administering oath	itle of officer administering oath

www.ethics.state.tx.us

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.

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PLED	GED CONTRIBUTIONS			SCHEDULE B
т	he Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule B:
2 FILER NAM	ΛE		3 ACCOUNT # (Et	hics Commission Filers)
4 TO	TAL OF UNITEMIZED PLEDGES: ⇒			\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
				f Texas, complete Schedule T)
10 Principal oc	cupation / Job title (See Instructions)	11 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 o	of Texas, complete Schedule T)
Principal oc	cupation / 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			
			(f Texas, complete Schedule T)
Principal oc	cupation / 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 o	f Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	
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 o	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
I	ATTACH ADDITIONAL COPIES C 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 Lender address; City; State; a financial Institution?		Zip Code		Interest rate
Y N			-	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	I	
Description of Collateral		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.

Austin, Texas 78711-2070

POLITICAL	EXPENDITURES			SCHEDULE F	•
Advertising Expense Accounting/Banking Consulting Expense Event Expense	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	E CATEGORIES Salaries/Wages/C Solicitation/Fundr Travel In District Travel Out Of Dis	aising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expens Contributions/Donations Made By Candidate//Officeholder/Political Committ	
Fees	Printing Expense Printing Expense The Instruction Guid	Office Overhead/	Rental Expense	OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Fil	lers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C		9	Office sough	nt Office held	
Date	Payee name				
Amount (\$)	Payee address; City; S	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C		9	Office sough	office held	
Date	Payee name				
Amount (\$)	Payee address; City; S	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C		e	Office sough	nt Office held	
Date	Payee name				
Amount (\$)	Payee address; City; S	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direc expenditure to benefit C		9	Office sough	nt Office held	
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS	NEEDED	

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	EXPENDITURES	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/Coi Solicitation/Fundrai: Travel In District Travel Out Of Distr Office Overhead/Re e explains how to c	ntract Labor Loa sing Expense Tra Co ict ental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (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 (\$) Reimbursement from political contributions intended	7 Payee address; City; St	ate; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (If the	ravel 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 to	p of this schedule)	Description (If the	ravel 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	p of this schedule)	Description (If the	ravel 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 tr	ravel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS NEE	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

NON-POLITICAL EXPENDITURES SCHEDULE | MADE FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule I: 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 PURPOSE (a) Category (See instructions for examples of acceptable (b) Description (See instructions regarding type of information OF categories) required.) EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code PURPOSE (a) Category (See instructions for examples of acceptable (b) Description (See instructions regarding type of information OF categories) required.) EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code PURPOSE (a) Category (See instructions for examples of acceptable (b) Description (See instructions regarding type of information OF categories) required.) EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code PURPOSE (a) Category (See instructions for examples of acceptable (b) Description (See instructions regarding type of information OF required.) categories) EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ SCHEDULE K **REFUNDS, AND PURCHASE OF INVESTMENTS** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 Date 8 Amount 5 Name of person from whom amount is received (\$) ${\bf 6}\,$ Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received Amount Date Name of person from whom amount is received (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Date Amount Name of person from whom amount is received (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Amount Date Name of person from whom amount is received (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

DD 1-800-735-2989)	
	1

IN-KIND CONTRIBUTION OR POLITICAL EXPE FOR TRAVEL OUTSIDE OF TEXAS	ENDITURE SCHEDULE T			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Sc	hedule D Schedule F Schedule G			
Schedule H Schedule N COH-UC CC	DH-T PAC-C PAC-E			
6 Dates of travel 7 Name of person(s) traveling				
8 Departure city or name of departure location				
9 Destination city or name of destination location				
10 Means of transportation 11 Purpose of travel (including name of conference)	nce, seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Sc	hedule D Schedule F Schedule G			
Schedule H Schedule N COH-UC CO	ОН-Т РАС-С РАС-Е			
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference	e, seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Sch	hedule D Schedule F Schedule G			
Schedule H Schedule N COH-UC CC	DH-T PAC-C PAC-E			
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference	e, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED			

		DIDATE / OFFICEHOLDER REPORT: SIGNATION OF FINAL REPORT	FORM C/OH - FR				
		The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	IAME	2 ACCOUNT # (Ethics Commission Filers)				
3	SIGN	ATURE					
	report a	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.					
		Signatu	re of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	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 ar earned on political contributions in accordance with the requirements of Election Code, § 2	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 fro	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				