CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	I Charles	5-7	· · · · · · · · · · · · · · · · · · ·
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	STATE; ZIP CODE	1 m - m - 20
OFFICEHOLDER MAILING	LIVO	50 TY 79902	R A
ADDRESS Change of Address	1011 E Jan	de(1,10	£ 5
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	PT.
OFFICEHOLDER PHONE	(9,5) 35, 408	8	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS MR FIRST	MI .	Receipt # Amount S
NAME	NICKNAME LAST :	SUFFIX	Date Processed
	Drea	673	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE): APT / SU	JITE#; CITY; STATE;	ZIP CODE
ADDRESS	1011 E Van	dell, 10	
(Residence or Business)	E, Pago	7990	0 2
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
	915 351	4068	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
33721125	1 15/17	THROUGH 4	28/17
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 5 6 7 General	Runoff Other Description Special	400
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	~ 1		
:	None	Mayo	
	GO TO	•	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 (Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS	୍ 21			
17 CONTRIBUTION TOTALS		COLITICAL CONTRIBUTIONS OF \$50 OR LESS OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	s TEAY			
	2. TOTAL (OTHER	\$ - 50				
EXPENDITURE TOTALS	3. TOTAL P UNLESS	\$ PEP				
	4. TOTAL	POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$			
18 AFFIDAVIT						
Char Pag BEI	NJAMIN ORTEG	I swear, or affirm, under penalty of perjur true and correct and includes all informal under Title 15, Election Code.				
WATE OF THE MY	Notary Public, State of Texas commission expire MARCH 10, 2019	Signature of Candidat	e or Officeholder			
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscr	\	y the said Vorge Artaejo o certify which, witness my hand and seal of office.	, this the			
Bloga		Benjamin Ortega	Notary			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co.	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

2017 MAY - 1 PM 4: 18

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

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor Out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description
7 Contributor address; City, State; Zip Coo	Check If travel outside of Texas, Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm 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 cut of state PAC (ID#	Contribution \$ In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T. Employer (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 is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF T	ZIII MAY - I PH 4: 18

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

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor Out-of-state PAC (ID# Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State, Zip Code Check if travel outside of Texas, Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Ampunt Full name of pledgor ut-of-state PAC (ID# In-kind contribution of/Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Pledge \$ description Pledgor address; City; State: Zip Code, Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date Full name of pledgor __ out-of-state PAC (ID#:_ description Pledge \$ City: State: Zip Code Pledgor address: Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) 2/2 33 ス ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lender 9 Loan Amount (\$) Out-of-state PAC (ID#_ Is lender 10 Interest rate 8 Lender address: City: State: Zip Code a financial Institution? 11 Maturity date N 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) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: City; State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender ut-of-state PAC (ID#: Interest rate Is lender Zip Code Lender address: City: State: a financial Institution? Maturity date N Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Sind (dinor a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		atside of Toxas, Complete Schedule T. o, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Dale	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categorles listed at the top of this schedule)	<i>y</i> —	tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held .
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Foos	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Exponse Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made B		Polling Expense Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethlcs Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	IGATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	n
PURPOSE		Checki	travel outside of Texas, Complete Schedule T.
OF EXPENDITURE		/ —	if Austin, TX, officeholder living expense
		/ _	• • • • • • • • • • • • • • • • • • • •
11 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of the	nis schedule) Descriptio	on
PURPOSE			travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check	if Austin, TX. officeholder living expense
			and mad
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
			20
			= D
			F. 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
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; City	/; State; Zip Code
	7 Description of investment	
ĺ	8 Amount of investment (\$)	<i>f</i>
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
······································		
		CLERK D
		©EPT.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	•		OOTHEDOLETT
	EXPENDITURE CATEG	SORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Logal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	is how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	s
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	Check	ion if travel outside of Texas, Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder namo	Office sought	Office hold
Date	Рауее пате /	7	
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	Checki	if travel outside of Texas. Complete Schedule T
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		4,	19

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilt/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)

Gredit Card Payment	The Instruction Guide explains how to	o complete this form.	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule G:	2 FILER NAME	3 F	iller ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code	9	
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check it ravel outside of Toxo	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			7
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check If travel outside of Texa Check if Austin, TX, office	117
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office field
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	· · · · · · · · · · · · · · · · · · ·

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundralsing Expenso Transportation Equipment & Related Expenso Travel In District Travel Out Of District

Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date Business name 6 Amount (\$) City; State; Zip Code Business address: 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE ___ Check if travel outside of Texas, Complete Schedule T. OF Check if Austin. TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Date **Business** name Business address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schoole) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense 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 Category (See Categories listed at the top of this schedule) Description _ Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information reduired.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code	*			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of Information required.)			
Date	Payee name	MY - CLE			
Amount (\$)	Payee address; City; State; Zip Code	P# CEP			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
	ATTACH ADDITIONAL CODIES OF THIS S	CHEDINE AC NEEDED			

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	6	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received	J	8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	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; State	Zip Code	*:
	Purpose for which amount is received	political contribution	returned to filer
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 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; State;	Zip Code	Y CLERK
	Purpose for which amount is received Check if	political contribution	returned to file
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	<i>W</i>

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

SCHEDULE T

The Instru	uction Guide	explains	s how to complete th	nis form.	1 Total pages Schedule T:	
2 FILER NAME					3 Filer ID (Ethics Commis	ssion Filers)
4 Name of Contributor	/ Corporation	or Labor (Organization / Pledgor /	Payee		
5 Contribution / Expend	diture reported	d on:				
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-U0	Schedule B-SS
6 Dates of travel	7 Name o	of person(s	i) fraveling			
	8 Departu	re city or n	name of departure locat	lion	***************************************	
	9 Destinat	ion city or	пате of destination lo	cation	- 	
10 Means of transportat	ion	11 Purpo	ose of travel (including	name of conference, s	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	['] Payee		
Contribution / Expend	filure reported	d on:				
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name o	of person(s	s) traveling			
	Departu	re city or n	name of departure locat	ion		
	Destinat	ion city or	name of destination lo	cation		
Means of transportat	ion	Purpo	ose of travel (including	name of conference, s	eminar, or other event)	
·				/ **		
Name of Contributor /	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
Contribution / Expend	liture reported	on:				
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	
Dates of travel	Name o	f person(s) traveling			
	Departu	re city or n	ame of departure locat	ion		
	Destinat	ion city or	name of destination lo	cation		2 %
Means of transportati	ion	Purpo	ose of travel (including	name of conference, se	eminar, or other event)	- F 19
						- 247
	AT	TACH A	DDITIONAL 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 "Final F	Report"			
1	C/OH N	NAME 2	Filer ID (Ethics Commission Filers)			
3	SIGNA	ATURE				
	ing a re	expect any further political contributions or political expenditures in connection with my car export as a final report terminates my campaign treasurer appointment. I also understand to utions or make any campaign expenditures without a campaign treasurer appointment on the control of the	hat I may not accept any campaign			
			-C			
4		WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are not an officeholder	1 F			
	A.	CAMPAIGN FUNDS	B E			
	Chec	k only one:	# A			
	1	I do not have unexpended contributions or unexpended interest or income earned from	political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254,204.				
	B.	ASSETS				
	Chec	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 paths I may not convert assets purchased with political contributions or interest or other in personal use. I also understand that I must dispose of assets purchased with political crequirements of Election Code, § 254.204.	come from political contributions to			
		Sign	ature of Candidate			
5		EHOLDER plete this section <i>only</i> if you are an officeholder ··				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
		Signa	ature of Officeholder			



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

Filer name	Account #	

OFFICE USE ONLY						
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- 1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom
 I contract, uses computer equipment to keep current records of political contributions, political
 expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

I am filing this affidavit with the		4/26/1	
I understand that this affidavit is required to be filed	d with <i>each</i> campaig	n finance report for which	:h I
am claiming an exemption from electronic filing.			

BENJAMIN ORTEGA
Notary Public.
State of Texas
My commission expires
MARCH 10. 2019

Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by

e Artalejo

this the

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May

to certify which, witness my hand and seal of office.

analure of oncer administering oath

Benjamin Urteg

Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER