## 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 (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; (	CITY; STATE; ZIP CODE		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI		
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE	
	AREA CODE				
8 CAMPAIGN TREASURER PHONE	( )	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month /	Day Year	Month	Day Year	
11 ELECTION	ELECTION DA	TE Year Primary General	ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any)	'	13 OFFICE SOUGHT (if known	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	<u> </u>	GO TO	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		<b>16</b> Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	Signature of Ca	ndidate or Officeholder			
	Please complete either option below:				
(1) Affidavit					
NOTARY STAMP/SEA	L				
Sworn to and subscribed	before me by this the	day of,			
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declarati	on				
My name is	, and my date of birth is				
		,,,,			
		tate) (zip code) (country)			
Executed in	County, State of, on the day of(month	), 20 <u>(year)</u> .			
	Signature of Candio	ate/Officeholder (Declarant)			

## 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 CC	NTRIBUTIONS	\$
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$

## MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
		<b>6</b> 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.				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested in	formation is not	applicable, DC	O NOT include the	nis page in the report.

т	he Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ule A2:
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description
	<b>7</b> Contributor address; City; State;	Zip Code	Check if travel outsid	de of Texas. Complete Schedule T.
<b>10</b> Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsic	de of Texas. Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		-	g requirements.

## PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

	The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
			ate; Zip Code	· 	   
				Check if travel outs	ide of Texas. Complete Schedule T.
10	) Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	tate; Zip Code		 
				Check if travel outsi	I. ide of Texas. Complete Schedule T.
	Principal occup	ation / 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; S	tate; Zip Code		
				Check if travel outsi	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; Stat	e; Zip Code	•	   
					l <sub>.</sub> ide of Texas. Complete Schedule T.
	Principal occur	pation / Job title (See Instructions)	Employer (See		
				,	
<u> </u>					
	lf	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Ins		-	requirements.

5

#### SCHEDULE E

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender 🗌 out-of-state F	PAC (ID#: )	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			<b>11</b> Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
<b>14</b> Description of Col	lateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	tion (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 occupati	on / Job title (See Instructions)	Employer (See Instructions)	1
Description of Col	lateral		ds were deposited into political
none	1	account (See Instruc	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	·
If I	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NE	

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Event Ex
Fees
Food/Be
Gift/Awa
Legal Se
The l

rent Expense ies od/Beverage Expense ft/Awards/Memorials Expense igal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this for
---

<b>1</b> Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		I
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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	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/OF		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

# **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

		EXPENDIT	URE CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services		Office Over Polling Exp Printing Ex		Transport Travel In I Travel Ou	District t Of District	Expense nt & Related Expense not listed above)
		The Instruction	Guide explain	s how to c	omplete this form.			
<b>1</b> Total pages Schedule F2:	2 FILER	NAME				3 Filer ID	(Ethics Co	mmission Filers)
4 TOTAL OF UNITER	MIZED UN	IPAID INCURF	RED OBLIC	GATION	S	\$		
5 Date	6 Payee	name						
<b>7</b> Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories liste	ed at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside of	Texas. Complete So	chedule T.	Check if Aus	tin, TX, officeh	older living ex	pense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate / Officeholo	der name	0	ffice sought		Office held	3
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories liste	ed at the top of this	schedule)	Description			
		Check if travel outside	of Texas. Complete	Schedule T.	Check if Au	istin, TX, office	eholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate / Officeholo	der name	C	ffice sought		Office held	ł
					CHEDULE AS NE	EDED		
Forms provided by Texas Ethi	cs Commissi	on	www.ethics	.state.tx.us				Revised 11/15/2022

## 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.	<b>1</b> Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	<b>5</b> 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	;; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

Forms provided by Texas Ethics Commission

EXPENDITU	RES M	ADE BY CREE	DIT CAF	RD	SCHE	DULE <b>F4</b>
If the requested inform	mation is no	ot applicable, <b>DO NOT</b>	include this	page in the rep	port.	
		EXPENDITURE CAT	EGORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundraisi Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	ment & Related Expens
<b>1</b> Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics 0	Commission Filers)
4 TOTAL OF UNITEM	IIZED EXP	ENDITURES CHARGI	EDTOACR	EDIT CARD	\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Categor	<ul> <li>(See Categories listed at the top of</li> </ul>	this schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Comp	lete Schedule T.	Check if Au	ustin, TX, officeholder living	expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought	Office h	eld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	F	Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top o	f this schedule)	Description		
		Check if travel outside of Texas. Com	plete Schedule T.	Check if A	ustin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	O1	ffice sought	Office h	eld
	ΑΤΤΑΟ		S OF THIS S	CHEDULE AS NE	EDED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE ${f G}$

		EXPENDITURE CATEG	<b>GORIES</b> F	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 explains	Office Over Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
<b>1</b> Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nar	ne			1	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this sch	hedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austir	n, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description		
		Check if travel outside of Texas. Complete Sch	edule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	hedule)	Description		
		Check if travel outside of Texas. Complete Scho	edule T.	Check if Austir	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEED	DED	

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

### SCHEDULE H

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

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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.			
<b>1</b> Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name		I		
<b>6</b> 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.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	<b>Category</b> (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	<b>Category</b> (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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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	<b>8</b> Amount (\$)
<b>6</b> Address of person from whom amount is received; City; State	e; Zip Code
7 Purpose for which amount is received Check if p	political contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; Stat	te; Zip Code
Purpose for which amount is received Check if p	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	e; Zip Code
Purpose for which amount is received Check if p	political contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; Stat	te; Zip Code
Purpose for which amount is received Check if p	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 Instru	uction Guide	explains	how to complete	this form.	1 Total pages Schedule T:
2 FILER NAME					<b>3</b> Filer ID (Ethics Commission Filers)
4 Name of Contributor /	<sup>/</sup> Corporation	or Labor C	Organization / Pledgo	r / Payee	
5 Contribution / Expend	Sche	edule B edule F4	Schedule B(J)	Schedule C2	Schedule D     Schedule F1     Schedule COH-UC     Schedule B-SS
6 Dates of travel	7 Name of				
	8 Departu	re city or n	ame of departure loc	ation	
	9 Destinat	ion city or	name of destination	location	
10 Means of transportation	ion	11 Purpo	ose of travel (includin	g name of conference	e, seminar, or other event)
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgo	r / Payee	
Contribution / Expend	liture reported	l on:			
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	School	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	f person(s)	) traveling		
	Departu	re city or n	ame of departure loc	ation	
	Destinat	ion city or	name of destination	location	
Means of transportat	ion	Purpo	ose of travel (includin	g name of conferenc	e, seminar, or other event)
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgo	r / Payee	
Contribution / Expend	liture reported	l on:			
Schedule A2	Schedu	ile B [	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	ıle F4 [	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	f person(s)	) traveling		
	Departu	re city or n	ame of departure loc	ation	
	Destinat	ion city or	name of destination	location	
Means of transportat	ion	Purpo	ose of travel (includin	g name of conferenc	e, seminar, or other event)
	A	TACH AI	DDITIONAL COPIE	S OF THIS SCHED	JLE 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 Report" ••	
1	C/OH N	NAME 2 Filer ID (Ethics Commission Filers)	
3	SIGNA	ATURE	
	designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file.	у
		Signature of Candidate / Officeholder	_
4		R WHO IS NOT AN OFFICEHOLDER nplete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	ck only one:	
		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 personal use. I also understand that I must file an annual report of unexpended contributions and that I may not represented 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 and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.	s to tain
	В.	ASSETS	
	Chec	ck 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 understate that I may not convert assets purchased with political contributions or interest or other income from political contributions personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with trequirements of Election Code, § 254.204.	s to
		Signature of Candidate	
5		CEHOLDER nplete 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 of 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.	IS
		Signature of Officeholder	

				OFFICE	USE ONLY
	AFFIDA CANDIDATE OR ( ELECTRONIC FIL	OFFICEHOLDER:		Date Received	
	An exemption affidavit must be	e submitted with each paper rep	ort.	Date Hand-delivered	l or Date Postmarked
Reginning on January	1, 2022, a candidate or officeho	older who has accented more th	han		
\$28,800 in political cor	ntributions or made more than a nust file all subsequent reports e	\$28,800 in political expenditu		Receipt #	Amount \$
				Date Processed	
Filer name		Filer ID #		Date Imaged	

- 1. I swear or affirm that I have not accepted more than \$28,800 in political contributions or made more than \$28,800 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.
- 3. 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 \$28,800 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.
- 5. I am filing this affidavit with the \_\_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

#### Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL			Signature	e of Filer	
Sworn to and subscribed before me by		th	is the	day of	
20, to certify which, witness my h	nand and seal of office.				
Signature of officer administering oath	Printed name of officer admin	istering oath		Title of officer	administering o
	OR				
(2) Unsworn Declaration					
(_) ••					
	,	and my date of	birth is		
My name is					
My name is My address is(st Executed in County,	reet)	(city)	,, (state) ,	, 20	(country)