TONY YZAGUIRRE

8 Days Before Election

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how t	to complete this form.	1 Filer	ID (Ethics Commission Filers)	2 Total pages fil	ed: 19
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	<i>j</i>	MI	OFFICE	USE ONLY
NAME	NICKNAME W	LAST		SUFFIX	Date Received	
4 CANDIDATE/	ADDRESS / PO BOX;	AFUIRRE APT / SUITE #;	CITY;	STATE; ZIP CODE	CAMERON (DEPARTMENT OF VOTER REGIS	ELECTIONS &
OFFICEHOLDER MAILING ADDRESS	P.O.K	Box 556			FEB 2 6	3 2024
Change of Address	†	svilla, 7	ZX s.	5 78123	A RECEP	10401:10AM
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 5	PHONE NUMBER*	and the same of th	EXTENSION	Date Halmanikored	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	·········
	ROMACINE	ian∙ I		QQI) IX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	NO PO BOX PLEASE); APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	t	EXTENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before el	lection	Exceeded Modified Reporting Limit	Final Report	t (Attach C/OH - FR)
10 PERIOD COVERED	Month O2 /	Day Year / 01 / 2 4	THRO	Month $\mathcal{O}\mathcal{Z}$	Day Year 26	
11 ELECTION	ELECTION DAT		[]	ELECTION TYPE	-	
	Month Day	Year Primary General		noff Other Description ecial		
12 OFFICE	OFFICE HELD (if any)	sessor Colle	dor 13	7 /	n) 5500- Ca	Mactor
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BE	POLITICAL EXPENDITURES A	MADE BY POLITICAL COM	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			Control of the Contro	
	SPECIFIC	COMMITTEE CAMPAIGN IB	EASURER NAM	1E		
		COMMITTEE CAMPAIGN TR	REASURER AD	DRESS		
		GO TO	PAGE 2	App. 1000 App. 1	tricket.	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	tonio Tony 1/2 agui	16 F	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CON PLEDGES, LOANS, OR GUARANTEE: CONTRIBUTIONS MADE ELECTRONI	TRIBUTIONS (OTHER THAN S OF LOANS, OR	\$ _ & -
	2. TOTAL POLITICAL CONTRIBUTIO (OTHER THAN PLEDGES, LOANS, OF	NS	\$ 1,500.00 \$ 319.25 \$ 17,755.82 \$ 3,096.92
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	:NDITURE.	\$ 3/9,25
	4. TOTAL POLITICAL EXPENDITURE	S	\$ 17,755.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS NO OF REPORTING PERIOD	1AINTAINED AS OF THE LAST DA	\$ 3,096.92
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL C LAST DAY OF THE REPORTING PERI		
1	vear, or affirm, under penalty of perjury, that the uired to be reported by me under Title 15, Election	/ 1	<u> </u>
	Please complete	either option below:	
(1) Affidavit NOTARY STAMP/SEAL	DIANA SALAZAR Notary Public State of Texas My Comm. Exp. 04/12/2025 Notary ID 13102962-5	September 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
~ 1/	pefore me by Attonio "Tony" Togyia	this the 20	day of February,
20 dy to certify v	which, witness my hand and seal of office.	dazar Not	an Public State of Texa
Signature of officer administer	ng oath Printed name of officer adm	nistering oath	Table of officer administering oath
(2) Unsworn Declaratio			
My name is	144400000000000000000000000000000000000	, and my date of birth is	
My address is			,,
Executed in	(street) County, State of, on t		(zip code) (country), 20 (year)
		Signature of Candidate/Of	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME Antonio Tony Yoquire Tr. 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ ~ 0 ~
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,755.82
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	\$ - 0 -
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ *************************************
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Antonio Tony Yzagui	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PA		7 Amount of contribution (\$)
2/2/24	1000 0 - 101.	State; Zip Code 78578 9 Employer (See Instruct	#500.
8 Principal occu			ions)
Hrt	¿ Besign	50//	
Date		C (ID#:)	Amount of contribution (\$)
1/23/	Jaima Escobedo		
124	Contributor address; City; 4680 Lanksfor DR.	State; Zip Code	1,000.00
	Brownsville, Texas.	78576	
	ation (Job title (See Instructions)	Employer (See Instruct	ions)
Sie	aly Alarm Co.	54.	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
· · · · · · · · · · · · · · · · · · ·			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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

a the requested information is not applicable, be not include this page in the report.						
1 Total pages Schedule A27						
3 Filer ID (Ethics Commission Filers)						
\$						
8 Amount of 9 In-kind contribution Contribution \$ description						
er (FOR NON-JUDICIAL)(See Instructions)						
utor's job title (FOR JUDICIAL)(See Instructions)						
n of contributor's spouse (if any) (FOR JUDICIAL)						
Amount of In-kind contribution Contribution \$ description						
er (FOR NON-JUDICIAL)(See Instructions)						
utor's job title (FOR JUDICIAL)(See Instructions)						
n of contributor's spouse (if any) (FOR JUDICIAL)						
JLE AS NEEDED						

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B:
2 FILER NAMI	E	·	3 Filer ID (Ethics C	commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of Pledge/\$	9 In-kind contribution description
	7 Pledgor address; City; St	ate; Zip Code		
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See	l/	ide of Texas. Complete Schedule T
10 Fincipal occ	supation / Job title (See Instructions)	Tr Employer (See	instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Si	ate; Zip Code		
			Check if travel outs	l . ide of Texas. Complete Schedule T
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date _.	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
•			Check if travel outsi	 de of Texas. Complete Schedule T
Principal occ	supation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	; Zip Code	,	·
			Check if travel outsi	, de of Texas. Complete Schedule T
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ TOTAL OF UNITEMIZED LOANS 7 Name of lender Date of loan out-of-state PAC (ID#:_ Loan Amount (\$) 10 Interest rate Is lender City; 8 Lender address; State; Zip Code a financial Institution? 11 Maturity date Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral 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 out-of-state PAC (ID#:_ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date 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 Amount Guaranteed (\$) Name of guarantor 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.

SCHEDULE F1

	E	XPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/B y Gift/Aw al Committee Legal S		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
	The i	nstruction Guide expl	ains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	o Tony	1/209	une Ir	3 Filer ID (Ethic	s Commission Filers)
4 Date 2/6/24	5 Payee name	, Prass	»		;	
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code
\$5,335.33	Brown:	sville,	Tex	r		
8	(a) Category (See Ca	ategories listed at the top of t	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE		A Printoz		Pal.	Printy (Canfign
	(c) Check if tr	avel outside of Texas, Complet	e Scheaule I.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name		Office sought		Office held
2/6/24	Payee name Bor de	or Pra	5 5			
Amount (\$)	Payee address;			City;	State;	Zip Code
48,229.90	Browns	villa, t	Exas			
	Category (See Cat	egories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	Mail out	Pastopa		Pal. M	arlout	2-
	Check if to	avel outside of Texas. Complete	e Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		iceholder name		Office sought		Office held
2/23/24	Payee name Oak 7	4i11 E	ont	Conto	O _o v	
Amount (\$)	Payee address;	<u> </u>		City;	State;	Zip Code
#513.97	San	Banto	, 6	705		
	Category (See Cate	egories listed at the top of thi	s schedule)	Description	Л	
PURPOSE OF EXPENDITURE	Campia	n Evst	<i>f</i>	Ronta		
	Check if tra	evel outside of Texas. Complete	Schedule T.	Check if Austii	a, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ficeholder name		Office sought		Office held
	ATTACH A	DDITIONAL COPIE	S OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Glft/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME " JONY 1/20	guirre TV.	3 Filer ID (Ethics Commission Filers)
4 Date 1/30/24	5 Payee name The Ink 5Po	+	
6 Amount (\$) #324.75	Prownsville, Tex	city:	State; Zip Code
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
PURPOSE OF EXPENDITURE	Campiage Bo Hon.	5 Butto	**
	(c) Check if travel outside of Texas. Complete School	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/31/24	The Ink Spo	P.	
Amount (\$)	Payee address: MI fon G/o	City;	State; Zip Code
/ / /	Category (See Categories listed at the top of this sch	 	
PURPOSE OF EXPENDITURE	4-4X8 Canfriget 5	igns Sign	N-S
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/3//24	San Benito N	ows	
Amount (\$) 00 4 800	Payee address;	City;	State; Zlp Code
	Category (See Categories listed at the top of this scho	edule) Description	*
PURPOSE OF EXPENDITURE	Cempign Ads	Polis	-O Ads
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling Y Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense Expense s/Wages/Contract Labor c complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Tony 1/2 og	0000	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/24	5 Payee name	,	÷
6 Amount (\$) 4603.12	7 Payee address: 3032 Res gea Vist Brownsulle / Tex.	2 Dr.City; 78526	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Pol. Ad.	Adver	Fings
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 1/20/24	Payee name Canton County Dam	esti wow	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 100.00	Brownsville, Toxas	7852	-3
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	mosty
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/56/24	San Bonto Wor	ws	
Amount (\$) .0	Payee address;	City;	State; Zip Code
1,3001		78	74
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedule) Pal. Ad.	Description P	egn Ad.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services	norials Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
		The Instruction	on Guide expl	ains how to c	omplete this form.		
1 Total pages Schedule F1:	14)	ntone	Joury"	1/20	guilles.	3 Filer ID (Eth	ics Commission Filers)
4 Date 2/21/24	5 Payee na	ome Z	ته ومود	a farment de la constant de la const		÷	-
# 236.98		8 F	-// -		City;	State;	Zip Code
_	-	OWASY (110/	مِعارِفِ			
PURPOSE OF EXPENDITURE	-	y (See Categories lis	$= \rho_a / \alpha$	nis schedule)	(b) Description	Signs	Palar.
	(c)	Check if travel outside		e Schedule T.	Check if Aus	stin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/Oi		late / Officeholde	er name		Office sought		Office held
Date 2/5/24	Payee na	me S					
Amount (\$) \$ 1/2.97	Payee ac	ddress; wa 5V///	/e ,	Tox.	City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories list			Description	Signs	Pales
		Check if travel outside	of Texas. Complete	e Schedule T.	Check if Aus	stin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholde	r name		Office sought		Office held
Date	Payee na	ame		***************************************		,	
2/24/24	5Po	+ Rubi	ber C	Ve/6	as Ko	olly Ti	ves
Amount (\$)	Payee ad	dress;	4		City;	State;	Zip Code
\$184.05	Brow	m svill	e, Te	×. 7	8,250		
	Category	(See Categories liste	ed at the top of this	s schedule)	Description		<i>*</i>
PURPOSE OF EXPENDITURE	Refai	r Camp	in Vel	liand	Cemp.	in Van	
		Check if travel outside	of Texas. Complete	Schedule T,	Check if Aus	tin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholde	er name		Office sought		Office held
	AT	TACH ADDITIO	NAL COPIE	S OF THIS S	CHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested infor	mation is not ap	plicable, DO NOT	include this	page in the	e report.		
to	E	XPENDITURE CAT	EGORIES FO	OR BOX 10(a))		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/ By Gift/Av al Committee Legal	Expense Beverage Expense wards/Memorials Expense Services Instruction Guide expl	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labo	se Transpo Travel tr Travel C r Other (e		nt & Related Expense
1 Total pages Schedule F2:	2 FILER NAME				3 Filer I	D (Ethics Con	nmission Filers)
4 TOTAL OF UNITER	MIZED UNPAID	INCURRED OBI	LIGATIONS	i ,	\$		
5 Date	6 Payee name			. /	,		
7 Amount (\$)	8 Payee addres	ss;		City;		State;	Zip Code
9 TYPE OF EXPENDITURE	Politica	ı	Non-Polit	ical			
10 PURPOSE OF EXPENDITURE		Categories listed at the top of		(b) Descriptio			
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate	/ Officeholder name		ice sought	if Austin, TX, office	Office held	
Date	Payee name						
Amount (\$)	Payee addres			City;		State;	Zip Code
TYPE OF EXPENDITURE	Politica		Non-Polit	ical			
PURPOSE OF EXPENDITURE		Categories listed at the top of t		Description			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	if travel outside of Texas. Compli / Officeholder name		ice sought	c if Austin, TX, offic	Office held	
	-						tori ancessi Perservana kasti kasti kuula kuula suu samaa Parkaassa s
	ATTACH AD	DITIONAL COPIES	OF THIS SC	HEDULE 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		
4 Date	5 Name of person from whom investment is purchased	
		Obstance 77 Conda
	6 Address of person from whom investment is purchased; Ci	ty; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	a and the state of
	Address of person from whom investment is purchased; Cit	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested inforr	mation is not	applicable, DO N	NOT include	this	page in the rep	oort.	
		EXPENDITURE	CATEGOR	ES FC	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	y	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Loz Offi Pol xpense Prir	n Repayr ce Overh ling Expe iting Expe	ment/Reimbursement ead/Rental Expense	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t
	1	The Instruction Gul	de explains ho	w to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER N	AME				3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPE	NDITURES CHA	ARGED TO	ACRE	DITCARD	\$	
5 Date	6 Payee na	ime					
7 Amount (\$)	8 Payee a	ddress;		<i>.</i>	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Po	litical		lon-Polit	tical		
10	(a) Category	(See Categories listed at th	e top of this sched	ıle)	(b) Description		
PURPOSE							
OF Expenditure							
	(c) (Check if travel outside of Texa	s. Complete Schedu	le T.	Check if Au	ıstin, TX, officeholder living	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candi	date / Officeholder r	name	Off	ice sought	Office h	eld
Date	Payee na	yne					
Amount (\$)	Payee a	ldress;			City;	State;	Zip Code
TYPE OF EXPENDITURE	Po	litical	1	lon-Poli	tical		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at th	ne top of this sched	ule)	Description		
		Check if travel outside of Texa	as, Complete Schedu	ile T.	Check if Au	ustin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candi	date / Officeholder r	name	Off	ice sought	Office h	eld
	ATTACH	ADDITIONAL CO	OPIES OF TH	IIS SC	HEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

ii the requested in	IOITHALIOH IS	Tiot applicabl	e, DO NOT II	liciude	uns page m un	e report.		
		EXPEND	ITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage E Giff/Awards/Mem Legal Services The Instruction	orials Expense	Office Of Polling E Printing Salaries	payment/Reimbursemer verhead/Rental Expensi xpense Expense Wages/Contract Labor complete this form	e Transportati Travel Jn Di: Travel Out C Other (enter	ion Equipm strict Of District	g Expense ent & Related Expense / not listed above)
1 Total pages Schedule G:	2 FILER NA	ME	and the second s	***************************************		3 Filer ID	(Ethics (Commission Filers)
4 Date	5 Payee nar	ne						
6 Amount (\$)	7 Payee add	dress;			City;		State;	Zip Code
Reimbursement from political contributions intended								
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories liste	ed at the top of this so	chedule)	(6) Description			
	(c) (c)	Check if travel outside o	of Texas. Complete Sch	nedule T.	Check if A	Austin, TX, officeholde	er living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officehold	er name		Office sought		(Office held
Date	Payee nar	me		***************************************				
Amount (\$)	Payee add	dress;			City;	:	State;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories list	ed at the top of this so	chedule)	Description			
LAI LIEDITORE		Check if travel outside o	of Texas. Complete Sci	nedule T.	Check if A	Austin, TX, officehold	er living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officehold	er name		Office sought		(Office held
Date	Payee nar	nje						
Amount (\$)	Payee add	dress;			City;	Sta	ate;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories liste	ed at the top of this so	chedule)	Description			
		Check if travel outside o		edule T.		austin, TX, officeholde		
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officehold	er name		Office sought			Office held
	ATTA	CH ADDITION	AL COPIES OI	F THIS S	CHEDULE AS NE	EDED		

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

SCHEDULE H

·						
		EXPENDITUR	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Office Of Polling Expense Printing Salaries		Solicitation/Fundraisin Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule H:	2 FILER NA	AME		· ·	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	address;		city;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description		
	(c) c	heck if travel outside of Texas.	Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	epense
Complete ONLY if direct expenditure to benefit C/O		ite / Officeholder nan	ne	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 schedule)	Description		
	c	heck if travel outside of Texas. (Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY If direct expenditure to benefit C/O	Candida H	te Officeholder nam	ne	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 schedule)	Description	-	
	c	neck if travel outside of Texas. (Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder nam	ne	Office sought	•	Office held
	ATTA	CH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
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 regard	ling type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ling type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category/(See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ling type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ling type of	information
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom amount is received	8 Amount (\$)
6 Address of person from whom amount is received; City; 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	oolitical contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State	te; Zip Code
Purpose for which amount is received Check if p	oolitical contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED

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

C	\sim	L	_	n		ı	¥		T
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If the requested information is not applicable, DO NOT include this page in the report.							
The Instr	uction Guide explains how to complete this form. 1 Total pages Schedule T:						
2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
4 Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expend	diture reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
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 transportat	ion 11 Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor	Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:							
Schedule A2	2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel	Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor	Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend							
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel	Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportati	on Purpose of travel (including name of conference, seminar, or other event)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						