CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
IIIO WOII III MANAGARIA	ining arbining near to exultate time service		19	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
NAME	MR. ALEJANDRO		Date Received	
	NICKNAME LAST	SUFFIX		
	ALEX DOMINGUEZ		CAMERON COUNTRY	
4 CANDIDATE / OFFICEHOLDER		CITY; STATE; ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS	
MAILING ADDRESS	40 SUNSET DR BROWNSV	7ILLE, TX 78520	VOTER REGISTRATION	
Change of Address			4.318 JAN 15 2016	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER	(956)504-0014	MATERIAL	Date Hand-delivered or Pate Postmarked	
PHONE 6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
TREASURER	MR. ALEX	WI		
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	PEREZ	ESQ.	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	855 E. HARRISON	BROWNSVILLE, TX	¥ 78520	
(Residence or Business)	Diowing villed, 12 70320			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(832)818-6195			
	The state of the s			
		Military more and a sufficiency of the control of t		
9 REPORT TYPE	X January 15 30th day before ele	ection Runoff	15th day after campaign	
			treasurer appointment (Officeholder Only)	
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	07 / 01 /2015	12 /	, ,	
	01/01/2013	THROUGH 12/	31 / 2013	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	11 / 04 / 2014 X General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))	
	COUNTY COMMISSIONER	COUNTY COMM	IISSIONER, PCT 2	
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ndva Dani-		5 Filer ID (Ethics Commission Filers)			
Aleja	ndro Domin	guez				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND KNOWLEDGE OR CO	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					
		COMMITTEE ADDRESS				
	SPECIFIC		·			
		COMMITTEE CAMPAIGN TREASURER NAME	ki katangan dan dan mangan dan katan katan dan san katan dan san dan san dan san dan san basar dan san dan san			
			6			
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION						
TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$			
	1 22042	o, Londo, of Gon Marie Londo, on Londo, on Londo				
	2. TOTAL	POLITICAL CONTRIBUTIONS	\$ 7105.49			
	(OTHÉR	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7105.49			
EXPENDITURE						
TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED					
	ONLEGO HEIMZED					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 16.00			
			\$ 16.00			
CONTRIBUTION	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY			
BALANCE	of REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 9269.60					
OUTSTANDING						
LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	\$ 3500.00			
	27.07.07		3300.00			
18 AFFIDAVIT						
		I swear, or affirm, under penalty of p	erjury, that the accompanying report is			
			ormation required to be reported by me			
Settle RV	GLADYS V	ILLARREAL under Title 15, Election Code.				
	Notary Public,	State of Texas sion Expires				
MALE OF		17, 2018				
		Johnston of Day	di dada a Offica hadalan			
		J Signature of Can	didete or Officeholder			
AFFIX NOTARY STAM	P/SEALABOVE					
Sworn to and auto-	ihad hafara ma	y the said Alexandro Domingues	, this the			
day of <u>Januar</u>	4 , 20 1 (1)	o certify which, witness my hand and seal of office.				
IN	Aladus VIIIaweay Notary public.					
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath			
		a. a				

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 855.49
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	\$	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	\$ 16.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Gulde explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Alejandro Dominguez 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ 2000.00 07/09/15 Manuel Guajardo 6 Contributor address; City; State; Zip Code 74 Robins Lane Brownsville, TX 78520 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 500.00 07/08/15 Manuel Guajardo Contributor address; City; State; Zip Code 74 Robins Lane Brownsville, TX 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 07/07/15 500.00 Salazar Insurance Group LLC City; State; Zip Code Contributor address; Harlingen, TX 78550 611 E. Loop 499 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) 07/08/15 Ewing Edben Sikes III 250.00 Contributor address; City; State; Zip Code 5125 Sugar Mill Rd Brownsville, TX 78526 Employer (See instructions) Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alejandro Dominguez 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_____ 07/08/15 200.00 Leslie Bingham 6 Contributor address; City; State; Zip Code Brownsville, TX 78520 7 Medical Dr. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#: Date Amount of contribution (\$) 500.00 07/07/15 Esparza & Garza, LLP Contributor address; City; State; Zip Code Brownsville, TX 78520 964 E. Los Ebanos Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) 07/08/15 300.00 Ed Rivera City; State; Zip Code Contributor address; Laguna Vista, TX 78578 22 Harbor Town Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) 500.00 07/08/15 Jaime Escobedo Contributor address; City; State; Zip Code Brownsville, TX 78526 4680 Larkspur Dr Employer (See Instructions) Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Alejandro Dominguez 4 Date 5 Full name of contributor out-of-state PAC (ID#:_____ 7 Amount of contribution (\$) 07/06/15 Royston Rayzor Vickery & Williams LLP 500.00 City; State; Zip Code 6 Contributor address; Brownsville, TX 78521 55 Cove Circle 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 1000.00 08/19/15 Reynaldo Garz III Contributor address; City; State; Zip Code 680 E St. Charles Ste. 600 Brownsville, TX 78520 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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.

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:		
2 FILER NAME	≣ Alejandro Dominguez		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 855.49		
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of 9 In-kind contribution Contribution \$ description 855.49 FOOD & Drinks Check if travel outside of Texas. Complete Schedule T.		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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					
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	v firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
If	ATTACH ADDITIONAL COPIES OF T				

Revised 9/8/2015

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 . 9 In-kind contribution 6 Full name of pledgor out-of-state PAC (ID#:___ Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ Date description Pledge \$ City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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.

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LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:__ 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date N 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; Zip Code City; State: not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:__ Interest rate Is lender Zip Code Lender address; City; State: a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none 🗌 Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (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 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 (or the program and listed above)

Candidate/Officeholder/Politics Credit Card Payment	•	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Alejandro Dominguez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
07/01/2015	Bank of America	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
16.00	2635 Boca Chica Blvd, Brown	nsville, TX 78520
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	Accounting/Banking	Check if Austin, TX, officeholder living expense
EXPENDITURE		Bank service fee
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 Austin, 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	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		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 OF THIS	SCHEDULE AS NEEDED

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment Office Overhead/ Polling Expense Printing Expense Salaries/Wages/	/Reimbursement Rental Expense Contract Labor	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 F2:	2 FILER		•		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	NIZED UN	PAID INCURRED OBLIG	GATIONS		\$
5 Date	6 Payee r	name		-	
7 Amount (\$)	8 Payee	address; City; State;	Zip Code	0	
9 TYPE OF EXPENDITURE	F	Political	Non-Political		
10	(a) Catego	ry (See Categories listed at the top of th	is schedule)	(b) Description	n
PURPOSE OF				Check if t	travel outside of Texas. Complete Schedule T.
EXPENDITURE				Check if	Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee 1	name			
Amount (\$)	Payee :	address; City; State;	Zip Code		
TYPE OF EXPENDITURE	F	Political	Non-Political		
	Catego	ry (See Categories listed at the top of thi	is schedule)	Descriptio	1
PURPOSE OF					ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
EXPENDITURE					Austin, 1X, officendider living expense
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTAC	H ADDITIONAL COPIES O	F THIS SCHE	DULE AS NEI	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he instruction Guide explains how to complete this form.	1 1	otal pag	ges Schedule F3:
2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	· · · · · · · · · · · · · · · · · · ·		
	6 Address of person from whom investment is purchased; Cit	 ty;		State; Zip Code
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased		orna kog rradián	
	Address of person from whom investment is purchased; Cit	 y;		State; Zip Code
	Description of investment		ann a bha ag da mhàraidh an	
	Amount of investment (\$)			·
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS I	NEEDI	ED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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	ns 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	\$	
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 th	is schedule) (b) Description	n	
PURPOSE OF		Check if	travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check	f Austin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	Checkil	on travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Reimbursement from political contributions intended	
The Instruction Guide explains now to complete this form. 1 Total pages Schedule G: 2 FILER NAME 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code political contributions intended 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	
6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	ce held
Reimbursement from political contributions intended 8	ce held
8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	ce held
EXPENDITURE	ce held
	ce held
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office sought	
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) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office expenditure to benefit C/OH	ice 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) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office expenditure to benefit C/OH	ice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 H:	2 FILER NA	AME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business	name		
6 Amount (\$)	7 Business	address; City; State; Zi	ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office sought	Office held
Date	Business	name		
Amount (\$)	Business	address; City; State; Zi	p Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ite / Officeholder name	Office sought	Office held
Date	Business	name		
Amount (\$)	Business	address; City; State; Zi	p Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name	Office sought	Office held
	ATTA	ACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEE	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule 1:	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 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 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 required.)		

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

SCHEDULE K

The Instruction Guide e	1 Total pages Schedule K:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 Date 5 Name of person fr	om whom amount is received	8 Amount (\$)				
6 Address of persor	n from whom amount is received; City; State	e; Zip Code				
7 Purpose for which	amount is received	if political contribution returned to filer				
Date Name of person fr	om whom amount is received	Amount (\$)				
Address of persor	n from whom amount is received; City; Stat	te; Zip Code				
Purpose for which	amount is received Check i	if political contribution returned to filer				
Date Name of person fr	om whom amount is received	Amount (\$)				
. ,		,				
Purpose for which	amount is received Check i	if political contribution returned to filer				
Date Name of person fr	om whom amount is received	Amount (\$)				
Address of persor	n from whom amount is received; City; Stat	e; Zip Code				
Purpose for which	amount is received Check i	if political contribution returned to filer				
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:			
2 FILER NAME					3 Filer ID (Ethics Commis	sion Filers)		
4 Name of Contributor	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expend	titura ranortac	l on:						
Schedule A2	1	dule B	Польти ви	Schedule C2	Schedule D	Schedule F1		
			☐ Schedule B(J)					
Schedule F2		edule 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 transportation 11 Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor	/ Corporation	or Labor C	organization / Pledgor /	Payee				
Contribution / Expend	diture reported	l on:						
		dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	lule F2		Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	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, seminar, or other event)						
	CONTRACTOR OF THE STREET							
Name of Contributor	/ Corporation	or Labor C	rganization / Pledgor /	Payee				
Contribution / Expend	diture 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	Schedule B-SS		
Dates of travel	Name of person(s) traveling							
	Departu	re city or n	ame of departure locati	on		en e		
Destinatio		on city or name of destination location						
Means of transportat	lion	Purpose of travel (including name of conference, seminar, or other event)						
					PROPERTY OF THE PROPERTY OF TH			
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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	VAME 2 Filer ID (Ethics Commission Filers)				
3	ing a re	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign utions or make any campaign expenditures without a campaign treasurer appointment on file.				
		Signature of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER splete 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 political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I 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 political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
		Signature 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.				
		Signature of Officeholder				

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