Mr. Pedro Pete Avila Jr.

1/15/16 THRU 02/01/16

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

3 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN AREA TREASURER ADDRESS	explains how to complete this form. AMRS / MR PECLY O LAST A LAST A CODE PHONE NUMBER PHOSE PHONE NUMBER PHOSE PHONE NUMBER PHONE NUMBER	SUFFIX CITY; STATE; ZIP CO. Brown Sullo YAS 25521 EXTENSION	Date Received CAN DEPARTM VOTE	Iled: EUSE ONLY MERON COUNTY ENT OF ELECTION OF REGISTRATION EB 0 3 2016 RECEIVED J or Date Posmaned Amount \$
OFFICEHOLDER NAME A CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE / OFFICEHOLDER PHONE CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE PERIOD PERIOD	RESS / PO BOX; APT / SUITE #; 2465 / PANE A CODE PHONE NUMBER 356) 465-5333 MRS / MR FIRST RICHARD	CITY; STATE; ZIP CO. Brown Sello EXTENSION MI	Date Received CAN DEPARTM VOTE FI BY Date Hand-delivered Receipt #	MERON COUNTY ENT OF ELECTION IR REGISTRATION EB 0 3 2016 RECEIVED
OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE/ OFFICEHOLDER PHONE CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE AREA G PERIOD PERIOD	2465 HPPAVE A CODE PHONE NUMBER 356) 465-5333 MRS/MR FIRST RICHARD	Brownsello PHAS 25521 EXTENSION	BY Date Hand-delivered. Receipt #	RECEIVED
CAMPAIGN TREASURER NAME CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS Residence or Business) CAMPAIGN TREASURER ADDRESS Residence or Business CAMPAIGN TREASURER PHONE PERIOD	A CODE PHONE NUMBER 756) 465-5333 MRS/MR FIRST RICHARD	EXTENSION MI	Date Hand-delivered Receipt #	d or Date Postmarked
OFFICEHOLDER PHONE CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS Residence or Business) CAMPAIGN TREASURER PHONE REPORT TYPE	956) 465-5333 MRS/MR FIRST RICHARD	M1	Date Hand-delivered Receipt #	
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TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE REPORT TYPE	•		Date Imaged	
TREASURER PHONE (9) REPORT TYPE	EET ADDRESS (NO PO BOX PLEASE); APT / S	,		x,45 3.1
PERIOD	1 CODE PHONE NUMBER 56 590-946	extension 2		
	January 15 30th day before e		treasurer ap (Officeholder	
	Month Day Year	THROUGH	onth Day Year	And complete country and a second
I ELECTION Mont	1 <u>/ \</u>	ELECTION Runoff Other Descrip	arming processing the arminance was a second of the second of the second	The second secon
OFFICE OFFICE	E HELD (if any)	13 OFFICE SOUGHT (IF CAMPELOI ONSTAIN	COUNTY	

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Revised 9/8/2015

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	A	, 1	5 Filer ID (Ethics Commission Filers)
Yed	tro (Pet	e) AUTA IR.	,
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT MIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS JRES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
*Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 850.66
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	AY \$ 4500
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	#E \$
18 AFFIDAVIT			
Note M	RMAN O. POWERS, ary Public, State of To y Commission Expire February 22, 2017	exas es	, , , , ,
AFFIX NOTARY STAMP	/SEALABOVE		
Sworn to and subscri	bed before me, b	y the said	, this the
day of 47h	, 20 <u>//</u> , to	certify which, witness my hand and seal of office.	
Memor &	Jours	Helman Ofowars In.	NA
Signature of officer ad	Iministering oath	Printed name of officer administering oath	Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1;
2 FILER NAME	1 / / - -		3 Filer ID (Ethics Commission Filers)
R	edro (Pete) Avila 3	1.	
4 Date 1-22-14	5 Full name of contributor Quit of-state PAC		7 Amount of contribution (\$)
1-2	6 Contributor address; City; State	; Zip Code	\$200,00
	1114 CAILE DUGESA	51,	
	pation / Job title (See Instructions)	9 Employer (See Instruct	
FIV	e EightER Grounsi	1 City of	F Brunsull
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
, 22/4	Lo (L/A)/V& Av//A Contributor address; City; State		•
1-2	Contributor address; City; State	; Zip Code	20000
	30182 FM 1575		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
ن شي	And Fail	5.0.S. Sec	ur.ty
Date	Full name of contributor		Amount of contribution (\$)
s 1	ELviva Av.12		ás
1/25/16	Contributor address; City; State		350.
	2465 Hipp AVE Brownsu!	ll TX 78521	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
			ı

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ТІ	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAM	E .	3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor	8 Amount of . 9 In-kind contribution Contribution \$. description	
	7 Contributor address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	eupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm			of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description .
	Contributor address; City; State; Zip Cod	de	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	(FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/ław firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			in the second se
	ATTACH ADDITIONAL CODIES OF TH	IIC COLIEDU	E AC NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Forms provided by Texas Ethics Commission

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Relmbursement 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)

Contributions/Donations Made Candidate/Officeholder/Polit		Expense Travel Out On Other (enter a	District category not listed above)
Credit Card Payment	The Instruction Guide explains how to		
1 Total pages Schedule F	1: 2 FILER NAME Pedro "Petr" Avila	3 Filer ID	(Ethics Commission Filers)
4 Date 1/20/14	5 Payee name Ladd T.Shivts		
6 Amount (\$)	7 Payee address; City; State; Zip Code	/	
\$300.06	433 Lancer Lake Browns	16 TX 78521	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,
PURPOSE OF		Check if travel outside of Texas. Com	
EXPENDITURE	T. Shirts	CHOOK & Addell, TX, Unicellulas	living expense
	Constitute (Office to Idea		•
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/26/16	Angel Rosas		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.°°	1305 Central Cir. Drownsu	16 Tx 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Comp Check If Austin, TX, officeholder 1	· ·
	,		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/26/16	G D Project		:
Amount (\$)	Payee address; City; State; Zip Code	7.00	
⁴ 350.*°	2310 North Expressivary	٠	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	7	Check if travel outside of Texas. Comple	
EXPENDITURE	Business Cod	L1 Check if Austin, TX, officeholder liv	ing expense
Complete ONLY # direct	Candidate / Officeholder name	Office courts	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Omocnoider figure	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

•				
	,			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expens Salaries/Wages	e	Travel in District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide explain	s how to comp	lete this form.	
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITE	MIZED UN	IPAID INCURRED OBLI	GATIONS		\$
5 Date	6 Payee	name			
7 Amount (\$)	8 Payee	address; City; State;	Zip Code	•	
9 TYPE OF EXPENDITURE		Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Catego	ory (See Categories listed at the top of thi	s schedule)		on travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Ol		didate / Officeholder name	Office	sought	Office held
Date	Payee	name ·			
Amount (\$)	Payee	address; City; State;	Zip Code		
TYPE OF EXPENDITURE	F	Political	Non-Political		
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this	schedule)		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholder name	Office s	sought	Office held
	ATTAC	H ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

T	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	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	; Stafe; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made		Beverage Expense vards/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politi Credit Card Payment		Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
oreun caru rayment	The	Instruction Gulde explains	how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name			-
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City; State; Zip C	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Cate	gories listed at the top of this sched	Check if travel outside	de of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		fficeholder name	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip C	Code	
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Cate	gories listed at the top of this sched	·	e of Texas, Complete Schedule T.
EXPENDITURE			Check if Austin, T.	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		ficeholder name	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip C	code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categ	pories listed at the top of this schedu	Check if travel outside	e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought	Office held
	ATTACH ADI	DITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Travel Out C Salaries/Wages/Contract Labor Other (enter

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Solicitation/Fundraising Expense

	The Instruction Guide explains how to comple	ete this form.			
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDI	TCARD :	\$		
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 this schedule)	(b) Description			
PURPOSE		Check if tra	vel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if A	ustin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office s	sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	si = 1	Check If trav	rel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	,	Check if A	ustin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office s	ought	Office held		
	,				
		<u> </u>			

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politic	cal Committee	Legal Services	,	Salaries/Wages/Contract Labor	Other (enter	a category not listed above)
Credit Card Payment		The Instruction	ı Guide explains l	how to complete this form.		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID	(Ethics Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	address; Ci	ty; State; Zip (Code		
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed	at the top of this sched		ide of Texas. Complete TX, officeholder Ilvin	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder	name	Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address; Cit	iy; State; Zip (Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed a	at the top of this sched	Check if travel outside	de of Texas. Complete I'X, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder i	name	Office sought		Office held
Date	Business	name				The state of the s
Amount (\$)	Business	address; City	y; State; Zip C	Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed a	it the top of this schedi	Check if travel outsid	de of Texas. Complete S X, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder r	name	Office sought		Office held
	ATT#	.CH ADDITIONA	L COPIES OF 1	THIS SCHEDULE AS NEI	EDED	

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Revised 9/8/2015

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.				
	-			
1 Total pages Schedule i:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of Information 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.)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

	he Instruction Guide explains how to complete this form.	1 Total pages Sche	
FILER NAM	ΛΕ	3 Filer ID (Ethics	s Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State	. , , ; ; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State		
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution i	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	; Zip Code	
	Purpose for which amount is received Check if	political contribution r	eturned to filer

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 Commiss	ion Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expend Schedule A2 Schedule F2 6 Dates of travel	Sche	dule B edule F4	Schedule B(J) Schedule G) traveling	Schedule C2	Schedule D Schedule COH-UC	Schedule F1 Schedule B-SS
	8 Departure city or name of departure location					
	9 Destinati	ion city or	name of destination loo	cation		
10 Means of transportat	ion	11 Purpo	se of travel (including I	name of conference, s	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
Contribution / Expend Schedule A2 Schedule F2	Sche	l on: dule B edule F4	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Dates of travel		f person(s				Scriedule B-33
	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)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	-	on: dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of	f 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)						
	AT	TACH AD	DITIONAL COPIES (OF THIS SCHEDULE	AS NEEDED	

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 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 F	1
					
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 loca	tion		
	9 Destination city o	r name of destination lo	cation		
10 Means of transportat	ion 11 Purp	ose of travel (including	name of conference, s	eminar, or other event)	
Name of Contributor	/ Corporation or Labor	Organization / Pledgor	/ Payee		
Contribution / Expend	diture reported on:	· · · · · · · · · · · · · · · · · · ·	·		
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F	1
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 o	r name of destination lo	cation		
Means of transportation Purpose of travel (including name of conference, seminar, or other event)			eminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expend	liture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	1 ,
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule I	3-SS
Dates of travel	Name of person(s) traveling			
;	Departure city or	name of departure locat	ion		
	Destination city or name of destination location				
Means of transportati	Neans of transportation Purpose of travel (including name of conference, seminar, or other event)				
	ATTACH A	DDITIONAL COPIES	OF THIS SCHEDULE	ASNEEDED	

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;	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; State;	; 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 (\$)
	Purpose for which amount is received Check if po	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received Check if po	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED