Victor Cortez

Jr.

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST VICTOR NICKNAME LAST	MI	OFFICE USE ONLY Date Reconstruction County LEAR MENT OF ELECTIONS &
	COBTEZ	SUFFIX	VOTER MEDISTRATION Z: OSPM
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	· · · · · · · · · · · · · · · · · · ·	FEB 25 2016
Change of Address	BAYVIEW TX 78	8566 °	
5 CANDIDATE/ OFFICEHOLDER PHONE	1956) 489 1878	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	NOKNAME LAST		Date Processed
	WALTERS		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 55 77 / MYS7/C		Z/P CODE
(Residence or Business)	BROWNSOILE X AREA CODE PHONE NUMBER	<u> 785</u> 26	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 543 4746		
9 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 /01 /2016	THROUGH 62/	Day Year 20 / 2016
11 ELECTION	Month Day Year Primary 13 101 12016 General	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN) CAMERON (Sheriff	coury.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Enrichmented by Toyan Ethina Commission

FORM C/OH COVER SHEET PG 2

Davised 0/9/2015

14 C/OH NAME	14 C/OH NAME 15 Filer ID (Ethics Commission Filers)						
VICTOR CORTEZ JR							
16 NOTICE FROM POLITICAL 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					
Additional Pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS	and the second s				
			· · · · · · · · · · · · · · · · · · ·				
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1.169 00				
EXPENDITURE	מ למדאיי	POLITICAL EXPENDITIBLES OF \$100 OF 1 ESS					
TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED						
	4. TOTAL POLITICAL EXPENDITURES \$3539, 06						
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 3539. 66 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,317.88						
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD					
18 AFFIDAVIT							
			perjury, that the accompanying report is				
The City and Thistocourse and the contribution and		true and correct and includes all infe under Title 15, Election Code.	ormation required to be reported by me				
Note:	INET YVONINE RIVER TY Public, State of le	K (F)					
My	Commission Explic March 65, 2816	· Mearly, L					
Signature of Candidate or Officeholder							
AFFIX NOTARY STAME	P/SEALABOVE						
Sworn to and subscr	ibed before me, b	y the said Victor Cortez Je	this the <u>35</u>				
day of ten	20 10	o certify which, witness my hand and seal of office.					
bonet of	Lanet of Rivera Notary Rublic'						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

unana athine etata ty ue

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	
	20	Filer ID (Ethics Commission Filers)
<u></u>	VICTOR CORTEZ JR.	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$1,16900
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 CONTRIB	BUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3539, 06
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	3537, 35 IESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	UTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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		·	•
			•

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
1/1670	A CORTEZ JR.		
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
1.6.2016	EURLINE ATHINS 6 Contributor address; City; State 20 BUENA VISTA LOS FRESIOS	; Zlp Code 78566	#10 °C
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
KE TINED			
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
_	Robert MACEACHERN		•
1.15.2016	Contributor address; City; State	; Zlp Code	\$50°C
	ZAMORA ST. BVILLE	78526	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
RETINE.	2)	- AND THE PARTY OF	
Date 1. 15. 2016	Full name of contributor out-of-state PAC DE-INC CONST. A.D. WELDING CO. Contributor address; City; State 20000 TX 48 BUILE, TX	(ID#:) Zip Code 78521	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instructi	one)
WELDIN.		DE-VAL CONST	- 4
102210			. 77111 6-3
Date	Full name of contributor ut-of-state PAC	(ID#:	Amount of contribution (\$)
1.23.206	Contributor address; City; State	; Zip Code	148400
J	NUMEROUS		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
2450 gry (100 min 14) ware		is in the state of	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms numitical by Tayon Filiting Demonstration

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	OR CORTEE JR.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
1.23.2016	Luis CRAULES GALICIA 6 Contributor address; City; State; Zip Code	75.30
· · · · · · · · · · · · · · · · · · ·	964 E. San MARCELO BLVD. BullE, 78526 pation / Job title (See Instructions) 9 Employer (See Instru	
4		ctions)
METIR.	(5)	
Date	Full name of contributor [] out-ot-state PAC (ID#:) LETICITY MUSKITHNE	Amount of contribution (\$)
1.31.2016	Rigobento 6m2A Contributor address; City; State; Zip Code	10000
	3230 DELLACOD DA. BUILLE, TX 78526 pation / Job title (See Instructions) Employer (See Instruc	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
MEDICAL	ASSISTANT TO NURSE CHMERON CON	why Clivic
Date	Full name of contributor	Amount of contribution (\$)
2.15.2016	LEO GARZA Contributor address; City; State; Zip Code 5"4"4 LOSE MARKI BLVD#1	5000
Principal occup	BVIII TX 7852.C pation / Job title (See Instructions) Employer (See Instru	ctions)
PRIVATE	INVESTIGATOR SELF Emple	WED.
Date	Full name of contributor	Amount of contribution (\$)
2.18.2016	AUPREG & HOWARD SPIESS Contributor address; City; State; Zip Code	10025
	1504 PALOMING CF. Buille, Tx 72526	
	pation / Job title (See Instructions) Employer (See Instruc	ctions)
BETI	NED -	
,		

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

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	1E		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	PF 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; Zlp Con	de	Check if travel outside of Texas. Complete Schedule T.
10 Principal acc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor'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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Co.		Amount of . In-kind contribution Contribution \$. description
			. Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			

ATTACH ADDITIONAL COPIES OF 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 ut-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 Full name of pledgor ut-of-state PAC (ID#;__ In-kind contribution of Pledge \$ description 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 out-of-state PAC (ID#:__ In-kind contribution Pledge \$ description Piedgor address; City; State; Zip Code __ Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date In-kind contribution description Amount of ut-of-state PAC (ID#; Pledge \$ 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.

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Forms provided by Tayes 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memortals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1		3 Filer ID (Ethics Commission Filers)
3	VICTOR CORTER JA	
4 Date	BrillE HERALd	
1. 12. 2016 6 Amount (\$)	7 Payee address; City; State; Zip Code	
φ,	Tayee address, Only, State, Zip Code	
1672-	1135 F. VAN BUREN BUILLE, 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 EXPENDITURE		Check if Austin, TX, officeholder living expense
,	ADV	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 	Payee name	
1.13.2016	SOLICE	
Amount (\$)	Payee address; City; State; Zip Code	and the same of th
b		
925-	7200 BOWHAM RD. Buille To	R 78521
4	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
	PRINTING	•
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
experientare to penelit C/O	न	
Date	Payee name	
	, ,	
1.14,2016	JOSE REYNA	
Amount (\$)	Payee address; City; State; Zip Code	
di na		
\$100°E	1465 E. RUBEN TORNES	BVILLE, TX 78526
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
	WEB PAGE	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	ı	Office field
	ATTAON APPRICATE CONTRACTOR	
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDIII E AO NEEDEN

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 Expanse Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
5	5 Payee name B+D PRINTING	:	
4 Date	5 Payee name		
1.21.2016	B+D FRINTING		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
* ズ10	1800 STANFORD AUE BU.	112 18 7	<i>をく</i> つ で
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		`	iside of Texas. Complete Schedule T.
OF		-	, TX, officeholder living expense
EXPENDITURE			
<u> </u>	7-Shints		
9 Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	4		
Date	Payee name		
1.27.2016	R+D PRINTING		
Amount (\$)	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
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	1800 STAN FORD AUG BU. Category (See Categories listed at the top of this schedule)	Description	2520
PURPOSE	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	i — '	side of Texas, Complete Schedule T.
OF			TX, officeholder living expense
EXPENDITURE		The state of the s	
	T-shiets		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	ŧ		
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Date	Payee name		
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1, 29, 2016 Amount (\$)	SOLICE		
Amount (4)	Payee address; City; State; Zlp Code		
toma -			
400	7200 BowhAm RD. Buille	- Tx 78	521
	Category (See Categories ilsted at the top of this schedule)	Description	
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	001 -100		}
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic						
Credit Card Payment	The Instruction Guide explains how t	-	Other (enter a category not listed above)			
1 Total pages Schedule F1	1-19 EII ER NIAME		3 Filer ID (Ethlos Commission Filers)			
iotal pages consum.	WILTOR CORTEZ JR	. •	3 Filer ID (Cuitos Continuación i tidia)			
4 Date	5 Payee name					
2.10.2016	D. Q	-				
6 Amount (\$)	7 Payee address; City; State; Zip Code	3				
\$02 27	Om	many strange and				
47 —	9/2 N. MAIN LA FERIA (a) Category (See Categories listed at the top of this schedule)	TX 18539				
8	(a) Category (See Categories listed at the top of this schedule)	l L				
PURPOSE OF	,		outside of Texas. Complete Schedule T.			
EXPENDITURE		L Uneck it Austr	iin, TX, officeholder living expense			
	FOOD + BEV (SOCIAL)					
9 Camplete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/O	H	· · · · · · · · · · · · · · · · · · ·				
Date	Payee name					
2.11.2016	D. Q					
Amount (\$)	Payee address; City; State; Zip Code	,				
\$31941	912N. MAIN LA FERIA	Tx 785:	5° G			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE			utside of Texas. Complete Schedule T.			
OF		} [n, TX, officeholder living expense			
EXPENDITURE		Should be required to the state of the state				
	FOOD & BEV. (SOCIAL)					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
) 						
2.17.2016	VALLEY MORNING STAR					
Amount (\$)	Payee address; City; State; Zip Code					
\$60000)				
1600-	1310 S. Commence Al.	ARlinger, T.	X 78550			
}	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	de la companya de la	Check if trayel out	itside of Texas. Complete Schedule T,			
OF EXPENDITURE	ſ	Check if Austin,	, TX, officeholder living expense			
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH		Gilloc Gangi	Office field			
	ATTACUADOTIONAL CODICO OF THE					
	ATTACH ADDITIONAL COPIES OF THIS	3 SCHEDULE AS NEE	.DED			

LOANS			SCHEDULE E
The	e Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers
TOTAL OF U	NITEMIZED LOANS		\$
Date of loan	7 Name of lender	e PAC (ID#:)	9 Loan Amount (\$)
is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
2 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Col	llateral	15 Check if personal funds were account (See Instructions)	deposited into political
6 GUARANTOR INFORMATION	17 Name of guarantor	L	19 Amount Guaranteed (\$)
□ not applicable	18 Guarantor address; City;	State; Zip Code	
not applicable Principal Occupa	18 Guarantor address; City;		
	18 Guarantor address; City; tion (See Instructions)	State; Zip Code	Loan Amount (\$)
Principal Occupa Date of loan Is lender a financial	18 Guarantor address; City; tion (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions)	Loan Amount (\$) Interest rate
Principal Occupa Date of loan Is lender	18 Guarantor address; City; tion (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions)	
Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; tion (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions)	Interest rate
Date of loan Is lender a financial Institution? Y N Principal occupation Description of Colla	18 Guarantor address; City; tion (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions) PAC (ID#:) State; Zip Code	Interest rate Maturity date
Date of loan Is lender a financial institution? Y N Principal occupation Description of Colla	18 Guarantor address; City; tion (See Instructions) Name of lender	21 Employer (See Instructions) PAC (ID#:	Interest rate Maturity date
Date of loan Is lender a financial Institution? Y N Principal occupation Description of Colla Inone GUARANTOR	18 Guarantor address; City; tion (See Instructions) Name of lender	21 Employer (See Instructions) PAC (ID#:	Interest rate Maturity date deposited Into political

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District Other Control of States
Car Clocker Sylvestration of the State of th		ins how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F2:			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL	IGATIONS	\$
5 Date	6 Payee name		<u> </u>
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF	(a) Category (See Categories listed at the top of it	Check if	travel outside of Texas. Complete Schedule T.
EXPENDITURE		LCheck ii	f Austin, TX, officeholder living expense
11 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	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	Check If to	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
			į
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	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	AS NEEDED



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/Reverage Expense Cilft/Awards/Memorials Expense Legal Services

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

Other (enter a category not listed above) The instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Politicai Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** __ Check if 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 name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **EXPENDITURE Political** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texes. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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/Relmbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense 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)	
Oreal Card Payment		The Instruction Guide explain	ns how to complete this form.		
1 Total pages Schedule G:	2 FILER NAM	AIE.		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee nam	е			
6 Amount (\$) Relmbursement from political contributions intended	7 Payee add	ress; City; State; Zi	p Code		
8 PURPOSE OF EXPENDITURE	(a) Category (s	ee Categories listed at the top of this sol	Check if travel outsic	de of Texas. Complete Schedule T. X, officeholder flying expense	
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name	Office sought	Office held	
Date	Payee nam	3			
Amount (\$)	Payee addr	ess; City; State; Zip	o Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (8	ee Categories listed at the top of this soh	Check if travel outside	e of Texas. Complete Schedule T, X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidat H	e / Officeholder name	Office sought	Office held	
Date	Payee name	3			
Amount (\$)	Payee addre	ess; City; State; Zip	Code		
☐ pólitical contributions intended	Category (Se	e Categories listed at the top of this sche	adule) (b) Description		
PURPOSE OF EXPENDITURE		3	Check if travel outside	of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/O		e / Officeholder name	Office sought	Office held	
	ATTACI	I ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	ED	



NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to con	nplete 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	
Arnount (\$)	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.)
	,	

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/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains he	ow to complete this form	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip C	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	Check If travel outside	of Texas. Complete Schedule T. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	ıde	,
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outside of	f Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Coo	ie	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside of	Texas. Complete Schedule T. Miceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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

SCHEDULE K

	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
FILER NAME	<u> </u>	3 Filer ID (Ethics Commission F	ilers)
Date	5 Name of person from whom amount is received	8 Amou	nt (\$)
·	6 Address of person from whom amount is received; City; Sta	tte; Zip Code	
	7 Purpose for which amount is received Check	if political contribution returned to fil	er
Date	Name of person from whom amount is received	Amou	nt (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check	if political contribution returned to file	∍r
	1		
Date	Name of person from whom amount is received	Amous	nt (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State		nt (\$)
Date	Address of person from whom amount is received; City; Stat		
	Address of person from whom amount is received; City; Stat	e; Zip Code	r
Date	Address of person from whom amount is received; City; Stat Purpose for which amount is received Check	e; Zip Code If political contribution returned to file	r

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS The Instruction Guide explains how to complete this form. 1 Total pages Sche

SCHEDULE T

The Inst	ruction Guide exp	lains how to complete t	his 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 / Exper				
Schedule A2	Schedule	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-S
6 Dates of travel 7 Name of person(s) traveling				
	8 Departure city	or name of departure loca	tion	
	9 Destination cit	y or name of destination ic	ocation	
10 Means of transporte	tion 11 F	urpose of travel (including	name of conference, s	seminar, or other event)
Name of Contributor	/ Corporation or Lat	or Organization / Pledgor	/ Payee	
Contribution / Expen	diture reported on:		· · · · · · · · · · · · · · · · · · ·	
Schedule A2	Schedule E	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule I	Schedule G	Schedule H	Schedule COH-UC Schedule B-S
Dates of travel	travel Name of person(s) traveling			
	Departure city or name of departure location			
	Destination cit	or name of destination lo	cation	
Means of transporta	ion P	urpose of travel (including	name of conference, s	eminar, or other event)
Name of Contributor	/ Corporation or Lab	or Organization / Pledgor /	Payee	
Contribution / Expend	liture reported on:	* . ***********************************		
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F	ru-q	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of perso	n(s) traveling		
	Departure city of	or name of departure locati	on	
į	Destination city	or name of destination loc	ation	
Means of transportati	on Pt	rpose of travel (including r	name of conference, se	eminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

Signature of Officeholder

		The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••		
1	C/OH	NAME 2 Filer ID (Ethics Commission Filers)		
3	SIGNATURE			
	ing a r	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate 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 filling 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.		
	В.	ASSETS		
	Chec	conly 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		
				
,		HOLDER lete this section <i>only</i> if you are an officeholder ••		
		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.		