# MR. ELOY CANO

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

11.03

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS (MR) FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received  CAMERON COUNTY
	Cano Tr	2	DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	,	CITY; STATE; ZIP CODE	JUL 1 5 2016
Change of Address		There is a	- A
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (956) 454-827	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS (MRS) / MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	,	Date Processed
	Cano		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (956) 454- PBP	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH CO	30 16
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary General	Runoff Other Description Special	Aion 2018
12 OFFICE	OFFICE HELD (If any) JUSTICE of the Peace	13 OFFICE SOUGHT (if known)	
	Pots PLD		Ÿ
	CO TO I	DAGE 2	· · · · · · · · · · · · · · · · · · ·

Revised 9/8/2015

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	•	15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANI	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO WISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INJURES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
t en Littere e	GENERAL		
# F	SPECIFIC	COMMITTEE ADDRESS	
, No. 1	,		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	*
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 0
	4. TOTAL I	POLITICAL EXPENDITURES	\$ -
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRING PERIOD	\$ -
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ -
18 AFFIDAVIT			
N N	ANGELA E. RAMli lotary Public. State o My Commission Ex May 19, 2019	if Texas poires	y, that the accompanying report is fon required to be reported by me
Otherwood State of Contract of Contract of State of Contract of Contr		Signature of Candidate	e or Officeholder
AFFIX NOTARY STAMP	/SEALABOVE		
Sworn to and subscril	bed before me, by	the said Eloy Cano, Jr.	, this the 4 <sup>th</sup>
day of July	8 4	certify which, witness my hand and seal of office.	
_ Oramies	)	Angela E. Ramirez	otary
Signature of officer ad	ministering oath	Printed name of officer administering oath T	itle of officer administering oath

#### SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	mission 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	\$

#### 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) 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code 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

www.ethics.state.tx.us

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor	)	8 Amount of . 9 In-kind contribution Contribution \$ . description	
	7 Contributor address; City; State; Zip Cod			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> 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	Date Full name of contributor □ out-of-state PAC (ID#:)		Amount of . In-kind contribution Contribution \$ . description .	
	Contributor address; City; State; Zip Cod	ie		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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	n 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 T	HIS SCHEDU	LE AS NEEDED	
	AL INCLINE COLLEGE			

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 Full name of pledgor ut-of-state PAC (ID#:\_ Amount In-kind contribution of Pledge \$ description City; State; Zip Code Pledgor address; 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 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 Full name of pledgor ut-of-state PAC (ID#:\_ Amount of 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) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender  ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	<u></u>
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
☐ not applicable		State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state f	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City; S	State; Zip Code	Interest rate
Institution? Y N		1	Maturity date
Principal occupation	I on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable	<u> </u>	First (See Instructions)	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
IE I	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	

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Revised 9/8/2015

# 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/Officenoider/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 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/Politica Credit Card Payment	al Committee Legal Services Salaries.  The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:			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 Categories listed at the top of this schedule)		de of Texas. Complete Schedule T. X, 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		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. , 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		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Officeholder/Politica		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	I IIZED UNPAID INCURRED OBLIGATION	\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Po	litical
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Po	litical
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 <u>ONLY</u> if direct expenditure to benefit C/OH		office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

# 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	,
	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	Event Expense , Fees	Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made E Candidate/Officeholder/Politics		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Cajididate/Onicerbide/Foblica	· · · · · · · · · · · · · · · · ·	-	Sales (Sales & Salesger) (10 thousand above)
	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
<b>7</b> 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	s schedule) (b) Description	on
	, , , , , , , , , , , , , , , , , , , ,		
PURPOSE OF		Check i	f travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office 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	on
	Category (000 categories listed at the top of this		travel outside of Texas. Complete Schedule T.
PURPOSE			,
OF EXPENDITURE		Check :	if Austin, TX, officeholder living expense
EXPENDITORE			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	,		
			ŀ
			j
			,
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

# Advertising Expense

Event Expense

Loan Repayment/Reimbursement

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

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	ical Committee 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 expla	ins 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 (\$)	7 Payee address; City; State; Z	ip Code	
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outsid	e of Texas. Complete Schedule T. K, officeholder (living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Dațe	Payee name		
Amount (\$)	Payee address; City; State; Zi	ip Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel outside	e of Texas. Complete Schedule T. G. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zi	p Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# 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 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)

Credit Card Payment	The Instruction Guide explains h	low to complete this form.	·
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	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	Check if travel outsid	de of Texas. Complete Schedule T. X, officeholder living expense
<b>9</b> 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 C	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outside	le of Texas. Complete Schedule T. X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Business name	•	
Amount (\$)	Business address; City; State; Zip C		
PURPOSE OF EXPENDITURE	Category (See Categories 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/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS 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 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

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 I	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 (\$)				
	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 (\$)				
	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				
ATTACH ADDITIONAL 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 Commis	sion Filers)			
4	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5	Contribution / Expend	difure reported	 d on:		A			
_	Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
	Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC		
6	Dates of travel	travel 7 Name of person(s) traveling						
		8 Departure city or name of departure location						
		9 Destinati	ion city or	name of destination loc	cation			
10	Means of transportati	ion	11 Purpa	ose of travel (including r	name of conference, s	eminar, or other event)		
	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
	Contribution / Expend	liture reported	d on:					
	Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
	Schedule F2	☐ Sch€	edule 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							
		Destinati	ion city or	name of destination loc	pation			
Means of transportation		ion	Purpose of travel (including name of conference, seminar, or other event)					
	Name of Contributor /	/ Corporation	or Labor O	Organization / Pledgor /	Payee			
	Contribution / Expend	 liture reported	 i on:					
	Schedule A2	ri	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
	Schedule F2	_	edule F4	Schedule G	Schedule H	Schedule COH-UC		
	Dates of travel	Name of person(s) traveling						
	Departure city or name of departure location							
Destination			on city or r	on city or name of destination location				
Means of transportation		on	Purpose of travel (including name of conference, seminar, or other event)					
		AT	TACH AL	DDITIONAL COPIES C	OF THIS SCHEDULE	AS NEEDED		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1 C/O	HNAME 2 Filer ID (Ethics Commission Filers)					
3 SIG	NATURE					
ing a	not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign ibutions or make any campaign expenditures without a campaign treasurer appointment on file.					
	Signature of Candidate / Officeholder					
	R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. ••					
A.	CAMPAIGN FUNDS					
Ch	eck only one:					
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that may not convert unexpended political contributions or unexpended interest or income earned on political contributions 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.					
В.	ASSETS					
Ch	eck 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					
	CEHOLDER  mplete 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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