# MR. DAVID GARZA

# 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:
	T 100 (100 110)		1 Tage
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST David	MI	OFFICE USE ONLY
· · · · · · · · · · · · · · · · · · ·	NICKNAME LAST	SUFFIX	Date Received
	Garza		CAMERON COUNTY DEPARTMENT OF ELECTIONS
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; OF Lake view San Benito, TX	r	voter registration  JUL 1 3 2016
Change of Address	San Denire, 17	78584	BY: RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE   PHONE NUMBER   (954) 361-8257	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST KUMEL	М1	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Garza	JV.	Date Imaged
CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 16 U E. RUBEY +		ZIP GODE
(Residence or Business)	San Benito, Ti	18584	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 399-12	93 EXTENSION	
REPORT TYPE			
iner om the	January 15 30th day before electric July 15 8th day before electric states and the states are stated as a second state of the states are stated as a second state of the states are stated as a second state of the s		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
	/		Time report ( mass 5/511 TT)
D PERIOD COVERED	Month Day Year	THROUGH D4/	Day Year 30 / 1 ζ,
ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Justice of the Peace	7	
	GO TO F	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		<b>15</b> Fil-	er ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOIURES.	THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL 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		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 174. 54	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 174.54	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$ -6-	
Notary Public My Comm	CODRIGUEZ C., State of Texas lission Expires 123, 2016	I swear, or affirm, under penalty of perjury, true and correct and includes all informatio under Title 15, Election Code.  Signature of Candidate	on required to be reported by me	
Sworn to and subscribed before me, by the said <u>DELIA RODRIGUEZ</u> , this the <u>12th</u>				
day of				

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment		es/Wages/Contract Labor Othe	r (entier a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	3 Fi	ler 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)	(b) Description  Check if travel outside of Texas  Check if Austin, TX, officel	·
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas  Check if Austin, TX, officely	•
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	· ·	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas  Check if Austin, TX, officeh	· ·
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	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/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

Contributions/Donations Made Candidate/Officeholder/Polit	By Gif	ow beverage Expense ft/Awards/Memorials Expense gal Services	Printing Expense Printing Expense Salaries/Wages		Travel In District Travel Out Of District Other (enter a category not listed above)
	Т	The Instruction Guide expla	ins how to comp	lete this form.	
1 Total pages Schedule F4:	2 FILER NAM	<b>Λ</b> Ε			3 Filer ID (Ethics Commission Filers
4 TOTAL OF UNITE	MIZED EXPEN	DITURES CHARGEI	OTOACRED	ITCARD	\$
5 Date	6 Payee nam	е			
7 Amount (\$)	8 Payee add	ress; City; State;	Zip Code		
9 TYPE OF EXPENDITURE	Politi	cal	Non-Politica	I	
10	(a) Category (8	See Categories listed at the top of t	his schedule)	(b) Descript	ion
PURPOSE				Check	if travel outside of Texas. Complete Schedule T.
OF Expenditure					if Austin, TX, officeholder living expense
					The state of the s
expenditure to benefit C/C	Payee name	9			
Amount (\$)	Payee addr	ess; City; State;	Zip Code		
TYPE OF EXPENDITURE	Politic	al	Non-Politica		
	Category (S	ee Categories listed at the top of th	is schedule)	Description	on
PURPOSE			·	Checki	f travel outside of Texas. Complete Schedule T.
OF EXPENDITURE				Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		e / Officeholder name	Office	sought	Office held
expenditure to benefit C/O	п				
		,			
					1
	AT FACH A	ODITIONAL COPIES O	F THIS SCHE	DULE AS NE	EDED

# 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

## **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Salaries/Wages/Contract L	pense Transportation Equipment & Related Expense Travel In District Travel Out Of District abor Other (enter a category not listed above)
1 Total pages Schedule F2:		plains how to complete this f	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	 MIZED UNPAID INCURRED OF	BLIGATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; Stat	te; Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top	of this schedule) (b) De	scription
PURPOSE OF EXPENDITURE			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/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State	e; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top o		scription 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	Candidate / Officeholder name	Office sought	Office held
yes o	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE A	S NEEDED

#### 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Ciff/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 how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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		\$
5 Date of loan	7 Name of lender ☐ out-of-state	e PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	. 10 Interest rate
Y N			11 Maturity date
12 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	llateral	15 Check if personal funds were account (See Instructions)	e deposited into political
none  16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code	
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	
20 Principal Occupa  Date of loan	Name of lender out-of-state		Loan Amount (\$)
			Interest rate
Date of loan Is lender a financial	Name of lender out-of-state	e PAC (ID#:)	
Date of loan  Is lender a financial Institution?  Y N	Name of lender out-of-state	e PAC (ID#:)	Interest rate
Date of loan  Is lender a financial Institution?  Y N	Name of lender	e PAC (ID#:)  State; Zip Code	Interest rate  Maturity date
Is lender a financial Institution? Y N Principal occupati	Name of lender	e PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal funds were	Interest rate  Maturity date
Date of loan  Is lender a financial institution?  Y N  Principal occupati  Description of Coll  Inone  GUARANTOR INFORMATION	Name of lender	e PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal funds were	Interest rate  Maturity date  deposited into political
Date of loan  Is lender a financial Institution?  Y N  Principal occupati  Description of Coll  none  GUARANTOR INFORMATION  not applicable	Name of lender	e PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal funds were account (See Instructions)	Interest rate  Maturity date  deposited into political
Date of loan  Is lender a financial Institution?  Y N  Principal occupati  Description of Coll  none  GUARANTOR INFORMATION  not applicable	Name of lender	e PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal funds were account (See Instructions)	Interest rate  Maturity date  deposited into political

#### 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 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 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 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. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#:\_\_\_ description 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.

Forms provided by Texas Ethics Commission

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this fo	O FAM	1 Total pages Schedule A2:
	Offici.	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	RIBUTIONS	\$
5 Date 6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of . 9 In-kind contribution Contribution \$ . description
7 Contributor address; City; State; Zip C	Code	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions	i) 11 Employ	rer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contrib	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 out-of-state PAC (ID#:	)	Amount of . In-kind contribution Contribution \$ . description
Contributor address; City; State; Zip C		
Principal occupation / 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	····	

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

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Ethics Com	nmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	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	\$	

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

#### SCHEDULE H

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

Advertising Expense Accounting/Banking Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Travel In District Consulting Expense Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 4 Date 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Donation Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE K

2 FILER NAME  5 Name of person from whom amount is received  6 Address of person from whom amount is received: City; State; Zip Code  7 Purpose for which amount is received	<b>T</b> i	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	_
6 Address of person from whom amount is received; City; State; Zip Code  7 Purpose for which amount is received	2 FILER NAM	ΛE	3 Filer ID (Ethics Commission Filers)	
7 Purpose for which amount is received	4 Date	5 Name of person from whom amount is received	8 Amount (\$)	
Date  Name of person from whom amount is received; City; State; Zip Code  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received		6 Address of person from whom amount is received; City; State	:e; Zip Code	
Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received		7 Purpose for which amount is received Check i	if political contribution returned to filer	
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 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	Date	Name of person from whom amount is received	Amount (\$)	
Date  Name of person from whom amount is received; City; State; Zip Code  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received		Address of person from whom amount is received; City; State	te; Zip Code	
Date  Name of person from whom amount is received;  Address of person from whom amount is received;  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		Lead	if political contribution returned to filer	-
Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Date		Amount (\$)	
Date  Name of person from whom amount is received  Amount (\$)  Address of person from whom amount is received; City; State; Zip Code			e; Zip Code	
Address of person from whom amount is received; City; State; Zip Code		Purpose for which amount is received Check if	if political contribution returned to filer	
Address of person from whom amount is received; City; State; Zip Code	Date	Name of person from whom amount is received	Amount (\$)	
			e; Zip Code	
Purpose for which amount is received Check if political contribution returned to filer		Purpose for which amount is received Check If	f political contribution returned to filer	
				=

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

## SCHEDULE T

The Instru	uction Guide e	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 Schedule A2 Schedule F2	liture reported o	ile B	Schedule B(J)	Schedule C2	Schedule D Schedule F				
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 Schedule A2 Schedule F2	iture reported o	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F				
Dates of travel	Name of p			Contiduo (1		D-33			
	Departure city or name of departure location								
Means of transportati		Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor /	Corporation or	Labor O	rganization / Pledgor /	Payee		-			
Contribution / Expend	Schedul Schedu	e B le F4	Schedule B(J) Schedule G	Schedule C2	Schedule D Schedule F				
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	on	Purpo	se of travel (including r	ame of conference, se	minar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

4	C/OH	IANAF	2 Filer ID (Ethics Commission Filers)
1	G/Un i	NAME	E FROI ID (LUNOS COMMISSION FROIS)
3	SIGNA	TURE	
	ing a re	expect any further political contributions or political expenditures in conn- port as a final report terminates my campaign treasurer appointment. I utions or make any campaign expenditures without a campaign treasure	also understand that I may not accept any campaign rappointment on file.
			Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER uplete 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 inco	ome earned from political contributions.
		I have unexpended contributions or unexpended interest or income earnay not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on this final report. Further, I understand that I must dispose of unexpendincome earned on political contributions in accordance with the required	terest or income earned on political contributions to unexpended contributions and that I may not retain political contributions longer than six years after filing led political contributions and unexpended interest or
	В.	ASSETS	
	Chec	only one:	
		I do not retain assets purchased with political contributions or interest of	or other income from political contributions.
		I do retain assets purchased with political contributions or interest or ot that I may not convert assets purchased with political contributions or in personal use. I also understand that I must dispose of assets purchas requirements of Election Code, § 254.204.	nterest or other income from political contributions to
		-	Signature of Candidate
<u> </u>		HOLDER blete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an offic file. I am also aware that I will be required to file reports of unexpended co officeholder, I retain political contributions, interest or other income from po cal contributions or interest or other income from political contributions.	ntributions if, after filing the last required report as an
		-	Signature of Officeholder

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