ROEL CAVAZOS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH instruction (Guide explains how to complete this form.	2 Total pages filed:			
3 CANDIDATE/	MS / MRS / MR FIRST MI	17:	1		
OFFICEHOLDER	Q_{-1}	OFFICE USE ONLY	1		
NAME	NICKNAME LAST SUFFIX CQUQZOS	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 124 Chapman St. San Benito TX 78586	OCT 3 1 2016	3.53 par		
Change of Address		5X:			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 559 - 6693	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN	MS / MRS / MR FIRST MI	Receipt # Amount \$			
TREASURER NAME	Rolando	Date Processed	1		
	NICKNAME LAST SUFFIX	Date Imaged			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE]		
TREASURER ADDRESS	124 Chapman St. Son Benito TX 78586		-		
(Residence or Business)	The Control of Solidary				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 564-3173				
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Sth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month OG / 30 / 16 THROUGH	Day Year / 29 / 16			
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary Runoff Other Description				
	II. OE / ICo General Special	the transfer of the second sec			
12 OFFICE	OFFICE HELD (if any) Cameron County Cameron C		-		
	Comeron County Comeron Constable Pct 3 Constable	Pct 3			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 Fi	ler ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ON 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			
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-		
EXPENDITURE TOTALS	t	POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 349.08		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 349.08		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 344.19		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
18 AFFIDAVIT					
GIAN PUBLIC	JOSE ALFREDO ZAMO				
	Notary Public STATE OF TEXAS My Comm. Exp. February (The state of the s		
		Signature of Candidate	e or Officeholder		
AFFIX NOTARY STAM	D/CEALABOVE		/		
AFFIX NO IARY STAM	, GENEMBUVE		4		
Sworn to and subsci			_, this the $3/$		
day of <u>OCTOBE</u>	<u>(</u> , 20 <u>/6</u> ,	to certify which, witness my hand and seal of office.			
_AB	<u></u>	JOSE A. ZAMORANO	Notary Public		
Signature of officer a	dministering oath	Printed name of officer administering oath	Fitle of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con	nmission Fllers)
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	\$ 349.08
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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:_ 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Zip Code Contributor address; City; State; Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ 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.

Revised 9/8/2015

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

00111					
T	he instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	IE .		3 Filer ID · (Ethics Commission Fifers)		
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution \$ description		
			Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	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)	Amount of . In-kind contribution Contribution \$. description		
	Contributor address; City; State; Zip Co	de			
			Check if travel outside of Texas. Complete Schedule T.		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDI©IAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			,		
12	ATTACH ADDITIONAL COPIES OF 1		•		

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES 5 Date **Amount** 6 Full name of pledgor ut-of-state PAC (ID#:_ In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Theck if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution out-of-state PAG (ID#; Full name of pledgor Pledge \$ description City; / State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor Date ut-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.

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	PAC (lD#:	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	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat		State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See/Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor	:	Amount Guaranteed (\$)
not applicable		State; Zlp Code	
Principal Occupati	<u> </u>	Employer (See Instructions)	<u> </u>
If I	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS NE	

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 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 (exters a category pot listed above)

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)		
Credit Card Mayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME ROEL CAUAZOS	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
10/20/16	The Grafik Spot 7 Payee address; City; State; Zip Code			
6 Amount (\$)		TV 7000		
198.49	1265 N. Exp Brownsville	, IN 18086		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Political Signs	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	10111104 019113	LI Check If Austin, TX, officeholder living expense		
		·		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	1 Roel Carazes	Pct 3 Constable Pct 3 Constable		
Date	Payee name			
10-23-16	Home Depot			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 100.59	4710 S. Expressway Horli	ingen TX 78552		
	Category (See Categories fisted at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	wood, nails, sciens	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	Ruel Carazos	Pct3 Constable Pct3 Constab		
Date	Payee name			
10-23-16	HEB			
Amount (\$)	Payee address; City; State; Zip Code	[7] * t >		
\$ 150.00	1095 West Buistess	77 San Benito TX 78586		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food, water, Ice	Check if travel outside of Texes. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name	Office couldbt Office held		
	Complete ONLY if direct Gandidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

			EXPENDITU	RE CATEG	ORIES FOR	BOX 10(a)		
Acco Cons Cont	ertising Expense nunting/Banking sulting Expense ributions/Donations Made B ndidate/Officeholder/Politica		Event Expense Fees Food/Beverage Exper Glft/Awards/Memorial Legal Services		Loan Repayment Office Overhead Polling Expense Printing Expense Salaries/Wages/	Rental Expense	Solicitation/Fundralsing Expens Transportation Equipment & Rel Travel In District Travel Out Of District Other (enter a category not lister	lated Expense
			The Instruction (Gulde explain	s how to compl	ete this form.		
1 Tot	al pages Schedule F2:	2 FILERI	NAME				3 Filer ID (Ethics Commission	on Filers)
4 TC	OTAL OF UNITER	MIZED UN	PAID INCURR	ED OBLIG	GATIONS		\$	
5 Da	te	6 Payee r	name					
7 An	nount (\$)	8 Payee	address; C	ity; State;	Zip Code			
9 EX	TYPE OF	F	Political		Non-Political			
10		(a) Catego	ry (See Categories liste	d at the top of thi	s schedule)	(b) Description	on	
	PURPOSE					Checkit	travel outside of Texas. Complete Schedu	ile T.
ĒΧ	OF (PENDITURE					Check	if Austin, TX, officeholder living exper	nse
	mplete <u>ONLY</u> if direct penditure to benefit C/Of		didate / Officehold	er name	Office	sought	Office held	
Da	te	Payee	name					
Am	nount (\$)	Payee	address; C	ity; State;	Zip Code			
EX	TYPE OF PENDITURE	Z F	olitical		Non-Political			
	PURPOSE OF PENDITURE	Catego	ry (See Categories liste	d at the top of thi	s schedule)		on f travel outside of Texas. Complete Schedu if Austin, TX, officeholder living expe	
	mplete <u>ONLY</u> if direct penditure to benefit C/Oh		didate / Officehold	er name	Office	sought	Office held	
		ATTAC	H ADDITIONAL	COPIES O	F THIS SCHE	DULE AS NE	EDED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	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; C	ity; 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; Ci	ty; State; Zip Code			
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Political 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. OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if directy Candidate / Officeholder name Office sought Office held expenditure to benefit \$\oldsymbol{p}\$/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Total pages Schedule G: 2 FiLER NAME 1 Total pages Schedule G: 2 FiLER NAME 5 Payee name 6 Amount (\$) 7 Payee address: City; State; Zip Code Returbursament from political contributions patriculate and page address: City; State; Zip Code 8 PURPOSE EXPENDITURE 9 Complete QNLV if direct expenditure to benefit C/OH Date Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Candidate / Office holder name Office sought Office sought Office helevals faves outside of Toxas. Completic Schedule Toxas complete Schedule Toxas complet	listed above)	/Wages/Contract Labor Other (enter a category not listed	e Legal Services Salarie	Candidate/Officeholder/Political Committee		
S	Credit Card Payment The Instruction Guide explains how to complete this form.					
6 Amount (\$) 7 Payee address; City; State; Zip Code Reinhousement from political contributions intended Payee address; City; State; Zip Code Payee address; City; State; Zip Code Payee address; City; State; Zip Code Payee name Payee address; City; State; Zip Code Payee name Candidate / Officeholder name Office sought Office hele schedule) Payee address; City; State; Zip Code Payee name Candidate / Officeholder name Office sought Office hele schedule) Payee address; City; State; Zip Code Payee name Candidate / Officeholder name Office sought Office hele schedule) Office hele schedule Payee name Candidate / Officeholder name Office sought Office hele schedule Office hele schedule Officeholder living oxponse Office hele schedule Officeholder living oxponse Officeholder living ox	mission Filers)	3 Filer ID (Ethics Commission	NAME	1 Total pages Schedule G: 2 FILER		
PURPOSE OF EXPENDITURE General Complete Scheduler Candidate / Officeholder name Office sought Office held at the top of this scheduler Office held at the top of this			name	4 Date 5 Payeer		
Doctor Description Descr			address; City; State; Zip Code	6 Amount (\$) 7 Payee		
PURPOSE OF EXPENDITURE Check if haustin, TX, officeholder living expense				political contributions		
Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense	·	, 	ory (See Categories listed at the top of this schedule)	PURPOSE		
Date Payee name Amount (\$) Payee address; City; State; Zip Code Pelimbursement from political contributions intended 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		Check if Austin, TX, officeholder living expense				
Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended 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 fliving expense	ce held	Office sought Office he	ndidate / Officeholder name	•		
Reimbursement from political contributions intended	- ''		name	Date Payee r		
Purpose			address; Cfty; State; Zip Code	Amount (\$) Payee		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office hele sought Off				political contributions		
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Parenditure on the contributions intended Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Office holder name Office sought Office sought Office holder living expense Office sought Office holder fiving expense		[ory (See Categories listed at the top of this schedule)	_		
Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Purpose OF EXPENDITURE Payee address; City; State; Zip Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		· ·		OF		
Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Intended Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	ce held	Office sought Office he	ndidate / Officeholder name			
PURPOSE OF EXPENDITURE Reimbursement from political contributions intended 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			name	Date Payee r		
political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			address; City; State; Zip Code	Amount (\$) Payee		
PURPOSE OF EXPENDITURE Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			/	political contributions /		
EXPENDITURE Check if Austin, TX, officeholder living expense		[]	ry (See Categories listed at the top of this schedule)	PURPOSE /		
Complete ONLY if direct Candidate / Officeholder name Office sought Office he		Check if Austin, TX, officeholder living expense		EXPENDITURE		
expenditure to benefit C/OH	se held	Office sought Office he	ndidate / Officeholder name			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		
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 Code	
8 PURPOSE OF EXPENDITURE	/	ON f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office soug	ht Office held
Date	Business name	
Amount (\$)	Business address; Clty; State; Zip Code	
PURPOSE OF EXPENDITURE	/ -	on I travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office soug	ht Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	/	on I travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office soug	tht Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

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 Gode			
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	7		
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 Sche	dule K:		
2 FILER NAME 3 Filer ID (Et			s 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	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	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		
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 Commission Filers)		
4 Name of Contributor	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expen-	diture reporte	d on:	· · · · · · · · · · · · · · · · · · ·				
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC		
6 Dates of travel	7 Name o	of person(s) traveling	/		·········	
	8 Departu	re city or n	ame of departure locat	ion			
	8 Departure city or name of departure location						
	9 Destinat	tion city or	name of destination lo	cation			
10 Means of transportation							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	diture reported	d on:					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	☐ Sche	edule F4	☐ Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportal	lion	D. ren e	ado of traval (including				
weatts of transportation		Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	liture reported	lon:					
Schedule A2	F3	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	_	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name of person(s) traveling						
	Departure eity 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		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to co							
		· Complete only if "Report Type" on page 1 is	· · · · · · · · · · · · · · · · · · ·						
1	C/OH1	NAME	2 Filer ID (Ethics Commission Filers)						
3	SIGNA	ATURE							
	ing a re	expect any further political contributions or political expenditures in con eport as a final report terminates my campaign treasurer appointment. utions or make any campaign expenditures without a campaign treasure	I also understand that I may not accept any campaigr						
			Signature of Candidate / Officeholder						
4		FILER WHO IS NOT AN OFFICEHOLDER - Complete 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 inc	come earned from political contributions.						
		I have unexpended contributions or unexpended interest or income of may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned of this final report. Further, I understand that I must dispose of unexperincome earned on political contributions in accordance with the requirements.	interest or income earned on political contributions to f unexpended contributions and that I may not retain n political contributions longer than six years after filing aded political contributions and unexpended interest o						
	В.	ASSETS							
	Chec	Check 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 that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purcharequirements of Election Code, § 254.204.	interest or other income from political contributions to						
			Signature of Candidate						
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••							
		I am aware that I remain subject to filing requirements applicable to an of file. I am also aware that I will be required to file reports of unexpended officeholder, I retain political contributions, interest or other income from cal contributions or interest or other income from political contributions	contributions if, after filing the last required report as an political contributions, or assets purchased with politi-						