Guadalupe Ayala

		e e	

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed is The C/OH Instruction Guide explains how to complete this form. MS/MRS/MAR М 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received CAMERON COUNTY NICKNAME SUFFIX DEPARTMENT OF ELECTIONS & Lupe VOTER REGISTRATION ADDRESS / PO BOX; ZIP CODE 4 CANDIDATE/ STATE: JAN 05 2017 1:36pm **OFFICEHOLDER** 1790 Russey Lane MAILING 78586 San Benito **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ OFFICEHOLDER Date Hand-delivered or Date Postmarked (956)742-5495 PHONE Receipt # MS / MRS / MR FIRST MI Amount \$ 6 CAMPAIGN TREASURER Elisa Date Processed NAME NICKNAME SUFFIX Date Imaged

7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
(Residence or Business)	San Benito Tx 78586
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (954) 241-4942
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year ON / Ol / 14 THROUGH Month Day Year 12 / 31 / 14
11 ELECTION	Month Day Year Primary Runoff Other Description General Special
12 OFFICE	OFFICE HELD (If any) JUSTICE OF The Peace PL 3-1
	GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		10	15 Filer ID (Ethics Commission Filers)				
	lacupe Ac	jala.					
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI PRIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI PRISONT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
en de la companya de La companya de la co	COMMITTEE TYPE	COMMITTEE NAME					
Ban Care Company	GENERAL KIA						
· 持一人	SPECIFIC	COMMITTEE ADDRESS					
-		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages		W[a					
_		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		lu la.					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ O				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* O				
Note Cor	NDA JALOMO HERNA Dry Public, State of 1 hm. Expires 09-30-2 otary ID 12997707	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is armation required to be reported by me				
AFFIX NOTARY STAM	P/SEALABOVE	Signature of Cano	didate or Officeholder				
Sworn to and subsc		by the said Guddalupe Klyala	this the 4th				
day of MNUO	Y 20 17 , 1	o certify which, witness my hand and seal of office.					
nunda Jalon	phronada	un Brenda bilomo Herrardez (jourt Administrate				
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Conadampe Ayala.	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	s <i>O</i>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL	CONTRIBUTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FF	OM 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 CA	ARD \$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FRO	DM PERSONAL FUNDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL COI	NTRIBUTIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE F	ROM POLITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS RETURNED TO FILER	s, AND CONTRIBUTIONS \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to cor	mplete this form. 1 Total pages Schedule A1:
2 FILER NAME Guddhpe Ayala	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor ☐ our	7 Amount of contribution (\$) Name of the pack of the
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date Full name of contributor 🔲 out	at-of-state PAC (ID#:) Amount of contribution (\$)
Contributor address; C	City; State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out	ot-of-state PAC (ID#:) Amount of contribution (\$)
	ity; State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
_	t-of-state PAC (ID#:) Amount of contribution (\$)
Contributor address; Cit	ity; State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

00,41					
Th	ne Instruction Guide explains how to complete this form	٦.	1 Total pages Schedule A2:		
2 FILER NAMI	e dalupp Ayala		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	s MA		
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description		
•	7 Contributor address; City; State; Zip Cod	, e	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	rtor'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)	Amount of . In-kind contribution Contribution \$. description		
	Contributor address; City; State; Zip Cod	ie	Check if travel outside of Texas, Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	outor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	irm 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		JLE AS NEEDED		

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

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) Euadalupe ayala 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 MA 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 out-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 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Full name of pledgor Amount of out-of-state PAC (ID#:_ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	iadalupe Ayala		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS N	la	\$,
5 Date of loan	7 Name of lender out-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	ion / 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		21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City; S		Interest rate
Institution?			Maturity date
Principal occupation	l on / Job title (See Instructions)	Employer (See Instructions)	·
Description of Colla	ateral	Check if personal funds were of account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
· If I	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Gift/Awards/Me Legal Services	Expense morials Expense	Polling Exp Printing Exp Salaries/Wa		Travel In District Travel Out Of Dis Other (enter a cat	trict egory not listed above)
Credit Card Payment		The Instruc	tíon Guide expla	ins how to co	mplete this form.		
1 Total pages Schedule F1:	J 7"	AME dalupe	Ayala	· ·		3 Filer ID (Eth	nics Commission Filers)
4 Date	5 Payee na		•				
6 Amount (\$)	7 Payee ad	idress;	City; State;	Zip Code			
8	(a) Category	/ (See Categories I	listed at the top of this	s schedule)	(b) Description	outside of Texas. Complet	te Schedule T.
PURPOSE OF EXPENDITURE					[]	in, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officehol	der name		Office sought		Office held
Date	Payee na	ıme					
Amount (\$)	Payee ac	ldress;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	' (See Categories i	ilsted at the top of this	s schedule)		utside of Texas. Complete	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officehold	der name	<u> </u>	Office sought		Office held
Date	Payee na	ame	•				
Amount (\$)	Payee ac	ldress;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categories I	isted at the top of this	schedule)	T3	utside of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officehol	der name		Office sought		Office held
	ΑT	TACH ADDITI	ONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Check Charters extensive that deposes

Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract Lab	,
Total pages Schedule F2:	The Instruction Guide explains how to complete this for 2 FILER NAME Yuadaupe Ayala.	m. 3 Filer ID (Ethics Commission Filers)
	• • • • • • • • • • • • • • • • • • • •	
TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$
Date	6 Payee name	
	nla	
Amount (\$)	8 Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
)	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
PURPOSE.		Check if travel outside of Texas. Complete Schedule T,
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought H	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	· .	
TYPE OF EXPENDITURE	Political Non-Political	,
	Category (See Outegories National at the top of this contactor)	cription Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought	Office held
		Office held
	4	Office held
	4	Office held
	4	Office held

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

T	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME Juael	atupe Ayala	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; Cit	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	r; 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Polling Expensy Gift/Awards/Memorials Expense Printing Expen		Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to comp	plete this form.	
1 Total pages Schedule F4:	2 FILER NAME Guadalupe Ayala		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREE	DITCARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	Political Non-Politic	al .	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office	e sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Politic	eal	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		on travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		e sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction	orials Expense			Travel In District Travel Out Of Di Other (enter a ca	
1 Total pages Schedule G:	2 FILER NA		-			3 Filer ID (E	thics Commission Filers)
4 Date	5 Payee nam						
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add	dress; C	ity; State; Zi	ip Code			
8 PURPOSE OF EXPENDITURE	(a) Category ((See Categories listed	fat the top of this so	chedule) (utside of Texas. Complete S	
Complete ONLY if direct expenditure to benefit C/C		late / Officeholde	er name		Office sought		Office held
Date	Payee nan	ne					
Amount (\$) Reimbursement from political contributions intended	Payee add	dress; Ci	ity; State; Zi	ip Code			
PURPOSE OF EXPENDITURE	Category ((See Categories listed	l at the top of this so	chedule) (utside of Texas. Complete S	
Complete ONLY if direct expenditure to benefit C/C		late / Officeholde	er name	<u> </u>	Office sought		Office held
Date	Payee nam	ne			-		
Amount (\$) Reimbursement from political contributions intended	Payee add	iress; Ci	ity; State; Zij	p Gode			
PURPOSE OF EXPENDITURE	Category ((See Categories listed	at the top of this so	thedule) (utside of Texas. Complete S	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholde	∍r name		Office sought		Office held
	ATTA	CH ADDITION/	AL COPIES O	F THIS SC	CHEDULE AS NEE	EDED	

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

Event Expense Fees Food/Beverage Expense Glitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politic			Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME Le reacturpe ayala	3	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name N(△		
6 Amount (\$)	7 Business address; City; State; Zip C	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of To	exas. Complete Schedule T. Riceholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	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 schedu	Check if travel outside of Te	exas. Complete Schedule T. iceholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu		exas. Complete Schedule T. iceholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	D

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILERNAME Duadalupe Ayala.	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 Schedu			odule K:
2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received	3	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	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	-
	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 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 & wordalize Ayala.		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expend	iture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel	7 Name of person(s) traveling				
	8 Departure city or	name of departure locat	ion		
	9 Destination city o	r name of destination lo	cation		
10 Means of transportat	10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor	Corporation or Labor	Organization / Pledgor /	Payee		
Contribution / Expend	liture reported on:	_			
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling			
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportat	lon Purp	cose of travel (including	name of conference, s	eminar, or other event)	
Name of Contributor	Corporation or Labor	Organization / Pledgor /	Payee		
Contribution / Expend	iture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
			 1		
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Schedule F2 Dates of travel	Schedule F4 Name of person(Schedule H	Schedule COH-UC Schedule B-SS	
	Name of person(Schedule COH-UC Schedule B-SS	
	Name of person(s) traveling	ion	Schedule COH-UC Schedule B-SS	
	Name of person(Departure city or Destination city or	s) traveling name of departure locat	ion		
Dates of travel	Name of person(Departure city or Destination city or	s) traveling name of departure locat r name of destination lo	ion		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to cor •• Complete only if "Report Type" on page 1 is					
1	C/OH!	NAME	2 Filer ID (Ethics Commission Filers)				
		Guadalipe Ayala					
3	SIGNA	ATURE	· · · · · · · · · · · · · · · · · · ·				
	ing a re	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment 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 inc	ome 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 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.					
	B.	ASSETS	:				
	Chec	k 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 o that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purchase requirements 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 filling requirements applicable to an offifile. I am also aware that I will be required to file reports of unexpended or officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ontributions if, after filing the last required report as an olitical contributions, or assets purchased with politi-				
			Signature of Officeholder				

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