Abelardo Gomez

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	The C/OH Instruction Guide explains how to complete this form.			
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS(MB) Abelaido	MI	OFFICE USE ONLY Date Received	
- CANDIDATE /		SUFFIX Jr.	CAMERON COUNTY DEPARTMENT OF ELECTION VOTER REGISTRATION	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	6595 Paredes La	CITY; STATE; ZIP CODE AL ROL SOLO (JAN 1 3 2017	
Change of Address	Grownsville TX	18500	8Y WULK	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 455- 100	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MA) PIRST	Mt	Receipt # Amount \$	
INMIVIE	NICKNAME LAST	SUFFIX	Date Processed	
	Rocky Coower		Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE	
ADDRESS	6583 Pocedes L	and Rd		
(Residence or Business)	Brownsv. Me TX 7	18526		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (7,56) 833 - 773	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before elect	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year () () () () () () () () () () () () ()	THROUGH 12	Day Year 3/1/2016	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Cther Description Special		
12 OFFICE	OFFICE HELD (IT any) Comeron County	13 OFFICE SOUGHT (If known)	Courty.	
	Constable Pot. 2	Camaron Constable	Pct.2	
	GO TO F	AGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

44 O/OH NAME			15 Filer iD (Ethics Commission Filers)	
14 G/OH NAME				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMIT SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIV OF SUCH EXPENDITURES.			
	COMMITTEE TYPE			
	SPECIFIC	COMMITTEE ADDRESS		
-				
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	/#	
	44.		- Control of the Cont	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITE	THAN MIZED \$	
	2. TOTAL (OTHE)	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	, \$ -	
EXPENDITURE TOTALS	3. TOTAL UNLES	\$ 460°		
	4. TOTAL	\$ 9/00		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA PORTING PERIOD	ST DAY \$ 10,182.87	
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C DAY OF THE REPORTING PERIOD	\$ -	
18 AFFIDAVIT			of perjury, that the accompanying report is	
	CYNTHIA RO NOTARY I STATE OF MY COMM. EX	DRIGUEZ under Title 15, Election Code. PUBLIC TEXAS	information required to be reported by me	
VE OF TE	VIVI COMM. EX	· N	Candidate or Officeholder	
AFFIX NOTARY STA	MP/SEALABOVE	Abola da Chamas	12+1	
Sworn to and subs	icl.	, by the said <u>#10 C/UIIFC</u> , to certify which, witness my hand and seal of offi	, this the	
day of Landing, 20 1, to certify which, witness my hand and seal of office. WHO KUNGUEZ NATURED C				
Signature of officer	administering oath	Printed name of officer administering path	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con			ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	· Comment
2,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	(e)
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$.6
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	9/00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	and the same of th
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	Landy and
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	DS	\$	46000
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$	ten formandarium.
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS	\$	- Comment

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

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/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awarde/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (extra extransport of listed shove)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 Abelaida	3 Filer ID (Ethics Commission Filers	s)		
4 Date ////6	5 Payee name Jerry Mc Uale				
6 Amount (\$)	Brownsville 7x 785 2	1 d. Apt # 1-1-1			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel cutside of Texas. Complete Schedule T. Chack if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name	2/ /			
10/6/2016	Folcon & Gol	4 Booster Gab			
Amount (\$)	Payee address; Clty; State; Zip Code	е			
10000	en de la respector de la compansión de la La compansión de la compa				
	Category (See Categories listed at the top of this schedule)	 			
PURPOSE OF EXPENDITURE	Adjet sming Express	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		s			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Deta	Payee name				
10/8/2016	R+O Printing				
Amount (\$) 255	Payee address; City; State; Zip Cod 1800 Stanford F 3 younsv./4 Td 783	100 mg.			
	Category (See Categories listed at the top of this schedule)) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Check if Austin, TX, officeholder living expense			
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					

LOANS		age of substitution of the	SCHEDULE E
The	Instruction Guide explains how t	to complete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ou	ut-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; C	City; State; Zip Code	10 Interest rate
ΥN	· * * * * * * * * * * * * * * * * * * *		11 Maturity date
12 Principal occupat	I clon / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	ilateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		ity; State; Zlp Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	ut-of-state PAC (ID#:)	Loan Amount (\$)
is lender a financial Institution?	Lender address; C	City; State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	lateral	Check if personal funds were	deposited into political
Попе		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		lity; State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
lf I		NAL COPIES OF THIS SCHEDULE AS NE see Instruction guide for additional re	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Science/Vegas/Contract Labor Solicitation/Fundralsing 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	Committee Legal Services Salailes with the Instruction Guide explains how to compare the committee	omplete this form.
Total pages Schedule F1:	2 FILER NAME Abelords 60	3 Filer ID (Ethics Commission Filers)
Date 10/25/16	5 Payee name The Graffice S	put
Amount (\$)	7 Payee address; City; State; Zip Code	1 Browns V. M. TX 78320
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adviced Services S	(b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 11/20/00/6	Payee name Hertor Peier	
Amount (\$)	Payee address; City; State; Zip Code	ownsville 7 78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salarics / da 365 (Entract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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)	Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
Camplete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

LOANS			SCHEDULE E		
The	Instruction Guide explains how to co	emplete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF U	NITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender	tate PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
YN			11 Maturity date		
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)			
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	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender out-of-st	ate PAC (ID#:)	Loan Amount (\$)		
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
ΥN			Maturity date		
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	iteral	Check if personal funds were account (See Instructions)	deposited into political		
none					
GUARANTOR INFORMATION	Name of guarantor	State; Zip Code	Amount Guaranteed (\$)		
not applicable					
Principal Occupation	n (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES 5 Date Amount 9 In-kind contribution 6 Full name of pledgor out-of-state PAC (ID#: of Pledge \$ description 7 Pledgor address; State; Zip Code Sheck 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 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. Émployer (See Instructions) Principal occupation / Joje title (See Instructions) Amount of In-kind contribution Date Full name of pledgor out-of-state PAC (ID#; description Pledge \$ City; State; Zip Code Pledgor address; 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.

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Amount of 5 Date 9 In-kind contribution 6 Full name of contributor ut-of-state PAC (ID#; Contribution \$ description 7 Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 / Employer (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FQR JUDICIAL) Date Full name of contributor ☐ out of-state PAC ND# Amount of In-kind contribution Contribution \$ description Contributor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (FOR,NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law frm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, faw firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule D Schedule F1 Schedule C2 Schedule B Schedule B(J) Schedule A2 Schedule COH-UC Schedule B-SS Schedule G Schedule H Schedule F2 Schedule F4 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pladgor / Payee Contribution / Expenditure reported on: Schedule F1 Schedule D Schedule B Schedule B(J) Schedule C2 Schedule A2 Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Schedule H Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference) seminar, or other event) Means of transportation Name of Contributor / Corporation of Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F1 __ Schedule D Schedule C2 Schedule B Schedule B(J) Schedule A2 Schedule COH-UC Schedule B-SS Schedule H Schedule G Schedule F2 Schedule F4 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

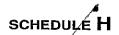
7456	TABLE TO THE TABLE			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State;	8 Amount (\$) Zip Code		
	7 Purpose for which amount is received	political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State;	Amount (\$) Zip Code		
	Purpose for which amount is received Check if	political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State;	Amount (\$)		
	Check if p	collitical contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State;	Amount (\$) Zip Code		
	Purpose for which amount is received Check if p	political contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 Рауве пате				
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				

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



EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travei Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Business name 6 Amount (\$) Business address; City; State; Zip Code 8 (a) Category (See Categories) (isted at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; Øity; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Øandidate / Officeholder name Office sought Office held expanditure 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 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE SCHEDULE F3 FROM POLITICAL CONTRIBUTIONS 1 Total pages Schedule F3: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Name of person from whom investment is purchased 4 Date Zip Code State; 6 Address of person from whom investment is purchased; 7 Description of investment 8 Amount of investment (\$) Name of person from whom investment is purchased Date Zip Code State; Address of person from whom investment is purchased; City; 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Travel Out of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNRAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Political EXPENDITURE Non-Political 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 EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee пате Amount (\$) Payee address; City; State; Zho Code TYPE OF EXPENDITURE Political Non Political Category (See Categories listed at the top of this schedule) Description PURPOSE __ Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

		SCHEDULE I"4			
EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimburse Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La	ment Solicitation/Fundraising Expense Transportation Equipment Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)			
	The Instruction Guide explains how to complete this fo	orm.			
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARI	\$			
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State; Zip Code	f			
9 TYPE OF EXPENDITURE	Political Non-Political				
10	(a) Category (See Categories listed at the top of this schedule) (b) Des	eription			
PURPOSE		Check if travel cutside of Texas. Complete Schedule T.			
OF EXPENDITURE		Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct	Candidate / Officeholder name Office sought	Office hall			
expenditure to benefit C/OF	d Since saugin	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) Des	cription			
PURPØSE ØF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
	··				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held			
77.4					
•					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	MEEDED			
yma negridad by Tayla Februar	me provided by Toyne Ethica Commission				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATEGORIES	FOR BOX 8(a)		
A C C	dvertising Expense ccounting/Banking onsulting Expense ontributions/Donations Made E Candidate/Officeholder/Politic redit Card Payment	Fees Office O Food/Beverage Expense Polling E Gry Gift/Awards/Memorials Expense Printing	Expense Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
				3 File (D) (Files Oseralas Files)	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Payèe name			
6	Amount (\$)	7 Payee address; City; State; Zip Code	and the second second		
	Reimbursement from political contributions intended				
8		(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	PURPOSE OF EXPENDITURE		′ <u> </u>	de of Texas. Complete Schedule T. 'X, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held	
	Date	Payee name			
	Amount (\$)	Payee address; City: State; Zip Code			
	Reimbursement from political contributions intended		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description		
	PURPOSE OF		1 1	de of Texas, Complete Schedule T.	
	EXPENDITURE		Check if Austin,	TX, officeholder ilving expense	
	Complete ONLY If direct expenditure to benefit C/		Office sought	Office held	
L					
	Date	Payee name		·	
	Amount (\$)	Payee address; City; State; Zip Code			
	Reimbursement from political contributions intended				
r		Category (See Categories listed at the top of this schedule)	(b) Description		
	PURPOSE OF		1 =	ide of Textes. Complete Schedule T,	
	EXPENDITURE		Check if Austin,	TX, officeholder living expense	
	Complete ONLY If direct expenditure to benefit C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES 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/OH	INAME	2 Filer ID (Ethics Commission Filers)							
3	SIGN	NATURE								
	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.								
		er i de la companya del companya de la companya del companya de la								
			Signature of Candidate / Officeholder							
4		FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.								
	A.	CAMPAIGN FUNDS								
	Chec	ock only one:								
		I do not have unexpended contributions or unexpended interest or incom-	e 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.								
	B.	ASSETS								
	Chec	ck only one:								
		I do not retain assets purchased with political contributions or interest or o	other income from political contributions.							
		I do retain assets purchased with political contributions or interest or other that I may not convert assets purchased with political contributions or interest or entered use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	rest or other income from political contributions to							
			Signature of Candidate							
 ;		CEHOLDER uplete this section only if you are an officeholder ••								
		I am aware that I remain subject to filing requirements applicable to an officeh file. I am also aware that I will be required to file reports of unexpended contri officeholder, I retain political contributions, interest or other income from politi cal contributions or interest or other income from political contributions.	butions if, after filing the last required report as an							
			Signature of Officeholder							

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