ELOY

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:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR) FIRST NICKNAME LAST Cano R	MI SUFFIX	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION	
4 CANDIDATE /. OFFICEHOLDER MAILING ADDRESS Change of Address		arlingen To 78551	3:4027 RECEIVED BY: AUGUST	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (95L) 407 - 8058	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MeliSSA NICKNAME LAST	MI 	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SU 3302 Wilson Rd. Ha		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 454-8687	EXTENSION	•	
9 REPORT TYPE	January 15 30th day before electric July 15 8th day before electric		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	THROUGH L	Day Year SD 2018	
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	Justice of the Peace	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 1	Filer 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 OR 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					
	SPECIFIC	COMMITTEE ADDRESS				
		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	\$ Q			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &			
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$ Q				
	4. TOTAL	. \$ ©				
CONTRIBUTION BALANCE	5. TOTAL F OF REP	\$ Q				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ Q			
18 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notary Public, State of Texas My Commission Expires						
May 19, 2019 Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscr	ibed before me, b	by the said <u>Eloy Caro</u> , Ir.	, this the! lo th			
day of July	, 20 <u>\</u> &,1	o certify which, witness my hand and seal of office.				
_0/2)	Angela E. Ramirez	Notary .			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con			
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
. 1.	K	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	Y	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	Y	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$
6.	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.	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 CONTRIBUTION RETURNED TO FILER	ons	\$

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State; Zip Coc				
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description		
7	Contributor address; City; State; Zip Cod	,			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		· :		
·					
	·				
lf :	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction				

Revised 9/8/2015

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 8 Amount . 9 In-kind contribution 6 Full name of pledgor ut-of-state PAC (ID#:_ of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check 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 out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code 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 PAC (ID#:_ Full name of pledgor Pledge \$ description Pledgor address; City; State; Zip Code 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 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.

LOANS			SCHEDULE E
The	Instruction Guide explains how to	o complete 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 out-	t-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; Cit	ty; State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction	ıs)
14 Description of Coll	ateral	15 Check if personal funds w account (See Instructions	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
☐ not applicable	18 Guarantor address; Cit		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions	<u> </u>
Date of loan	Name of lender out-	t-of-state PAC (ID#:) Loan Amount (\$)
ls lender a financial	Lender address; Cit	ty; State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions	s)
Description of Colla	iteral	Check if personal funds we account (See Instructions)	ere deposited into political)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; Cit	ty; State; Zip Code	• •
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions	s)
If le		AL COPIES OF THIS SCHEDULE AS see instruction guide for additiona	

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 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
Others (Areas a extraory) of listed above)

Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor Other (enter a category not listed above)
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	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) .	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
•	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name City; State; Zip Code 7 Amount (\$) 8 Payee address; 9 TYPE OF Non-Political Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 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 (\$) City; State; Zip Code Payee address; 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 Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1	1 Total pages Schedule F3:		
2 FILER NAME		3	Filer ID	(Ethics Commissi	on Filers)
4 Date	5 Name of person from whom investment is purchased	<u> </u>			
	6 Address of person from whom investment is purchased; Cit	у;		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	 /ţ		State;	Zip Code
	Description of investment				,
	Amount of investment (\$)		,		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEEDI	≣D	

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 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)

l	The Instruction Guide explains how to complete this	s form.
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CAI	ARD \$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 .	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
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	t Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) D	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	t Office held
	•	·
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

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 i Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 G:	2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee nam	1 6				
6 Amount (\$)	7 Payee add	ress; Cfty; State; Zi	p Code			
Reimbursement from political contributions intended				>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outsi	ide of Texas. Complete Schedule T. TX, officeholder Ilving expense		
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name	Office sought	Office held		
Date	Payee nam	е				
Amount (\$)	Payee add	ress; City; State; Zi	p Code			
Reimbursement from political contributions intended						
PURPOSE OF . EXPENDITURE	Category (8	See Categories listed at the top of this sc	Check if trayel outsi	de of Texas. Complete Schedule T: fX, officeholder living expense		
Gomplete ONLY if direct expenditure to benefit C/C		te / Officeholder name	Office sought	Office held		
Date	Payee nam	e	-:			
Amount (\$)	Payee add	ress; City; State; Zi	o Code .			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (8	see Categories listed at the top of this sol	Check if travel outsle	de of Texas. Complete Schedule T. "X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name	Office sought	Office held		
	ATTAC	CH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEED	DED		

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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 Gift/Awards/Memorials Expense Legal Services 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
Other (extra a extraory put listed above)

Candidate/Officenoider/Polit Credit Card Payment	The Instruction Guide explains how	to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filter ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Cod	9	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	3	•
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		f Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SSCHEDULE AS NEED	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to con	plete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
.Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethic	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;	Zip Code	
•	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
-	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	olitical contribution r	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 / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expenditure 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 location						
9 Destination city or name of destination location							
10 Means of transportation							
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	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	ion Purp	Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Piedgor / Payee							
Contribution / Expenditure 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 transportati	on Purp	Purpose of travel (including name of conference, seminar, or other event)					
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 I	H NAME 2 Filer	D (Ethics Commission Filers)			
3	SIGNA	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.				
		Signature of Car	ndidate / Officeholder			
4		ER WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. •-				
	A.	CAMPAIGN FUNDS				
	Chec	eck only one:				
		I do not have unexpended contributions or unexpended interest or income earned from politic	al 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				
	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 other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
		Signature	of Candidate			
OFFICEHOLDER Complete this section <i>only</i> if you are an officeholder						
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not he file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the officeholder, I retain political contributions, interest or other income from political contributions, or a call contributions or interest or other income from political contributions.	the last required report as an			
		Signature o	of Officeholder			