DAVID GARZA

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | |
|---|--|--|---|--|
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS/MRS/MS FIRST DAVID NICKNAME LAST GAYZO | OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CO 190 Lake VIE W / Say Bento, TX | CITY: STATE: ZIP CODE NOTH 19586 | HECHWED BY: HECHWED | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (956) 276-4406 | EXTENSION | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR) ROMEO NICKNAME LAST TOTTA | MI SUFFIX | Receipt # Amount \$ Date Processed Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | SAN BENITU | uite #; city; state; +501) Y 78584 | ZIP CODE | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER 856 399-129 | EXTENSION 92 | | |
| 9 REPORT TYPE | January 15 30th day before elec | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year 0 / 15 / 18 | THROUGH Month | Day Year | |
| 11 ELECTION | Month Day Year Primary General | ELECTION TYPE Runoff Other Description Special | | |
| 12 OFFICE | Justice of the Pe | 13 OFFICE SOUGHT (IF KNOWN) Same | | |
| GO TO PAGE 2 | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | 15 File | er ID (Ethics Commission Filers) | | |
|--|---|---|---|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CANE | MADE BY POLITICAL COMMITTEES TO THE CANDIDATE'S OR OFFICEHOLDER'S MATION ONLY IF THEY RECEIVE NOTICE | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| 185 T | GENERAL | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| , | , | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL I | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES \$ | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | | |
| 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. C State of Texas Signature of Candidate of Officeholder Notary Public State of Texas My Commission# 129099143 | | | | | |
| Sworn to and subsci | ድ <u>/ሃዊ- ችነቤ </u> | by the said DAVID Garza | _, this the | | |
| day of My Signature of officer a | ode! | to certify which, witness my hand and seal of office. Dura Podriguez Printed name of officer administering oath Titles | Hary Public tle of officer administering oath | | |

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" · C/OH NAME 2 Filer ID (Ethics Commission Filers) 3 SIGNATURE 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 / Offideholder FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. .. **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income 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 filling 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 only if you are an officeholder ·· I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officer

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME 20 Filer ID (Eth | ics Commission Filers) | | | |
|-----|--|------------------------|--|--|--|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | | | |
| 2, | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | | | |
| з. | 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. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ | | | |
| 8. | 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 | уон: \$ | | | |
| 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 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:__ 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:__ Full name of contributor Amount of contribution (\$) Date City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| ТІ | ne Instruction Guide explains how to complete this form | n. | 1 Total pages Schedule A2: | | | |
|-------------------|---|-------------|--|--|--|--|
| 2 FILER NAM | E | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$ | | | |
| 5 Date | 6 Full name of contributor |) | 8 Amount of . 9 In-kind contribution Contribution \$. description | | | |
| | 7 Contributor address; City; State; Zip Coo | | | | | |
| 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 | | | |
| | Contributor address; City; State; Zip Co | . <i>.</i> | 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 | utor's job title (FOR JUDICIAL) (See Instructions) | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm | v firm of contributor's spouse (if any) (FOR JUDICIAL) | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ATTAON ARRITIONAL CORES OF T | UIC COUED! | II E AC NEEDED | | | |
| if | ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction | | | | | |

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 . 9 In-kind contribution ut-of-state PAC (ID#:_ Amount 6 Full name of pledgor 5 Date of Pledge \$ description City; State; Zip Code 7 Pledgor address; Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) In-kind contribution Date out-of-state PAC (ID#:_ Full name of pledgor 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) Amount of In-kind contribution Date Dut-of-state PAC (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 ut-of-state PAC (ID#:_ Date description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 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.

| LOANS | | | | SCHEDULE E | |
|---|------------------------------------|--|--|---------------------------------------|--|
| The | Instruction Guide explains how | w to compl | ete 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-of-state F | PAC (ID#:) | 9 Loan Amount (\$) | |
| 6 Is lender a financial Institution? | 8 Lender address; | | 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 Colla | lateral . | | 15 Check if personal funds were account (See Instructions) | deposited into political | |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | | 19 Amount Guaranteed (\$) | |
| 18 Guarantor address; City; State; Zip Code ☐ not applicable | | | | | |
| 20 Principal Occupat | ion (See Instructions) | | 21 Employer (See Instructions) | | |
| Date of loan | Name of lender | out-of-state F | PAC (ID#:) | Loan Amount (\$) | |
| ls lender a financial | Lender address; | City; S | State; Zip Code | Interest rate | |
| Institution? Y N | | | | Maturity date | |
| | on / Job title (See Instructions) | | Employer (See Instructions) | | |
| Description of Colla | ateral | in the state of th | Check if personal funds were account (See Instructions) | deposited into political | |
| GUARANTOR INFORMATION | Name of guarantor | 1 | | Amount Guaranteed (\$) | |
| | , | City; S | State; Zip Code | | |
| not applicable | <u> </u> | | Turing (Cap Instructions) | | |
| Principal Occupand | on (See Instructions) | | Employer (See Instructions) | | |
| If le | | | 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

Event Expense Fees

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | ns Made By Gift/Awards/Memorials Expense Printing Exp | | Polling Expense Printing Expense Salaries/Wages/ | 9 | Travel In District Travel Out Of District Other (enter a categor | y not listed above) |
|--|---|----------------------------------|--|---------------|--|---------------------|
| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | | | |
| 6 Amount (\$) | 7 Payee address; | City; State; . | Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Cate | pories listed at the top of this | schedule) (b) | | utside of Texas. Complete Sc n, TX, officeholder living e | |
| Complete ONLY if direct expenditure to benefit C/O- | Candidate / Offic | ceholder name | | Office sought | | Office held |
| Date | Payee name | - | | | | |
| Amount (\$) | Payee address; | City; State; | Zip Code | • | | |
| PURPOSE OF EXPENDITURE | Category (See Cate | gories listed at the top of this | s schedule) | | iside of Texas. Complete Sci | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Offic | ceholder name | | Office sought | | Office held |
| Date | Payee name | | | | | , |
| Amount (\$) | Payee address; | City; State; | Zip Code | · | | |
| PURPOSE OF EXPENDITURE | Category (See Cate | gories listed at the top of this | s schedule) | == | ntside of Texas. Complete Scl | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Offi | ceholder name | | Office sought | | Office held |
| • | ATTACH AI | DDITIONAL COPIES | S OF THIS SCH | IEDULE AS NEE | EDED | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic | | Polling Expense pense Printing Expense Salaries/Wages/Contract L | Travel In District Travel Out Of District Abor Other (enter a category not listed above) | | | |
|--|--|--|--|--|--|--|
| | The Instruction Guide | e explains how to complete this t | form. | | | |
| 1 Total pages Schedule F2: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 TOTAL OF UNITED | MIZED UNPAID INCURRED | OBLIGATIONS | \$ | | | |
| 5 Date . | 6 Payee name | | | | | |
| 7 Amount (\$) | 7 Amount (\$) 8 Payee address; City; State; Zip Code | | | | | |
| 9 TYPE OF EXPENDITURE | Political | Non-Political | | | | |
| 10 | (a) Category (See Categories listed at th | e top of this schedule) (b) De | escription | | | |
| PURPOSE | | | Check if travel outside of Texas. Complete Schedule T. | | | |
| OF Expenditure | | | Check If Austin, TX, officeholder living expense | | | |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder na H | ame Office sought | Office held | | | |
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | | | |
| TYPE OF EXPENDITURE | Political | Non-Political | | | | |
| | Category (See Categories listed at the | e top of this schedule) De | escription | | | |
| PURPOSE | | | Check if travel outside of Texas. Complete Schedule T. | | | |
| OF EXPENDITURE | | <u></u> | Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
| | | | | | | |
| · | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| т | he Instruction Guide explains how to complete this form. | 1 T | otal pa | ges Schedule F3: | |
|--------------|--|------------|---------|-------------------|-----------|
| 2 FILER NAME | | 3 F | iler ID | (Ethics Commissio | n 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 | /; | | State; | Zip Code |
| | Description of investment | | | | |
| | Amount of investment (\$) | | | | |
| | | | - | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS N | IEEDI | ≣D | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Fouriement & Related Exc

| Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic | | Polling Expense Printing Expense Salaries/Wages/Contract Labor | Travel In District Travel Out Of District Other (enter a category not listed above) | | | | |
|--|---|--|---|--|--|--|--|
| | The Instruction Guide explai | ins how to complete this form. | | | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 TOTAL OF UNITEM | MIZED EXPENDITURES CHARGED | TO A CREDIT CARD | \$ | | | | |
| 5 Date | 6 Payee name | | 1 | | | | |
| 7 Amount (\$) | 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 the | | on if travel outside of Texas. Complete Schedule T. | | | | |
| PURPOSE OF EXPENDITURE | | | 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 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 the | Checki | ON f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name H | Office sought | Office held | | | | |
| | | | | | | | |
| | | · | | | | | |
| | ATTACH ADDITIONAL COPIES O | OF THIS SCHEDULE AS NE | EDED | | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Total pages Schedule G: | The Instruction Guide explains how to 2 FILER NAME | 3 complete this form. | |
|---|--|-----------------------|---|
| | 2 FILER NAME | | 2 Eller ID (Ethics Commission Ellers) |
| Date | | | 3 Filer ID (Ethics Commission Filers) |
| Date | 5 Payee name | | · |
| Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| Reimbursement from political contributions intended | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | at Taura Campleta Cabadula T |
| OF | | | of Texas. Complete Schedule T. , officeholder living expense |
| EXPENDITURE | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| Reimbursement from political contributions intended | | | |
| | Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | | | of Texas. Complete Schedule T. , officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought | Office held |
| Date | Payee name | | |
| | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| Reimbursement from political contributions intended | | | |
| DIEDEOCE | Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF | | | of Texas. Complete Schedule T. , officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/C | 7C1 | | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDI | ED |
| | | | |

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
Credit Card Payment

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

| Contributions/Donations Made Candidate/Officeholder/Politi | | nting Expense larles/Wages/Contract Labor | Travel Out Of District Other (enter a category not listed above) |
|---|--|--|--|
| Credit Card Payment | The Instruction Guide explains ho | w to complete this form. | |
| 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 Co | nde | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this scheduk | Check if travel outside | of Texas. Complete Schedule T. |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate / Officeholder name H | Office sought | Office held |
| Date | Business name | | |
| Amount (\$) | Business address; City; State; Zip Co | nde | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule | Check if travel outside | of Texas. Complete Schedule T. , officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Ol- | Candidate / Officeholder name | Office sought | Office held |
| Date | Business name | | |
| Amount (\$) | Business address; City; State; Zip Co | de . | , |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule | Check if travel outside | of 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 TH | IIS SCHEDULE AS NEE | DED |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| The Instruction Guide explains how to complete this form. | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule I: | 2 FİLER 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

| | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | |
|---|--|------------------------|----------------------|--|--|
| 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 | 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 | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | | | |
| 5 Contribution / Expend Schedule A2 Schedule F2 | Schedule Schedule | F4 Schedule G | Schedule C2 | Schedule D Schedule F1 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 11 Purpose of travel (including name of conference, seminar, or other event) | | | | | | | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | | | |
| Contribution / Expend Schedule A2 Schedule F2 | Schedule | | Schedule C2 | Schedule D Schedule F1 Schedule COH-UC Schedule B-SS | | | |
| Dates of travel | | Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling | | | | | |
| , | Departure city 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) | | | | | | | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | | | |
| Contribution / Expenditure reported on: | | | | | | | |
| Schedule A2 | Schedule I | 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 transportation Purpose of travel (including name of conference, seminar, or other event) | | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 9/8/2015 | | | | | | | |