LEOFREDO FRED PEÑA

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

84

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 Leofrec NICKNAME LAST PEÑA	MI LO SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CO 5505 Weld Business 83 AREA CODE PHONE NUMBER (956) 536-6949	city; state; zip code , Harlingen Tx 78552 extension	CAMERON COUNTY DEPARTMENT OF ELECTION VOTER REGISTRATION O: 50 YUL 1 3 2018 RECEIVED Delightand-delivered of Date Postmark A
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Quid NICKNAME LAST GONZALE 5	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 5505 West Business 8 =		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 778-0032	EXTENSION	
9 REPORT TYPE	January 15 30th day before elect		15th day-after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year / O / 2018	THROUGH G /	Day Year 30 / 2018
ff ELECTION	ELECTION DATE Month Day Year Primary 3 / 3 / 2020 General	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (If known)	Constable Pct #5
	go то р	AGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Leofr	eclo Pe	กิด	15 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	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (ÓTHER TH. S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN S - O-			
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-			
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$ -0-				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 30.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ - O - OF REPORTING PERIOD					
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	* - O -			
18 AFFIDAVIT						
			perjury, that the accompanying report is primation required to be reported by me			
Notary ID : My Commit	ERCADO #125007829 sslon Expires y 13, 2021	Signature of Can	didate or Officeholder			
The state of the s		Çigiladi e. e.i.i				
AFFIX NOTARY STAME	P/SEALABOVE	0 . 0	- 16			
Sworn to and subscri	ibed before me, b	y the said Keylalv Pene	, this the 10			
day of	, 20 <u></u> , t	o certify which, witness my hand and seal of office.				
In New	a/(Joy Whood	Texas Nober			
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of officer administering cath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$ untounforteness				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ washing				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ vvengor####				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 000000				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 30.00				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ www.				
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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 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 ut-of-state PAC (ID#:___ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Èmployer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ 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#:_ Contributor address; City; State; Zip Code 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 SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Amount of . 9 In-kind contribution Contribution \$. description 8 Amount of 5 Date 6 Full name of contributor out-of-state PAC (ID#:_ 7 Contributor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 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) (FOR JUDICIAL) Amount of In-kind contribution Date Contribution \$. description City; State; Zip Code Contributor address; 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) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law 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.

PLEDGI	ED CONTRIBUTIONS			SCHEDULE B
The I	nstruction Guide explains how to complete th	nis form.	1 Total pages Sche	dule B:
2 FILER NAME		*******	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF I	JNTEMIZED PLEDGES		\$	
5 Date	ate 6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$. 9 In-kind contribution description
	7 Pledgor address; City; State;	Zip Code		
ļ			Check if traval out	: iside of Texas. Complete Schedule T.
10 Principal occupa	ation / Job title (See Instructions)	11 Employer (See	<u> </u>	
Date	Full name of pledgor uut-of-state PAS (ID#;		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code		· ·
			Check if travel out	: side of Texas. Complete Schedule T.
Principal occupat	ion / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor ut-of-state PAC (ID#:).	Amount of Pledge \$. In-kind contribution description
•	Pledgor address; City; State;	Zip Code		· ·
			Check if travel outs	side of Texas. Complete Schedule T.
Principal occupat	tion / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
,	Pledgor address; City; State;	Zip Code		•
			Check if travel outs	side of Texas. Complete Schedule T.
Principal occupati	on / Job title (See Instructions)	Employer (See	Instructions)	
	-	·		
				į

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	olete 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	Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	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 20 Principal Occupat		State; Zip Code 21 Employer (See Instructions)	
	,		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable Principal Occupation	on (See Instructions)	Employer (See Instructions)	
, mopal Cooupatio	(,	
lf le	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Candidate / Officeholder name

Candidate / Officeholder name

Payee name

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Printing Expense Travel in District Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE**

Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held

Office sought

Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Complete ONLY if direct expenditure to benefit C/OH

Complete ONLY if direct expenditure to benefit C/OH

Date

Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Event Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) 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 Payee name 8 Payee address; City; State; Zip Code 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Complete ONLY if direct Candidate / Officeholder name Office sought 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 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	I.,
	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; Oity	; 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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expens Salaries/Wages	e /Contract <u>La</u> bor	Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide exp	lains how to compl	lete this form.	
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	IZED EXF	PENDITURES CHARGE	DTOACRED	ITCARD	\$
5 Date	6 Payee	name .			
7 Amount (\$)	8 Payee	address; City; State	e; Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Politica	J	
10	(a) Categ	ory (See Categories listed at the top of	of this schedule)	(b) Description	חם
PURPOSE				Check if	fravei outside of Texas. Complete Schedule T.
OF			\	Check	if Austin, TX, officeholder living expense
EXPENDITURE			ii.		
expenditure to benefit C/O	Payee	name	·		
Amount (\$)	Payee	address; City; State	e; Zip Code		
TYPE OF EXPENDITURE		Political	Non-Politica	d	
	Catego	ory (See Categories listed at the top o	f this schedule)	Description Checkif	on fravel outside of Texas. Complete Schedule T.
PURPOSE OF				Check	if Austin, TX, officeholder living expense
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OI		ndidate / Officeholder name	Office	sought	Office held
		,		•	,
	ΔΤΤΛ	CH ADDITIONAL COPIES	OF THIS SCHE		EDED
orms provided by Texas Ethics			s.state.tx.us		Revised 9/8/2015
omis drovided by Texas Ethics	COMMISSION	VV VV VV.GII II G			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Other (enter a category not listed above)

1	The Instruction Guide explains how	to complete this form.	
1 ·Total pages Schedule G:	2 FILER NAME Leofredo Peña		3 Filer ID (Ethics Commission Filers)
(4 Date)	5 Payee name		-
0/12/18	International Bank 0-	f Commerce	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from	501 s. Dixieland ed.		
political contributions intended	Harringen Tx 78550		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Acct / Banking		e of Texas. Complete Schedule T. X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/		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		Check if travel outside	e of Texas, Complete Schedule T.
EXPENDITURE		Check if Austin, T	K, 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			
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	9, (5 · · · ·		of Texas. Complete Schedule T.
OF EXPENDITURE			, 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 NEED!	ΕD
		•	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel in District Consulting Expense Travel Out Of District Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date Business name City; State; Zip Code 6 Amount (\$) 7 Business address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE ___ Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Business address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Business address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	ine instruct	ion Guide explains how to c	ompiete 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			
B PURPOSE OF EXPENDITURE	(a) Category (See Instruction categories.)	ions for examples of acceptable	(b) Description (See required.)	Instructions regar	ding type of information
Date	Payee name				
Amount (\$)	Payee address;	City; State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructi categories.)	ions for examples of acceptable	Description (See required.)	instructions regar	ding type of information
Date	Payee name				
Amount (\$)	Payee address;	. City; State; Zip Code			-
PURPOSE OF EXPENDITURE	Category (See Instruction categories.)	ons for examples of acceptable	Description (See required.)	instructions regard	ding type of information
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instruction categories.)	ons for examples of acceptable	Description (See required.)	instructions regard	ling type of information

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.	
2 FILER NAM	ME	3 Filer ID (Ethics 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; S	State; Zip Code
	7 Purpose for which amount is received Che	eck 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 Che	eck 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; S	State, Zip Code
	Purpose for which amount is received Ched	ock 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; S	State; Zip Code
	Purpose for which amount is received Chec	ck if political contribution returned to filer

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

						
The Inst	ruction Guid	ie explain:	s how to complete th	is form.	1 Total pages Schedule T:	
2 FILER NAME	1.0				3 Filer ID (Ethics Commis	ssion Filers)
4 Name of Contributor	·/ Corporation	or Labor (Organization / Pledgor /	/ Payee	<u> </u>	
5 Contribution / Expen	diture reporte	ad on:	<u></u>			
Schedule A2	· —	nedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2		hedule F4	Schedule G	Schedule H	Schedule COH-UC	
6 Dates of travel	7 Name	of person(s) traveling			
	2.2		No. of the last			
	8 Depart	ure city or n	name of departure locat	ion		
	9 Destina	ition city or	name of destination loc	cation		
10 Means of transporta	L tion	11 Purpo	ose of travel (including)	name of conference, se	minar, or other event)	
			-			
Name of Contributor	/ Corporation	ı or Labor C	Organization / Pledgor /	Payee		
Contribution / Expend	dîture reporte	d on:				
Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name o	of person(s) traveling			·
	Departu	re city or n	ame of departure locati	on .		
ì	Destina	tion city or	name of destination loc	ation		
Means of transportat	ion	Puroc	ose of travel (including r	name of conference, se	minar, or other event)	
Teroterio or diamopies		,	or or navor (menerolog).	idino or osino,	illinais or care. accomp	
Name of Contributor	/ Corporation	or Labor C	rganization / Pledgor / I	Payee		
		·				
Contribution / Expend	iture reported	no t		_	*****	
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name o	of person(s)	traveling			
	Departu	re city or na	ame of departure location	on		
	Destinat	ion city or r	name of destination loca	etion		
		-				
Means of transportation	on	Purpos	se of travel (including n	ame of conference, ser	ninar, or other event)	
						
	AT	TACH AD	DITIONAL COPIES O	FTHIS SCHEDULE A	AS NEEDED	