BENITO OCHOAIV

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			<u> </u>
The C/OH Instruction G	Guide explains how to complete this form.	1 Filter ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	BENITO	SUFFIX	Date Received
	OCHOA IV		JAMIEHUN UUUN (. JEPARTMENTOFELECTIONS &
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO PO BOX 1563 PORT ISABEL TEXAS 78578	CITY; STATE; ZIP CODE	VOTERREGISTRATION 3: 07 2019
Change of Address			A PECEIVED LA
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 943-5314	extension (956) 212-0366	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
TREASURER NAME	MARTA LAST	, , TERESA	Date Processed
	OCHOA	SULLY	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 510 TARNAVA STREET PORT ISABEL, TX 78578	UITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 943-5314	EXTENSION	
9 REPORT TYPE	July 15 30th day before elements and a strain of the strai		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
40 DEDICE			
10 PERIOD COVERED	Month Day Year 07 01 2018	THROUGH 12	Day Year 2018
11 ELECTION	Month Day Year XX Primary 03 / 07 / 2018 General	Runoff Other Description Special	The second of th
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) JUSTICE OF THE	
	\frac{1}{2}	GODITOD OF THE	1.11.02 1011 1
		PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		1-1-1-1	
14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)
ŗŖŖN	ITO OCHOA IV		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANI	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITIONS OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
· · · · · ·	[]		
• •	GENERAL	COMMITTEE ADDRESS	
	SRECIFIC S	·	
r · r · r · r		COMMITTEE CAMPAIGN TREASURER NAME	,
, J. J. P. S.	'		
Additional Pages	,	·	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		·	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$-0-
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$-0-
	4. TOTAL	POLITICAL EXPENDITURES	\$-0-
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$- 0 -
OUTSTANDING LOAN TOTALS		RINGIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI Y OF THE REPORTING PERIOD	HE \$-0-
18 AFFIDAVIT			
OF SERVICE	MARTHA MENDO otary Public, State o form. Expires 09-04 Notary ID 120696	true and correct and includes all inforunder Title 15, Election Code. Toxus -2020 19	erjury, that the accompanying report is rmation required to be reported by me didate or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE		
Sworn to and subscri	ibed before me, b	y the saidBENITO OCHOA IV	, this the 7TH
day of JANUARY		o certify which, witness my hand and seal of office.	
Moreor	va St	MARTHA MENDOZA	NOTARY PUBLIC
Signature of officer ac	lministering bath	Printed name of officer administering oath	Title of officer administering cath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 2	D Filer ID (Ethics 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	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND:	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	JSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	NS \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete t	nis form.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor uut-of-state	PAC (ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City; Sta	ate; Zip Code	
8	Principal occu	oatioń / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Date	Full name of contributor 🔲 out-of-state I	PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City; Sta	ate; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
		Contributor address; City; Sta	te; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
		Contributor address; City; Sta		,
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	FDFD

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

m.	1 Total pages Schedule A2:			
	3 Filer ID (Ethics Commission Filers)			
BUTIONS	\$			
	8 Amount of . 9 In-kind contribution Contribution \$. description			
de	Check if travel outside of Texas. Complete Schedule T.			
11 Employer	· (FOR NON-JUDICIAL)(See Instructions)			
13 Contribute	or's job title (FOR JUDICIAL) (See Instructions)			
15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)			
ļ				
	Amount of . In-kind contribution Contribution \$. description			
ode	Check if travel outside of Texas. Complete Schedule T.			
Employer	(FOR NON-JUDICIAL)(See Instructions)			
Contribute	or's job title (FOR JUDICIAL) (See Instructions)			
Law firm	of contributor's spouse (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	BUTIONS 11 Employer 13 Contribut 15 Law firm Contribut Law firm			

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

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (ID#: Amount . 9 In-kind contribution 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 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 ut-of-state PAC (ID#:_ 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 Date Full name of pledgor ut-of-state PAC (ID#:_ description Pledge \$ City; State; Zip Code Pledgor address; 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 to o	complete this form.	1 Total pages Schedule E:
FILER NAME			3 Filer ID (Ethics Commission Filers
TOTAL OF UN	NITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of	f-state PAC (ID#:) 9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
Principal occupati	on / Job title (See Instructions)	13 Employer (See Instruction	ıs)
Description of Coll	ateral	15 Check if personal funds v account (See Instructions	
GUARANTOR INFORMATION	17 Name of guarantor	1.	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;		
Principal Occupat	tion (See Instructions)	21 Employer (See Instruction	is)
Date of loan	Name of lender	f-state PAC (ID#:) Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instruction	ıs)
Description of Coll	ateral	Check if personal funds w account (See Instructions	vere deposited into political)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;		
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instruction	s)
	ATTACH ADDITIONAl	L COPIES OF THIS SCHEDULE AS	

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 Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

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	<u>'</u>		
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		
Complete ONLY if direct expenditure to benefit C/OF	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 <u>ONLY</u> 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)

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

Contributions/Donations Made By Candidate/Officeholder/Political		Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/	е	Travel in District Travel Out Of District Other (enter a category not listed above)
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 UNITEM	IZED UN	IPAID INCURRED OBLI	GATIONS		\$
5 Date	6 Payee	name ,			
7 Amount (\$)	8 Payee	address; City; State;	Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Political		
10	(a) Catego	ory (See Categories listed at the top of the	is schedule)	(b) Description	on
PURPOSE					travel outside of Texas. Complete Schedule T.
OF EXPENDITURE					if Austin, TX, officeholder living expense
EXPENDITURE					Tribuili, 174 Oliborolast living expenses
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Office	sought	Office held
Date	Payee	name			
Amount (\$)	Payee	address; City; State;	Zip Code		
TYPE OF EXPENDITURE		Political	Non-Political		
	Catego	Dry (See Categories listed at the top of thi	s schedule)	Description	on
PURPOSE	J	·	·	Check if	travel outside of Texas, Complete Schedule T.
OF EXPENDITURE			·	Check i	f Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Office	sought	Office held
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 NAM	JE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Ci	ty; 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; Cit	y; 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 Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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)
	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
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) Description	on a
PURPOSE OF EXPENDITURE			travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; 2	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categorles listed at the top of this	Check if	on travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
	ATTACH ADDITIONAL COPIES 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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The Instruction Guide explains how t	complete this form.	
1 Total pages Schedule G:	2 FILER NAME	3 F	iler ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Text Check if Austin, TX, office	•
9 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			·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa Check if Austin, TX, office	•
Complete <u>ONLY</u> 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			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa Check if Austin, TX, office	·
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Sala The Instruction Guide explains hov	-	category not listed above)
1 Total pages Schedule H:	2 FILER NAME		(Ethics Commission Filers)
Total pages seriodale III	- / / / / / / / / / / / / / / / / / / /		, ,
4 Date	5 Business name		
6 Ámount (\$)	7 Business address; City; State; Zip Cod	de	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living	
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 Cod	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		·
Amount (\$)	Business address; City; State; Zip Cod	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS 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 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	dułe K:					
2 FILER NAME	s Commission Filers)					
4 Date	5 Name of person from whom amount is received	I	8 Amount (\$)			
	6 Address of person from whom amount is received; City; State;					
	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 p	oolitical 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 / Expension Schedule A2 Schedule F2	Sch	d on: edule B edule F4	Schedule B(J)	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 Destina	tion city or	name of destination lo	cation		
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	-	d on: edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Departu	re city or r	name of departure locat		·	
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)			eminar, or other event)		
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
Contribution / Expendence Schedule A2 Schedule F2	Sche	l on: dule B edule F4	Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s) traveling			
	Departu	re city or n	ame of departure locati	on		
	Destinat	ion city or	name of destination loc	ation		
Means of transportati	ion	Purpo	se of travel (including r	name of conference, se	eminar, 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/OH1	JAME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	ing a re	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign utions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
		oignataro di Garianatto i Garianatto i
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
		I do not have unexpended contributions or unexpended interest or 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 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	conly 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
5		EHOLDER plete 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 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 Officeholder