LEOFREDO PENA

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			April 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Ma. Leofredo		Date Received
	NICKNAME LAST	SUFFIX	CAMERON COUNTY DEPARTMENT OF ELECTIONS
	FRED PEÑA		WE HER DECIGATIONS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	44	·	JUL 1 5 2019
Change of Address	5505 West Busine	ess 83	By: AUCIUM
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(956) 536-6949		Date Hand-delivered of Date (vernamed
6 CAMPAIGN	MS / MRS / MR FIRST	MI —	Receipt # Amount \$
TREASURER NAME	MR. Daviel	SUFFIX	Date Processed
	NICKNAME LAST	SUFFIX JR.	Date Imaged
	GONZALES STREET ADDRESS (NO PO BOX PLEASE). APT / SU		ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	STATE: 83 HARLINGEN	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	10 M 10 M
TREASURER PHONE	(956) 778-0032		
9 REPORT TYPE	January 15 30th day before ele	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elect		Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Year
OOVERLED	01/01/2019	THROUGH 06	30/2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	Troops of St.
	Month Day Year Primary	Runoff Other Description	
	03 / 03 / 2020 General	Special (1/1/1/1)	Haranga. Haranga
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	NA	CAMERON CON	inty Constable Pet #5
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	-	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			
6.0	GENERAL				
:	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 4975,00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,975,00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ '0		
	4. TOTAL	\$ 3,017.25			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 3,710.53				
OUTSTANDING LOAN TOTALS	LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$ ~ ~		
THE WORLD WITH THE PARTY OF THE	1117 RES 3-12-1311	I swear, or affirm, under penalty of perjutrue and correct and includes all information under Title 15, Election Code. Light of Candida	ation required to be reported by me		
AFFIX NOTARY STAME	· -\senthbblit	Las Fact Par	, this the		
day of July	, 20 <u></u> , t	o certify which, witness my hand and seal of office.			
Noina Le	rder Solis	Norma Linda Solò	notary Public		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of office Administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,975.00
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 CONTRIBUTIONS	\$ 3084.47
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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/OH	\$
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 (\$) 5 Full name of contributor ut-of-state PAC (ID#:__ 4 Date 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#:_ Amount of contribution (\$) Date City; State; Zip Code Contributor address; 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; Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor 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.

crms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Leofredo Pena		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)
06-13-19	Rigo Flores 6 Contributor address; City; State;	Zip Code	800.00
	801 EAST VAN BUREN St. Brown	Wille Tx. 78520	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
and the state of t	LAWYER		
Date		D#:)	Amount of contribution (\$)
03-81-19	Contributor address; City; State; 429 N. J" Street HARling		2 bo. 60
Data de la lacción de la constante de la const		· · · · · · · · · · · · · · · · · · ·	
Рплсіраї оссир	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	LAWYER		
Date	-)#:)	Amount of contribution (\$)
06-17-19	Leofrado Paña Contributor address; City; State; 429 North J "Street Han		300.00
Principal occur	ation / Job title (See Instructions)	Employer (See Instruction	one)
	Lawyer		,,,,,
Date 03 - 28.19	Full name of contributor out-of-state PAC (IE	0#:)	Amount of contribution (\$)
03,		Zip Code	75. <u>00</u>
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	LAWYER		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Figure acceptable to Transportation Commission

Davidand Nicionate

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Leofredo Pena	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
84-18-19	G.F. CARRANZA 6 Contributor address; City; State; Zip Code P.O. Box 383 Weslaco Texas 78599	1,000.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
• Tritoipai occu	Retired	10113)
	Netirea	
Date	Full name of contributor	Amount of contribution (\$)
04-2-19	Elia C. Lope 2 Contributor address; City; State; Zip Code	100.00
	235 Sunset Dr. Brownsuille Tx 78520	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
•	Judge	
Date	Full name of contributor	Amount of contribution (\$)
03-15-19	Rebecca A. Malamoros Contributor address; City; State; Zip Code	500. 20
	P.O. Box 821 Combes IX 78535	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03-01-19	Many Agado Contributor address; City; State; Zip Gode P.O. Box 3235 HARLINGEN TX. 78551	250.00
·	action / Job title (See Instructions) Employer (See Instruct Aw yee	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Faunt on a contain discorption of Education Commission of

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

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 Leofredo Pena 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Samuel J. Solave. 6 Contributor address; City; State; Zip Code 250.00 914 F VAN Buren ST. BROWN suille Tx. 78520 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) LAWYER Full name of contributor ___ out-of-state PAC (ID#:_____ Amount of contribution (\$) 03-02-19 Noe Alawiz JR. Contributor address; City; State; Zip Code 50.00 1104 E. 7th Street Brownsville Tx. 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) LAWYER ut-of-state PAC (ID#:_____ Full name of contributor Date Amount of contribution (\$) Salva dos Gracia Contributor address; City; State; Zip Code 250 914 E. VAN Buren St. Brownsville Tx 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

LAWFER

mana, and the state of the control of the state of the st

845 E. HARRISON St. BROWNSUIlle TX 78520

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.

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 4	
2 FILER NAME	Leofredo Pena	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
02-14-19	Victor R. Ramirez 6 Contributor address; City; State 31620 TRASCT Los Fr	300.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	LAWYER		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
01-31-19	Rey Eduardo Esquive Contributor address; City; State 1009 Farlark Blvd. HARI	· ·	600. %
Principal occup	 pation / Job title (See Instructions)	Employer (See Instructi	ions)
	Lawyer		
Date	Jauler Rivera Contributor address; City; State	C (ID#:)	Amount of contribution (\$)
	1126 Planeta Brownsvi	11e Tx 78520	
Principal occup	oation / Job title (See Instructions)	Employer (See Instructi	ions)
3	ondsman		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
			., \$
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see insti		

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Davissa 0/0/0016

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	rm. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description description Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (FOR NON-NUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDIOAL)	
Date Full name of contributor	Amount of . In-kind contribution Contribution \$. description
Contributor address; City; State; Zip Cod	check if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (POR 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)	

Forms provided by Texas Ethics Commission www.ethics.state.tx.us

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 6 Full name of pledgor ut-of-state PAC (ID#:_ 8 Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgo address; City; State; Zip Code _ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-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) Amount of Date In-kind contribution Full name of pledgor ut-of-state PAC (ID# 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#: 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) 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 compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UI	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender ☐ out-of-state i	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	Lender address; City; 5	State; Zip Code	10 Interest rate	
Y N			11 Maturity date	
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	llateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	, ,	State; Zip Code		
20 Principal Occupa	tion (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 Opde	Intèrest rate	
Institution? Y N			Maturity date	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political	
GUARANTOR INFORMATION	Name of guarantor	* .	Amount Guaranteed (\$)	
not applicable	, ,	State; Zip Code		
	on (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense rg Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Leofredo Pena		3 Filer ID (Ethics Commission Filers)
4 Date 4-26-19	5 Payee name TROPLY Plus 7 Payee address; City; State; Zip Cod		
6 Amount (\$)			
67.22	717 E HARRISON AV. H	ARlingen To	78550
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GARMENT Printing	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02-22-19	Payee name Mi #		
Amount (\$) 250.	Payee address; City; State; Zip Code 1125 W. Tyler Ave H	ARlingen Tx.	78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sticker 5		ntside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 05-03-19	Payee name M5 Besigns		
Amount (\$)	Payee address; City; State; Zip Code 1405 S. Palm Court	15 1	ev Tx 78552
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Signs		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEE	DED

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 Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/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 B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Leofredo Pona	3 Filer ID (Ethics Commission Filers)
4 Date 04-26-19	5 Payee name M5 Designs	
6 Amount (\$) 1,573,79	7 Payee address; City; State; Zip Code 1405 S. Palm Court DR.	HARIWALN TX 78552
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/OH	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 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F2 **UNPAID INCURRED OBLIGATIONS EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundraising Expense Loan Repayment/Reimbursement Advertising Expense Event Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Consulting Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Dandidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 5 Date City; State; Zip Code 8 Payee address; 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Office held 11 Complete ONLY if direct Office sought Candidate / Officeholder name 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** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct 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	
	Address of person from whom investment is purchased; C	
	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; Ci	ty; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Event Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name City; State; Zip Code 7 Amount (\$) 8 Payee address; TYPE OF Political Non-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** Office held 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee 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** OF Check if Austin, XX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXP	NDITURE CATE	GORIES	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Caro/Payment	By ical Committee	Legal Servic	ige Expense Memorials Expense es	Office C Polling I Printing Salaries	payment/Reimbursement werhead/Rental Expense Expense Expense //Wages/Contract Labor complete this form.	Transportation E Travel In District Travel Out Of Di	
1 Total pages Schedule G:	2 FILER NA	.ME				3 Filer ID (Et	hics Commission Filers)
4 Date	5 Payee nar	ne					
6 Amount (\$) Reirnbursement from political contributions intended	Y Payee add	dress;	City; State; Zi	p Gode			
8 PURPOSE OF EXPENDITURE	(a) Category	See Categories	isted at the top of this so	hedule)		e of Texas. Complete S	
9 Complete ONLY if direct expenditure to benefit C/G		ate / Officel	nolder name		Office sought		Office held
Date	Payee nan	ne					
Amount (\$)	Payee add	ress;	City; State; Zip	o Code			
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories	listed at the top of this sch	nedule)	\	of Texas. Complete So	
Complete ONLY if direct expenditure to benefit G/C		te / Officeh	older name	•	Office sought		Office held
Date	Payee nam	e					
Amount (\$)	Payee add	ress;	City; State; Zip	Code			
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (5	ee Categories	isted at the top of this sch	edule) (b) Description Check if travel outside Check if Austin, TX	of Texas. Complete Sc., officeholder living a	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeh	older name		Office sought		Office held
	ATTAC	CH ADDITIO	DNAL COPIES ÓF	THIS S	CHEDULE AS NEED!	ĒD	

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		Fees O Food/Beverage Expense Pr Gift/Awards/Memorials Expense Pr		Loan Repayment/Relmbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.		Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule H:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					cs Commission Filers)		
4 Date	5 Business	name	-					
6 Amount (\$)	7 Business	address; Cit	y; State; Zi	p Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			hedule) (b)	(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/O		ke / Officeholder i	name	C	Office sought		Office held	
Date	Business	name						
Amount (\$)	Business	address; City	y; State; Zi	p Code				
PURPOSE OF EXPENDITURE	Category	(See Categories listed a	at the top of this so	hedule)		e of Texas. Complete Schedt K, officeholder living expe	i	
Complete ONLY if direct expenditure to benefit C/OI		te / Officeholder r	name	0	office sought		Office held	
Date	Business	name						
Amount (\$)	Business	address; City	/; State; Zi	p 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		te / Officeholder r	name	C	office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								
Forms provided by Texas Eth	ics Commissio	n	www.ethics.	.state.tx.us			Revised 9/8/2015	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

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