DONALD CLUPPER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|----------------------------------|---|---------------------------------------|---|
| The C/OH Instruction | Guide explains how to complete this form. | | 16 |
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR FIRST | MI | OFFICE USE ONLY |
| NAME | Mr. Donald | K | Date Received |
| | NICKNAME LAST | SUFFIX | |
| | Clupper | | CAMERON COUNTY DEPARTMENT OF ELECTIONS |
| 4 CANDIDATE / OFFICEHOLDER | 1 | STATE; ZIP CODE | VOTER REGISTRATION |
| MAILING ADDRESS | 37 Casa de Pal | mas Brownsville | . 32 JAN 15 2020 |
| Change of Address | | TX , 78521 | 4.5 |
| 5 CANDIDATE/ | AREA CODE PHONE NUMBER | EXTENSION | RECEIVED ? |
| OFFICEHOLDER PHONE | (956) 579-5879 | | Date Hand-delivered or Date Posimarked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST | MI | Receipt # Amount \$ |
| NAME | Ms. Jasmin | | Date Processed |
| | | SUFFIX | Date Imaged |
| Z CAMBAICNI | STREET ADDRESS (NO PO BOX PLEASE); APT / SU | 7 - Contreras | ZIP CODE |
| 7 CAMPAIGN TREASURER | 3315 Elsa AUC. | Brownsville, | |
| ADDRESS (Residence or Business) | 130 T 130 P(0C. | C/ C(C) 130/ (10) | 100~1 |
| , | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (956) 346-9627 | EXTENSION | |
| 9 REPORT TYPE | January 15 30th day before ele | | 15th day after campaign treasurer appointment (Officeholder Only) |
| , | July 15 8th day before elect | tion Exceeded \$500 limit | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year | Month | Day Year |
| COVERED | 11 /03/2019 | THROUGH Ol / | 01/2020 |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | 3 74. |
| | Month Day Year Primary | Runoff Other Description | |
| | 03/03/2020 General | Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | • | Cameron | County |
| | | Commissi | oner Pct. 1 |
| | GO TO F | PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | R. Clupp | | 15 Filer ID (Ethics Commission Filers) | |
|--|---|--|---|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR N | NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES OF POLITICAL EXPENDITURES O | THOUT THE CANDIDATE'S OR OFFICEHOLDER'S | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| 6 | SPECIFIC | COMMITTEE ADDRESS | | |
| , , , | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| Additional Rages | | | • | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | - | |
| | | | | |
| 17 CONTRIBUTION TOTALS | | I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | | |
| | i - | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | |
| EXPENDITURE TOTALS | | POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED | \$ | |
| | 4. TOTAL POLITICAL EXPENDITURES \$ | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL P LAST DA | THE \$ | | |
| 18 AFFIDAVIT | I . | | | |
| 18 AFFIDAVIT | | • | erjury, that the accompanying report is ormation required to be reported by me | |
| Canul & Clypy | | | | |
| AFFIX NOTAFY STAME | SEALABOVE | Signature of Cand | didate or Officeholder | |
| | | Tropald & almoson | 154 | |
| Sworn to and subscri | /A B | | , this theO | |
| day of MINON | , 20 <u>} }_, t</u> | to certify which, witness my hand and seal of office. | Λ. | |
| Wast Das | MA | Olga L. Glasgow | Notary Public | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | Filer ID (Ethics Commission Filers) |
|---|-------------------------------------|
| Donald R. Clopper | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$100 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | * \$ |
| 4. SCHEDULE E: LOANS | \$7266.75 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI | RIBUTIONS \$ 100 |
| 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 | \$7,766.75 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU | SINESS OF C/OH \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI | RIBUTIONS \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER | us \$ |

| MONE | TARY POLITICAL CONTRI | IBUTIONS | SCHEDULE A1 |
|-----------------|--|---------------------------|---------------------------------------|
| Th | e Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: |
| 2 FILER NAM | Donald R. Clupper | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC OLI Specce 6 Contributor address; City; State 1844 Dulcinea Circle Brown | | 7 Amount of contribution (\$) いっこん |
| 8 Principal occ | cupation / Job title (See Instructions) | 9 Employer (See Instruct | |
| Date - | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; State | ; Zip Code | • |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date | Full name of contributor | ; Zip Code | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date | | (ID#:) | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| • | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A2: |
|---|--|----------------------------|--|
| 2 FILER NAM | 1E | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL C | 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 | | Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occ | cupation / 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 Cod | de | 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 | tor'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) | | |
| | | | · |
| | | | |
| | - | | # P |
| | | | 1 |
| | | | • |
| | | | |
| lf | ATTACH ADDITIONAL COPIES OF TI | HIS SCHEDU guide for ac | LE AS NEEDED Iditional reporting requirements. |

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 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 Pledgor 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 Full name of pledgor Amount In-kind contribution out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Full name of pledgor In-kind contribution 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) Full name of pledgor Amount of In-kind contribution Date out-of-state PAC (ID#:_ description Pledge \$ City; State; Zip Code Pledgor address; __Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| LOANS | | | SCHEDULE E |
|--|--------------------------------------|--|---------------------------------------|
| The | Instruction Guide explains how to co | mplete this form. | 1 Total pages Schedule E: |
| 2 FILER NAME | ita & Chroper Se | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF U | NITEMIZED LOANS | | \$ |
| 5 Date of loan | 7 Name of lender ut-of-st | rate 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 occupati | 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 | 18 Guarantor address; City; | State; Zip Code | |
| 20 Principal Occupat | ion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender | ate 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 Instructions) | |
| Description of Golla | teral . | Check if personal funds were account (See Instructions) | deposited into political |
| GUARANTOR INFORMATION | Name of guarantor | 1 | Amount Guaranteed (\$) |
| *************************************** | Guarantor address; City; | State; Zip Code | |
| not applicable | | | |
| Principal Occupation | on (See Instructions) | Employer (See Instructions) | · |
| If le | ATTACH ADDITIONAL C | OPIES OF THIS SCHEDULE AS NE | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

| Contributions/Donations Made B Candidate/Officeholder/Politica | | Gift/Awards/Memorials I Legal Services | Expense | Printing Exper Salaries/Wag | | Travel In District Travel Out Of Di Other (enter a ca | |
|---|--------------|---|--|--------------------------------|--------------------|---|-------------------------|
| Credit Card Payment | | The Instruction Gu | | _ | | (| g,, |
| 1 Total pages Schedule F1: | 2 FILER NA | me Donald | P Cir | OPer | , . | 3 Filer ID (Et | hics Commission Filers) |
| 4 Date | 5 Payee nar | пе | | ` ' | | | |
| 12/30/2019 | And | jel So' | brevi | <u>11a</u> | | | |
| 6 Amount (\$) 100 | 7 Payee add | lress; City; | State; Zip | Code | | | |
| | 2424 | , Barna | vd Ro | al. Bi | rownsui | le,TX 7 | 8520 |
| 8 | (a) Category | (See Categories listed at th | ne top of this sch | edule) (| (b) Description | | |
| PURPOSE | , | | | | <u> </u> | l outside of Texas. Comple | |
| OF EXPENDITURE | Adve | rtisingE | XPENS | P | L Check if Aus | stin, TX, officeholder liv | ring expense |
| | | <u> </u> | | | Install S | ક <i>ો</i> લુ n s | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | | te / Officeholder nar | ne | | Office sought | | Office held |
| Date | Payee nam | 18 | ************************************** | | | | |
| | | • | | | | | |
| Amount (\$) | Payee add | ress; City; | State; Zip | Code | - | | |
| | | | | | | | |
| | | | | | | | |
| | Category (| See Categories listed at th | e top of this sche | edule) | Description | • | |
| PURPOSE | | | | | Check if travel of | outside of Texas, Complet | e Schedule T. |
| OF EXPENDITURE | | · | | | Check if Aust | in, TX, officeholder livi | ng expense |
| | | | | | | | |
| Complete ONLY if direct | Candidat | e / Officeholder nam | | | Office sought | | Office held |
| expenditure to benefit C/OH | | | | | omoo ooagm | • | Osioo Heid |
| Date | Payee nan | 10 | | | | | |
| | | - | | | | | • |
| | | | | | | | |
| Amount (\$) | Payee add | ress; City; | State; Zip (| Code | | | |
| | | | | | | | |
| | | | | | | | |
| | Category (| See Categories listed at the | ⇒top of this sche | idule) | Description | | |
| PURPOSE OF | • | | | | | outside of Texas. Complete | |
| EXPENDITURE | | | | | Check if Austi | in, TX, officeholder livi | ng expense |
| | | | | | | | , |
| Complete ONLY if direct | Candidate | e / Officeholder nan | ne | | Office sought | | Office held |
| expenditure to benefit C/OH | | | | | | | |
| | ATTA | CH ADDITIONAL | COPIES OF | THIS SC | HEDULE AS NE | EDED | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 & Relate

| 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 | Travel In District Travel Out Of District Other (enter a category not listed above) |
|--|------------|--|--|---|---|
| | | The Instruction Guide explain | ns how to comp | lete this form. | |
| 1 Total pages Schedule F2: | 2 FILER | NAME . | *************************************** | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITE | MIZED UN | IPAID INCURRED OBLI | GATIONS | | \$ |
| 5 Date | 6 Payee | name | | *************************************** | |
| 7 Amount (\$) | 8 Payee | address; City; State; | Zip Code | All | |
| 9 TYPE OF EXPENDITURE | | Political | Non-Political | Market de la companya | |
| 10 | (a) Catego | ory (See Categories listed at the top of the | is schedule) | (b) Descriptio | n |
| PURPOSE | | | | Checkif | travel outside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | | | [| f Austin, TX, officeholder living expense |
| EXTENSITION. | | | | | Trustat, 175, otherwise living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Can i | didate / Officeholder name | Office | sought | Office held |
| Date | Payee | name | | - | |
| Amount (\$) | Payee | address; City; State; | Zip Code | | |
| TYPE OF EXPENDITURE | F | Political | Non-Political | | |
| | Catego | ry (See Categories listed at the top of this | s schedule) | Descriptio | n |
| PURPOSE | | | · | Check if t | ravel outside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | | ! | Check if | Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | | didate / Officeholder name | Office | sought | Office held |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ATTAC | H ADDITIONAL COPIES OF | THIS SCHE | DULE AS NEE | DED |
| | | | | | |

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| | | ************************************** |
|--|---|--|
| т | he 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 | • |
| | 6 Address of person from whom investment is purchased; City | |
| | 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 |
| The state of the s | 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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/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
Other (enter a category not listed above)

| Contributions/Donations Made Candidate/Officeholder/Politic | • | ing Expense ries/Wages/Contract Labor | Travel Out Of District Other (enter a category not listed above) |
|--|---|--|---|
| | The Instruction Guide explains how | - | Silver (Silver a salesgory mornates accord) |
| 1 Total pages Schedule F4: | 2 FILER NAME Donald & Clopper | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEM | MIZED EXPENDITURES CHARGED TO A | CREDIT CARD | \$ |
| 5 Date 12/21/2019 | 6 Payee name Teags Democrats | | |
| 7, Amount (\$) \$2460,06 | Teags Democrats 8 Payee address; City; State; Zip C 1106 Le Va Ca A, Sq. 40 200 agstin, Tx 78701 | ode | |
| 9 TYPE OF EXPENDITURE | | on-Political | |
| 10 | (a) Category (See Categories listed at the top of this sched | ule) (b) Description | nc |
| PURPOSE | | Check i | travel outside of Texas. Complete Schedule T. |
| OF EXPENDITURE | 1 Other | Check | if Austin, TX, officeholder living expense |
| | | Voler 24 | dress and names |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date 12/25/2019 | Digital Print and Ad | | |
| A 7306.75 | Payee address; City; State; Zip Ci Z900 Central Blod Brudins VI/IC, tx 78820 | ode) | |
| TYPE OF EXPENDITURE | | n-Politicaí | · |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this scheduled Advertising Expense | Check if | on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense and T-Shirts |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| - | | | |
| | | | |
| | | - | |
| | | | |
| | ATTACH ADDITIONAL COPIES OF THE | S SCHEDIII E AS NE | enen |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Relmbursement

| Accounting/Banking Consulting Expense Contributions/Donations Made | Food/Beverage Expense | Office Overhead/Rental Expense Polling Expense Printing Expense | Transportation Equipment & Related Expense Travel In District Travel Out Of District |
|--|--|--|--|
| Candidate/Officeholder/Politi Credit Card Payment | cal Committee Legal Services 5 The Instruction Guide explains 8 | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| 1 Total pages Schedule G: | 2 FILER NAME | and the same of th | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) Reimbursement from political contributions intended | 7 Payee address; City; State; Zip C | Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule | Check if travel outsid | ie of Texas, Complete Scheduie T, X, officeholder Ilving expense |
| 9 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 C | ode . | |
| Reimbursement from political contributions intended | | | |
| PURPOSE OF . EXPENDITURE | Category (See Categories listed at the top of this schedu | Check if travel outside | e of Texas. Complete Schedule T. K, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | - |
| Amount (\$) Reimbursement from political contributions intended | Payee address; City; State; Zip Co | ode . | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedul | Check if travel outside | of Texas. Complete Schedule T. , officeholder fiving expense |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder пате Н | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF TH | HIS SCHEDULE AS NEEDI | 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

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)

Credit Card Payment The Instruction Guide explains how 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 Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** __ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Business address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business 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** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

| The Instruction Guide explains how to complete this form. | | | dule K: | | | | |
|--|--|--------------------------|----------------------|--|--|--|--|
| 2 FILER NAME | | 3 Filer ID (Ethica | 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 i | political contribution | returned to filer | | | | |
| Date | Name of person from whom amount is received | | Amount (\$) | | | | |
| | Address of person from whom amount is received; City; State; | Zip Code | | | | | |
| | Purpose for which amount is received Check if p | political contribution | returned to filer | | | | |
| Date | Name of person from whom amount is received | | Amount (\$) | | | | |
| Victoria de la Constantina del Constantina de la | Address of person from whom amount is received; City; State; | Zip Code | | | | | |
| | Purpose for which amount is received | political contribution r | eturned to filer | | | | |
| Date | Name of person from whom amount is received | | Amount (\$) | | | | |
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| | Purpose for which amount is received Check if position | olitical contribution r | eturned to filer | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | |

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

SCHEDULE T

| | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
|---|--|---|---------------|-----------------|---------------------------------------|---------------|--|--|--|
| The Insti | ruction Guid | 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 / Expen | Sch | edule B | Schedule B(J) | Schedule C2 | Schedule D | Schedule F1 | | | |
| Schedule F2 | Schedule F4 Schedule G Schedule H | | | Schedule H | Schedule COH-UC | Schedule B-SS | | | |
| 6 Dates of travel | 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 / Expenditure reporte | | d on: edule B | Schedule B(J) | Schedule C2 | Schedule D | Schedule F1 | | | |
| Schedule F2 | | | | 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) | | | | | | | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | | | | | |
| Contribution / Expend | liture reported | íon: | | | | | | | |
| Schedule A2 | Sche | dule B | Schedule B(J) | Schedule C2 | Schedule D | Schedule F1 | | | |
| Schedule F2 | Schedule F4 Schedule G Schedule H | | 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 transportat | lon | Purpose of travel (including name of conference, seminar, or other event) | | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | | | |