BENITO OCHOA, IV

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1	
The C/OH Instruction 6	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	BENITO		OFFICE 03E ONL!
NAME		<u></u>	Date Received
	NICKNAME LAST	SUFFIX	CAMERON COUNTY DEPARTMENT OF ELECTIONS &
	OCHOA IV		VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	JAN 1 5 2020
MAILING	PO BOX 1563		•
ADDRESS	PORT ISABEL TEXAS 78.	578	RECEIVED (
Change of Address			$\mathbb{R}_{Y^*_{maximum or conversaments of the three properties of three properties of three properties of the three properties of the three properties $
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(⁹⁵⁶) ^{943–5314}	(956) 212–0366	Date hand-delivered of Date Postillarked
6 CAMPAIGN	MS / MRS / MR FIRST	· M1	Receipt # Amount \$
TREASURER	MARIA	TERESA	Date Processed
NAME	NICKNAME LAST	SUFFIX	
	ОСНОА	,	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / St	UITE #; CITY;	STATE; ZIP CODE
TREASURER	510 TARNAVE STREET		
ADDRESS	PORT ISABEL TEXAS 78578		
(Residence or Business)			•
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(956) 943–5314		
PHONE	()30		
9 REPORT TYPE	XX January 15 30th day before el	lection Runoff	15th day after campaign
		1.c.mand	treasurer appointment (Officeholder Only)
·	July 15 Sth day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
			•
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	07 / 01 / 2019	THROUGH 12 /	31 / 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year XX Primary	Runoff Other	
	03 / 07 /2019 General	Description Special	and the contraction of
,		h	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))
		JUSTICE OF THE	PEACE PCT. 1
	·		
	GO TO	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						
	GENERAL							
	SPECIFIC	SPECIFIC COMMITTEE ADDRESS						
**************************************		COMMITTEE CAMPAIGN TREASURER NAME						
Additional Pages								
		COMMITTEE CAMPAIGN TREASURER ADDRESS						
17 CONTRIBUTION TOTALS	PLEDG	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$-0-					
	t	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$-0-					
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$-0-					
	4. TOTAL	POLITICAL EXPENDITURES	\$- 0 -					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	y \$-0-					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$-0-					
Note	MARTHA MENDOZ ary Public, State of mm. Expires 69-04: Notary ID 1266961	2020	ation required to be reported by me					
AFFIX NOTARY STAM		DENITED OCUAL TV						
Sworn to and subscr day of <u>JANUARY</u>		by the said <u>BENITO OCHOA IV</u> so certify which, witness my hand and seal of office.	, this the <u>14TH</u>					
Macke	me	MARTHA MENDOZA	NOTARY PUBLIC					
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 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 CONTRIBUTIONS	\$
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/O	н \$
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. 2 FILER NAME 3 Filer iD (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) City; 6 Contributor address; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) State; Zip Code Contributor address; City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

CONT	KIBOTIONS		
Ti	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution . description
	7 Contributor address; City; State;	Zip Code	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 firn	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r 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 Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	 pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional 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 ___ out-of-state PAC (ID#:___ Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; State; Zip Code City; Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date 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. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor __ out-of-state PAC (ID#:___ In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of In-kind contribution out-of-state PAC (ID#:____ Pledge \$ description Pledgor address; City; State; Zip Code 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 compl	ete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	NITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender	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)	<u></u>		
14 Description of Coll	lateral	15 Check if personal funds were deposited into political account (See Instructions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender out-of-state F	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 Coll	ateral	Check if personal fun- account (See Instruct	ds were deposited into political ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
if le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE truction guide for additional re			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain	s how to com	plete this form.	, -	,
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame		<u>_</u>		
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE	(a) Categor	y (See Categories listed at the top of this	schedule) (k) Description		
OF EXPENDITURE .						
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime			-	
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas, Complete Se	chedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this se	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	shedule T.	Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEE	DED	

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/Fundralsing Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp Salaries/W			ut Of District	ot listed above)
		The Instruction Guide expl	ains how to co	omplete this form.			
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer II	O (Ethics Con	nmission Filers)
4 TOTAL OF UNITEM	IZED UN	PAID INCURRED OBI	IGATION	6	\$		
5 Date	6 Payee i	name			•		
7 Amount (\$)	8 Payee	address;		City;		State;	Zip Code
9 TYPE OF EXPENDITURE	F	Political	Non-Poli	itical			
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of t	this schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete	te Schedule T.	Check if Aus	stin, TX, office	eholder living ex	pense
11 Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholder name	O'	ffice sought		Office held	
Date	Payee	name					
Amount (\$)	Payee	address;		City;		State;	Zip Code
TYPE OF EXPENDITURE	i de la companya de l	Political	Non-Po	litical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of		Description Check if A	ustin TX offic	ceholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate / Officeholder name		ffice sought		Office hek	
	ATTAC	H ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		T
	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	y; State; Zip Code
	7 Description of Investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	
	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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Mones/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politics		Gift/Awards/Memoria Legal Services	als Expense	Printing Exp Salaries/Wa	ense ges/Contract Labor		Out Of District enter a categor	ry not listed above)
		The Instruction	Guide explain	s how to co	mplete this form.			
1 Total pages Schedule F4:	2 FILER	NAME				3 Filer	ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES C	HARGED	TOACR	EDIT CARD	\$		
5 Date	6 Payee	name		,				
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Pol	itical			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed	i at the top of this	schedule)	(b) Description	-		
	(c)	Check if travel outside of	Texas. Complete 8	Schedule T.	Check if A	ustin, TX, of	ficeholder living	expense
11 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Car	didate / Officehold	der name	Of	fice sought		Office h	eld
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical			-
PURPOSE OF EXPENDITURE	Catego	ry (See Categories lister			Description Check if A	ustin, TX, o	fficeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	didate / Officeholo	der name	Of	fice sought		Office h	eld
								,
	ATTA	CH ADDITIONAL	COPIES O	F THIS SO	CHEDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politi		Gift/Awards/Memorials Expense Legal Services	Printing Ex Salaries/M		Travel in District Travel Out Of District Other (enter a categor	
Credit Card Payment		The Instruction Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule G:	2 FILER NA	ME	1		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nai	me		I		
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description		
LA LABAGAL	(c)	Check if travel outside of Texas, Complete Sci	hedule Ť.	Check if Austin,	TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	,	Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
LAI LINDISONA		Check if travel outside of Texas, Complete Sch	hedule T.	Check if Austin,	TX, officeholder living a	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	(Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description	,	
HAT MIDITURE		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	(Office sought		Office held
	ATTA	CHADDITIONAL COPIES OF	F THIS SC	HEDULE AS NEED!	ED	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made Candidate/Officeholder/Politi		Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Contract La	Travel Out C sbor Other (enter	f District	t (isted above)
Credit Card Payment		The Instruction Guide explain	is how to complete this fo	orm.		
1 Total pages Schedule H:	2 FILER N	AME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Business	name		<u> </u>		
6 Amount (\$)	7 Business	address;	Cit	y; S	tate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule) (b) Description	on		
	(c)	Check if travel outside of Texas. Complete Sch	nedule T. Check	if Austin, TX, officeholde	r living expen	se
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	Office sought		Offi	ce heid
Date	Business	name				
Amount (\$)	Business	address;	Cit	y; S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule) Descriptio	n		
	c	heck if travel outside of Texas. Complete Sch	edule T. Check	if Austin, TX, officeholder	living expens	se
Complete ONLY if direct expenditure to benefit C/Ol		te / Officeholder name	Office sought		Offi	ce held
Date	Business	name				
Amount (\$)	Business	address;	Cit	y; S	tate;	Zip Code
PURPOSE OF	Category	(See Categories listed at the top of this sc	hedule) Descriptio	n		
EXPENDITURE		heck if travel outside of Texas. Complete Sch	edule T. Check	if Austin, TX, officeholder	living expens	SØ
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		te / Officeholder name	Office sought		Offi	ce held
	ATTA	ACH ADDITIONAL COPIES C	OF THIS SCHEDULE A	S NEEDED		

www.ethics.state.tx.us

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 Co	mmission 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 required.)	instructions regar	ding type of	information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	ding type of	information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regal	ding type of	information .			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	Instructions rega	ding type of	Information			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEI	EDED					

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:				
2 FILER NAME		3 Filer ID (Ethics	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; Stat					
	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; Sta	ate; 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 (\$)			
	Address of person from whom amount is received; City; Stat					
	Purpose for which amount is received Check if p	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
-	Address of person from whom amount is received; City; Star	ate; Zip Code				
university of the second secon	Purpose for which amount is received Check if p	political contribution i	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Sche

SCHEDULE T

The Instruction Guide exp				s how to complete	1 Total pages Schedule T:					
2	2 FILER NAME					3 Filer ID (Ethics Commission Filers)				
4	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
5	Contribution / Expend	liture reported	i on:							
	Schedule A2									
	Schedule F2		edule F4	Schedule G	Schedule H	☐ Schedule D ☐ Schedule F1 ☐ Schedule COH-UC ☐ Schedule B-SS				
6	Dates of travel	ates of travel 7 Name of person(s) traveling								
	8 Departure city or name of departure location									
	9 Destination city or name of destination location									
L										
10	10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)									
F	Name of Contributor	/ Corporation	or Lobor	Organization / Pladas	or / Payao					
	Name of Community	· Corporation	Of Eabor	Organization / Fiedge	n / rayee					
	Contribution / Expend	liture reported	d on:							
	Schedule A2	Sch	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 of person(s) traveling									
	Departure city or name of departure location									
	Destination city or name of destination location									
	Means of transportat	l ion	Purpose of travel (including name of conference, seminar, or other event)							
-			<u> </u>							
	Name of Contributor	/ Corporation	or Labor (Organization / Pledgo	or / Payee					
	Contribution / Expend	liture reported	d on:							
	Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
	Schedule F2	Schedu	ıle F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS				
	Dates of travel Name of person(s) traveling									
	Departure city or name of departure location									
	Destination city or name of destination location									
\vdash	Means of transportat	l ion	Purpose of travel (including name of conference, seminar, or other event)							
		A.	ПТАСН А	DDITIONAL COPIE	S OF THIS SCHEDU	LE AS NEEDED				
4										

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	do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.								
		Signature of Candidate / Officeholder								
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••								
	A.	CAMPAIGN FUNDS								
	Chec	conly 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.								
	В.	ASSETS								
	Chec	only one:								
		I do not retain assets purchased with political contributions or interest or other income from political contributions.								
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.								
		Signature of Candidate								
5	OFFICE	HOLDER								
	•• Com	plete this section only if you are an officeholder ••								
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.								
		Signature of Officeholder								

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