DAVID GARZA

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| · | | | | | | |
|---|---|--|---|--|--|--|
| The C/OH Instruction G | uide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | |
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR DAVID | MI | OFFICE USE ONLY | | | |
| NAME | NICKNAME LAST | | Date Received | | | |
| | Gaiza | | CAMEHON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | 190 Lakelleu | STATE; ZIP CODE TX 78586 | JUL 0 8 2020 | | | |
| Change of Address | San Benitu, | γ ζ γωσυψ | KET / | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (956) 341-825 | EXTENSION TO THE PROPERTY OF T | Date Hand-delivered or Date Postmarked | | | |
| 6 CAMPAIGN TREASURER | MS/MRS/MR ROME O | MI | Receipt # Amount \$ | | | |
| NAME | NICKNAME LAST | SUFFIX | Date Processed | | | |
| | Garza | JR. | Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SI | UITE#, CITY; | STATE; ZIP CODE | | | |
| (Residence or Business) | San Benito, | 14 78584. | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (954) 399-1290 | EXTENSION . | | | | |
| 9 REPORT TYPE | January 15 30th day before el | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | | THROUGH 7/ | Day Year | | | |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | , | | | |
| | Month Day Year Primary General | Runoff Other Description Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known |)} | | | |
| | Justice of the Peace | 2. | | | | |
| GO TO PAGE 2 | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | 1 Garzu | | 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 OF OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | | |
| · Additional Pages | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| Additional Lages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| 17 CONTRIBUTION TOTALS | PLEDG | UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY) | \$ 0 | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 7 | | | |
| EXPENDITURE TOTALS | 3. TOTAL | UNITEMIZED POLITICAL EXPENDITURE. | \$ 7 | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 7 | | | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD | DAY \$ 7 | | | |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD | THE \$ | | | |
| 18 AFFIDAVIT | inksekkinimims v (mintuksiniminksin | | erjury, that the accompanying report is | | | |
| Notal My C | DELIA RODRIGUEZ ry Public State of Text commission# 129099 form. Exp. Aug. 23, 20 | under Title 15, Election Code. | ormation required to be reported by me | | | |
| Commission of the state of the | er formanisticación de establishen de la companient | Signature of Cano | Sidate of Officeholder | | | |
| AFFIX NOTARY STAME | P/SEALABOVE | 7.00 | | | | |
| Sworn to and subscri | 177 | | , this the 07^{m} | | | |
| day of JULY | ,20 <u></u> | certify which, witness my hand and seal of office. | | | | |
| Wellerto | XVQ | Delia Kodriguez | Notary | | | |
| Signature of officer ac | Iministering 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 C | 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/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

| Tł | ne Instruction Guide explains how to complete this f | form. 1 Total pages Schedule A1: |
|----------------|--|---------------------------------------|
| FILER NAM | E | 3 Filer ID (Ethics Commission Filers) |
| Date | 5 Full name of contributor ut-of-state PAC (i | 7 Amount of contribution (\$) |
| | 6 Contributor address; City; | State; Zip Code |
| Principal occ | cupation / Job title (See Instructions) 9 | Employer (See Instructions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code |
| Principal occi | upation / Job title (See Instructions) | Employer (See Instructions) |
| Date | Full name of contributor | D#: Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) |
| Date | Full name of contributor | D#:) Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |
| | | |
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Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL

SCHEDULE A2

| CONTRIBUTIONS | | | | | |
|-------------------|--|-------------|--|--|--|
| Th | e Instruction Guide explains how to complete this form | 1. | 1 Total pages Schedule A2: | | |
| 2 FILER NAMI | | | 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; | | | | |
| 10 Principal occ | upation / 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 Code | Check if travel outside of Texas. Complete Schedule T. | | |
| Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employ | er (FOR NON-JUDICIAL)(See Instructions) | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contrib | utor's job title (FOR JUDICIAL) (See Instructions) | | |
| Contributor's | s employer/law firm (FOR JUDICIAL) | Law fire | n of contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| | | | | | |
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| | | | | | |
| | ATTACH ADDITIONAL COPIES OF | THIS SCHED | ULE 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; 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 out-of-state PAC (ID#; In-kind contribution 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 Full name of pledgor Amount of ut-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 ut-of-state PAC (ID#:_ Amount of 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) 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 | IITEMIZED 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 occupation | l on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| 14 Description of Colf | ateral . | 15 Check if personal fun | ds were deposited into political |
| none | | | 1 |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| not applicable | | State; Zip Code | |
| 20 Principal Occupat | tion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) |
| Is lender a financial | Lender address; City; | State; Zip Code | Interest rate |
| Institution? | | | Maturity date |
| Principal occupati | on / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Coll | ateral | Check if personal fur account (See Instruc | nds were deposited into political |
| GUARANTOR INFORMATION | Name of guarantor | - | Amount Guaranteed (\$) |
| | Guarantor address; City; | State; Zip Code | |
| not applicable | | | |
| Principal Occupati | ion (See Instructions) | Employer (See Instructions) | |
| If is | ATTACH ADDITIONAL COP | PIES OF THIS SCHEDULE AS NE | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| 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 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense | Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice | Food/Beverage Expense Polling ns Made By Gift/Awards/Memorials Expense Printing | | Polling Expense Printing Expens | | Travel In District Travel Out Of Dis | uipment & Related Expense trict egory not listed above) |
|---|---|---|--|--|--|---|---|
| 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 PURPOSE OF EXPENDITURE (**e) Candidate / Office holder name (**e) Candidate / Office holder name Office sought Office sought Office sought Office sought Office sought Office hold Payee name Candidate / Office holder name Office sought Office sought Office sought Office hold Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Date Purpose OF EXPENDITURE Candidate / Office holder name Office sought Office sought Office hold Office sought Office sought Office hold Office sought Office hold Office hold Office sought Office hold Office hold Office hold Office hold Office sought Office hold | Credit Card Payment | | The Instruction Guide explains h | now to comp | lete this form. | • • • | -3-1,, |
| 6 Amount (S) 7 Payee address; City; State; Zip Code 8 PURPOSE OF EXPENDITURE (c) | 1 Total pages Schedule F1: | 2 FILER N | AME , | | | 3 Filer ID (Eth | ics Commission Filers) |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Complete ONLY if direct Oxpenditure to benefit C/OH Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Payee address: Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Candidate / Office hold Category (See Categories listed at the top of this schedule) | 4 Date | 5 Payee na | ame | | ************************************* | | |
| PURPOSE OF EXPENDITURE (c) Check if travel outside of Toxas. Complete Schadule T. Check if Austin, TX, officeholder living expense 9 Complete CNILY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Candidate / Office hold Candidate / Office holder name Office aought Office aought Office held Office held Office aought Office schedule T. Check if Austin, TX, officeholder living expense Complete CNILY if direct expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Date Payee name Candidate / Office holder name Office aought Office schedule T. Check if Austin, TX, officeholder living expense City; State; Zip Code Category (See Categories listed at the top of this schedule) Date Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office schedule T. Check if Austin, TX, officeholder living expense Complete CNILY if direct Candidate / Officeholder name Office schedule T. Check if Austin, TX, officeholder living expense | 6 Amount (\$) | 7 Payee ac | ldress; | | City; | State; | Zip Code |
| 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Category (See Categories listed at the top of this schedule) Date Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Date Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Candidate / Office hold of Toxas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name Category (See Categories listed at the top of this schedule) Date Category (See Categories listed at the top of this schedule) Date Category (See Categories listed at the top of this schedule) Date Category (See Categories listed at the top of this schedule) | PURPOSE OF | (a) Categor | y (See Categories listed at the top of this scho | edule) (b) |) Description | | |
| Expenditure to benefit C/OH Date Payce name Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payce address: Candidate / Officeholder name Candidate / Officeholder name City: State: Zip Code Office held Category (See Categories listed at the top of this schedule) Date Payce name Category (See Categories listed at the top of this schedule) Date Payce name Category (See Categories listed at the top of this schedule) Date Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) | | (c) | Check if travel outside of Texas, Complete Sched | duleT. | Check if Au | ustin, TX, officeholder liv | ing expense |
| Amount (\$) Payee address: Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete QNLY if direct cypenditure to benefit C/OH Candidate / Officeholder interest cypenditure to benefit C/OH Candidate / Officeholder name City: State: Zip Code Date Payee name Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) | | | ate / Officeholder name | | | | |
| PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Candidate / Office holder name Candidate / Office holder name Candidate / Office holder name Office sought Office sought Office hold Payee name Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office sought Office sought Office sought Office hold | Date | Payee na | me . | | | | |
| PURPOSE OF EXPENDITURE 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 Date Payee name Candidate / Officeholder name Office sought Office held Amount (\$) Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office sought Office sought | Amount (\$) | Payee ad | dress; | un de la companya de | City; | State; | Zip Code |
| Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if ravel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Office held Office sought Office held Office sought Office held | OF | Category | (See Categories listed at the top of this sched | tule) | Description | | |
| Complete ONLY if direct expenditure to benefit C/OH Date Payee name Candidate / Officeholder name Office sought Office held Office held Office held Office held Office held Office held Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held | | | Check if travel outside of Texas, Complete Schedu | ule T. | Check if Aus | stin, TX, officeholder livi | ng expense |
| Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Office holder name Office sought Office hold | | | ate / Officeholder name | l | | | |
| Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Office holder | Date | Payee na | me | - | | | |
| PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held | Amount (\$) | Payee add | dress; | | City; | State; | Zip Code |
| Complete ONLY if direct | OF | Category | (See Categories listed at the top of this schedu | ule) | Description | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held | | | Check if travel outside of Texas. Complete Schedul | leT. | Check if Aust | din, TX, officeholder livin | g expense |
| | | Candida | te / Officeholder name | 1 | | | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense 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

| Candidate/Officeholder/Politica | al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above The Instruction Guide explains how to complete this form. | 3) |
|--|--|------|
| 1 Total pages Schedule F2: | 2 FILER NAME 3 Filer 1D (Ethics Commission File | ers) |
| 4 TOTAL OF UNITER | MIZED UNPAID INCURRED OBLIGATIONS \$ | |
| 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 | |
| PURPOSE OF | | |
| EXPENDITURE | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 11 Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name Office sought Office held OH | |
| | Payee name | |
| Date | rayee name | |
| Amount (\$) | Payee address; City; State; Zip Code | • |
| | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| | Category (See Categories listed at the top of this schedule) Description | |
| PURPOSE OF EXPENDITURE | | |
| EXPENDITURE | 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 | Candidate / Officeholder name Office sought Office held OH | |
| | | |
| | | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | |
| | | |

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| | | h |
|--------------|--|---------------------------------------|
| | 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 | |
| | 6 Address of person from whom investment is purchased; Cit | |
| | 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 |
| | Description of investment | |
| | | |
| · | Amount of investment (\$) | |
| | | |
| | | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic | | Polling Expense pense Printing Expense Salaries/Wages/Contract Labor | Travel In District Travel Out Of District Other (enter a category not listed above) |
|--|--|--|---|
| | The Instruction Guide | e explains how to complete this form | n. |
| 1 Total pages Schedule F4: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEM | IIZED EXPENDITURES CHAI | RGED 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 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the | top of this schedule) (b) Descriptio | n |
| | (c) Check if travel outside of Texas. | Complete Schedule T. Check | If Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder na | ame Office sought | Office held |
| Date . | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| TYPE OF EXPENDITURE | Political | Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the | e top of this schedule) Description | on |
| | Check if travel outside of Texas | s. Complete Schedule T. Check | : if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder na | ame Office sought | Office held |
| | | | |
| | ATTACH ADDITIONAL CO | PIES OF THIS SCHEDULE AS | NEEDED |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Constraining Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | | Gift/Awards/Memorials Expense Legal Services | Printing Ex | ing Expense Travel In District ting Expense Travel Out Of District aries/Wages/Contract Labor Other (enter a category not listed a | | | |
|---|--------------|---|-------------|--|------------------------------|--------------------|--|
| The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 Total pages Schedule G: | 2 FILER NA | ME | | | 3 Filer ID (Ethics | Commission Filers) | |
| 4 Date | 5 Payee nar | ne | | | I | | |
| 6 Amount (\$) | 7 Payee add | dress; | | City; | State; | Zip Code | |
| Reimbursement from political contributions intended | | , | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (See Categories listed at the top of this sch | redule) | (b) Description | | | |
| | (c) (c) | Check if travel outside of Texas. Complete Sche | edule T. | Check if Austin | n, TX, officeholder living o | expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candid | ate / Officeholder name | (| Office sought | 40.000.00 | Office held | |
| Date | Payee nan | ne | | | | | |
| Amount (\$) | Payee add | iress; | | City; | State; | Zip Code | |
| Reimbursement from political contributions intended | | | | | | | |
| PURPOSE OF EXPENDITURE | Category | (See Categories listed at the top of this sch | nedule) | Description | | | |
| | | Check if travel outside of Texas. Complete Sche | edule T. | Check If Austin | ı, TX, officeholder living e | expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | | ate / Officeholder name | (| Office sought | | Office held | |
| Date | Payee nam | ne | | | | | |
| Amount (\$) Reimbursement from political contributions | Payee add | ress; | | City; | State; | Zip Code | |
| PURPOSE OF | Category | (See Categories listed at the top of this scho | edule) | Description | **** | | |
| EXPENDITURE | | hank if traval a visida of Tayan Complete Caban | adula T | | | | |
| | | heck if travel outside of Texas. Complete Sche ite / Officeholder name | | | , TX, officeholder living e | · | |
| Complete ONLY if direct expenditure to benefit C/OH | Candida | re / Officerolder Harrie | | 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Expense se Printing Expense Salaries/Wages/Contract Labor | | Travel In District Travel Out Of District Other (enter a category not listed above) | | |
|---|--|--|---|--|---|--------------------------|--|
| Credit Card Payment | Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | |
| 1 Total pages Schedule H: | 2 FILER N | AME | • | | 3 Filer ID (E | thics Commission Filers) | |
| 4 Date | 5 Business | name | | | | | |
| 6 Amount (\$) | 7 Business | address; | | City; | State | e; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (See Categories listed at the top of this sc | chedule) (| b) Description | | | |
| | (c) (| Check if travel outside of Texas. Complete Sch | redule T. | Check if Austi | in, TX, officeholder livi | ng expense | |
| 9 Complete ONLY if direct expenditure to benefit C/O | | ate / Officeholder name | 0 | ffice sought | | Office held | |
| Date | Business | name | | | | | |
| Amount (\$) | Business | address; | | City; | State | e; Zip Code | |
| PURPOSE OF EXPENDITURE | Category | (See Categories listed at the top of this sol | hedule) | Description | | | |
| | c | heck if travel outside of Texas. Complete Sch | edule T. | Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/O | | te / Officeholder name | 0 | ffice sought | | Office held | |
| Date | Business | name | | | | | |
| Amount (\$) | Business | address; | | City; | State | e; Zip Code | |
| PURPOSE OF EXPENDITURE | Category | (See Categories listed at the top of this sci | hedule) | Description | | | |
| EATLINDITURE | c | heck if travel outside of Texas. Complete Sch | edule T. | Check if Austin | n, TX, officeholder livi | ng expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | te / Officeholder name | 0 | ffice sought | | Office held | |
| | ATTA | ACH ADDITIONAL COPIES C | OF THIS SC | HEDULE AS NEE | EDED | | |

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 | ommission 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 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 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 regar | ding type of | information | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

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

SCHEDULE K

| The | dule K: | | | | | |
|---|---|--------------------------|-------------------|--|--|--|
| 2 FILER NAME | 2 FILER NAME 3 Filer ID (Ethics | | | | | |
| 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; Sta | , | | | | |
| | 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; State | ie; 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 | te; 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 | 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 | ion: | | | | | |
| | Schedule A2 | | edule B | Schedule B(J) | Schedule C2 | Schedule D Schedule F1 | | |
| | | - | | | | | | |
| | Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-St | | | | | Schedule COH-UC Schedule B-SS | | |
| 6 | Dates of travel | 7 Nameo | | - | | | | |
| | | 8 Departu | re city or r | name of departure loc | ation | | | |
| | | 9 Destinat | ion city or | name of destination | location | | | |
| 10 | 10 Means of transportation | | | | | | | |
| | Name of Contributor | / Corporation | or Labor (| Organization / Pledgo | r / Payee | | | |
| | Contribution / Expend | liture reported | d on: | | | | | |
| | Schedule A2 | Sch | edule B | Schedule B(J) | Schedule C2 | Schedule D Schedule F1 | | |
| | Schedule F2 Schedule 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 transportation | | | Purpose of travel (including name of conference, seminar, or other event) | | | | | |
| | Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | | | |
| - | Contribution / Expend | liture reporter | on: | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | Schedule D Schedule F1 | | |
| | Schedule F2 | Schedu | | Schedule G | Schedule H | Schedule COH-UC Schedule B-SS | | |
| - | Dates of travel | vel Name of person(s) traveling | | | | | | |
| | | Departure city or name of departure location | | | | | | |
| | Double-New New York Charles and Charles an | | | | | | | |
| | Destination city or name of destination location | | | | | | | |
| | Means of transportation | | | Purpose of travel (including name of conference, seminar, or other event) | | | | |
| | | A | TACH A | DDITIONAL COPIE | S OF THIS SCHEDUL | E AS NEEDED | | |
| | | | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| | | The Instruction Guide explains how to comp •• Complete only if "Report Type" on page 1 is many | | | | | |
|---|---|---|--|--|--|--|--|
| 1 | C/OH N | NAME | 2 Filer ID (Ethics Commission Filers) | | | | |
| 3 | SIGNATURE I 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 | | | | | | |
| | contribu | outions or make any campaign expenditures without a campaign treasurer a | appointment on file. Signature of Candidate / Officeholder | | | | |
| 4 | FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. | | | | | | |
| | A. | CAMPAIGN FUNDS | | | | | |
| | Chec | ck only one: | | | | | |
| | | I do not have unexpended contributions or unexpended interest or incon | ne earned from political contributions. | | | | |
| | | I have unexpended contributions or unexpended interest or income earmay not convert unexpended political contributions or unexpended interpersonal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on p this final report. Further, I understand that I must dispose of unexpende income earned on political contributions in accordance with the requirement. | erest or income earned on political contributions to unexpended contributions and that I may not retain political contributions longer than six years after filing ed political contributions and unexpended interest or | | | | |
| | В. | ASSETS | | | | | |
| | Chec | ck only one: | | | | | |
| | | I do not retain assets purchased with political contributions or interest or | rother income from political contributions. | | | | |
| | | I do retain assets purchased with political contributions or interest or other that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204. | terest or other income from political contributions to | | | | |
| | | · | Signature of Candidate | | | | |
| 5 | | EHOLDER nplete this section <i>only</i> if you are an officeholder •• | | | | | |
| | | I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended contofficeholder, I retain political contributions, interest or other income from polical contributions or interest or other income from political contributions. | stributions if, after filing the last required report as an | | | | |
| | | _ | Signature of Officeholder | | | | |

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