# SALLY GONZALEZ

Runoff Report July 15, 2020

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY CAMERON COUNTY
IVAIVIC	NICKNAME LAST SUFFIX	Date:RABINGNT OF ELECTIONS & VOTER REGISTRATION
CANDIDATE /	Sallie GONZalez	JUL 1 5 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #, CITY; STATE; ZIP CODE  16757 LANTANA Dr  Harl; Naed, Tx 78552	M. Lopes 3:05
Change of Address	Harlingen, 1278500	J 2 7 - massimus minimus minim
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 536-5662	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$
NAME	NICKNAME LAST SUFFIX	Date Processed
	Eddie Fluarez	Date imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HArlingen, TX 785	,52
8 CAMPAIGN TREASURER PHONE	(956) 873-0057	·
9 REPORT TYPE	July 15 30th day before election Runoff  Sth day before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month OI/OI/20 THROUGH 07/	15/20
11 ELECTION	Month Day Year Primary Runoff Other Description  General Special	,
12 OFFICE "	OFFICE HELD, (If any)  13 OFFICE SOUGHT (If known)  Tusti	se of the Peace
	PC+5 PI.1 DC+5 F	N.A.
	GO TO PAGE 2	

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		<b>15</b> File	r ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND KNOWLEDGE OR CO	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		
	LISPECIFIC	•		
	1,			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1,00000	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 1, 7, 11, 12, 13, 14	
	4. TOTAL	POLITICAL EXPENDITURES	\$1,731.22	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	8108.47	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	
18 AFFIDAVIT			,	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP/SEALABOVE				
Swora to and subscr	ibed before me, b	by the said DORAA "SAUTE" GOLZA	le7_14_	
(A) (Duyly		o certify which, witness my hand and seal of office.		
Shoots I	) a c		urt Admis.	
Signature of difficer a	arminatering can	Printed name of officer administering oath Tit	le of officer administering oath	

#### PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:\_ Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#:\_ of Pledge \$ description State: Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution out-of-state PAC (ID#:\_ Full name of pledgor Pledge \$ description City; Pledgor address; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#: description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

T	The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:		8 Amount of . 9 In-kind contribution Contribution \$ . description
	7 Contributor address; City; State;	Zip Code	
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	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	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<u></u>			
	ATTACH ADDITIONAL COPIES OF T		

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

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#: Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-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 (\$) City; Contributor address; 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.

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Ethics Con	nmission 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	\$

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITUR	E CATEGORIES FOR BOX 8(	2)
Advertising Expense Accounting/Banking	Event Expense		
Consulting Expense	Fees	Loan Repayment/Reimburse Office Overhead/Rental Exp	
Contributions/Donations Mac Candidate/Officeholder/Po	Gift/Awards/Memorials Ex		Travel In District
Credit Card Payment	Legal Services	Salaries/Wages/Contract La	
	The Instruction Guid	le explains how to complete this fo	orm.
1 Total pages Schedule I	1: 2 FILER NAME	<i>-</i>	3 Filer ID (Ethics Commission Filers)
	- DORA H	L. (70HZ0e	7 _ (Ethics Commission Filers)
4 Date	5 Payee name		
4100	Chueves ("u	Stom Snow	(+5
6 Amount (\$)	7 Payee address;	City:	
141, 25	+ 1975 Les 1 Les 4	1W4 8377	State; Zip Code
141, a	50R B.	3 708	0/
8	(a) Course	1-40, 14 183	186
1	(a) Category (See Categories listed at the	top of this schedule) (b) Descripti	on
PURPOSE OF	100		1.0 E
EXPENDITURE	Merchano	higo Lit	4P 2
		complete Schedule T. Check	c if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	
experience to pelient C/C	FT		Office held
Date.	Payee name		
5 2	- Ayou marrie		
1215120	Chuesis C.	about Sna	C15
Amount (\$)	a. vacys cus	DOM JUD	120
11	Payee address;	City;	State; Zip Code
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	Category (See Categories listed at the top	of this schedula)	2) 00
PURPOSE	_	of this schedule) Description	
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EXPENDITURE	1 1 HOLET!		3.00
	Check if travel outside of Texas. Cor	nolete Schertula T	
Complete ONLY if direct	Candidate / Officeholder name		f Austin, TX, officeholder living expense
expenditure to benefit C/OH	, smoonoider name	Office sough	nt Office held
Date \	Payee name		
5/20/20	01 1 0		
~124/20	ChupuS	1.5 mm 51	Ports
Amount (\$)	Payee address;	morum 2	70110
20067	Jans In. Us	5 Huy 83 7	State; Zip Code
301.21	151.10 00. 90	1 magas.1.	
	DAN Der	いもってより	8586
	Category (See Categories listed at the top or	(this schedule) Description	0000
PURPOSE		Description	
OF EXPENDITURE	Morch	270	3 N 7 C
	I I KN CAN		\
	Check if travel outside of Texas, Comp	lete Schedule T. Chart 15	Nuclia TV - Washall III
Complete ONLY if direct	Candidate / Officeholder name		Austin, TX, officeholder living expense
expenditure to benefit C/OH		Office sough	Office held
	ATTACH ADDITIONAL COP	ES OF THIS SCHEDULE AS N	IFPDED
orms provided by Texas Ethics	Commission		ICEUCU
, ~, .undu Litiliti	COMMINICATION (MANA) O	thing state ty up	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	3)
1 Total pages Schedule F1:	2 FILER NAME A GONZO	3 Filer ID (Ethics Commission Fi	ilers)
4 pate 3 20	5 Payee name 'S Custom	Sports	
6 Amount (\$) 35 \$1541.25	1975 US Hwy & 50N Benito,	311 State; Zip Code 78586	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Merch	Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
4/20	PITIC Coole	dRa Suite 110	····
Amount (\$)	Payee address; Hemp Stea	City; State; Zip Code	
\$ 356.	HOUSTON, TX 7	7065	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Tumbler	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
6/3/20	Chuey's Cust	om Sports	
Amount (\$)	Payee address;	City; State; Zip Code	
41/3.00	1975 W. Hwy 88.7 SAN BONITO, TX	78586	
RUPPOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Merch.	Print on Caps	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	

LOANS			SCHEDULE <b>E</b>
The la	nstruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	D/B		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNI	TEMIZED 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	n / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collat	eral .	Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	;
20 Principal Occupatio	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ut-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	/ Job title (See Instructions)	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
			*
Description of Collate	eral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		<b>1</b>	;
Principal Occupation	n (See Instructions)	Employer (See Instructions)	
If Jenr	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		Office Overread/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	/IIZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name WA		
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	s schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	in, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	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 top of this	schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

The Instruction Guide explains how to complete this form.				
2 FILER NAME	NA	3 Filer ID (Ethics Commission Filers)		
<b>4</b> 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	v; 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

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	ical Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor	Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
		ins how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME W/A		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	MIZED EXPENDITURES CHARGED	) TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	is schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	istin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	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 top of this		
	Check if travel outside of Texas. Complete s	Schedule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THE COUENII E AS NEI	
	ALIAGUADDINGHAL GOLILO G	L LUIO SOUEDOFF VO MFF	ישבט

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 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)

Total pages Schedule G:	2 FILER NAME	N .	3 Filer ID (Ethics Commission Filers)
Total pages contidue of		<del>\</del>	
Date .	5 Payee name		
Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	(a) Category (See Categories listed at the t	op of this schedule) (b) Description	
EXPENDITURE	(c) Check if travel outside of Texas. C	Complete Schedule T. Check if Austin, T	X, officeholder living expense
omplete <u>ONLY</u> if direct openditure to benefit C/OH	Candidate / Officeholder nam	e Office sought	Office held
Date	Рауее пате		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	top of this schedule) Description	,
EXPENDITURE	Check if travel outside of Texas. (	Complete Schedule T. Check if Austin,	IX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam DH	ne Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	·		
PURPOSE OF	Category (See Categories listed at the	top of this schedule) Description	
EXPENDITURE	Check if travel outside of Texas. C	Complete Schedule T. Check if Austin, 1	TX, officeholder living expense
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder nam	ne Office sought	Office held

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

Contributions/Donations Made Candidate/Officeholder/Polit		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains		Osion (official a category not listed above)
1 Total pages Schedule H:	2 FILER NAME W		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedu	lle T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description	
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	lle) Description	
LA ENDITORE	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	'HIS SCHEDULE AS NEED	DED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	le I: 2 FILER NAME NAME						
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 ins	structions regarding 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 in: required.)	structions regarding 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 In required.)	structions regarding 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 In required.)	istructions regarding type of	Information			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:			
2 FILER NAME  (X) A					3 Filer ID (Ethics Commis	3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
5 Contribution / Expenditu	ıre reporte	d on:		***************************************				
Schedule A2 Schedule 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		
6 Dates of travel	7 Name o	f person(s)	traveling					
-	8 Departu	re city or na	ame of departure locat	ion		, , , , , , , , , , , , , , , , , , , ,		
•	9 Destina	tion city or r	name of destination lo	cation				
10 Means of transportation	<u></u>	11 Purpo	se of travel (including	neme of conference of	eminar, or other event)	,		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Tame of definerence, a	ommar, or other eventy			
Name of Contributor / C	orporation	or Labor O	rganization / Pledgor /	Payee				
Contribution / Expenditu	re 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								
	Sopardic dity of mains of departure location							
	Destinat	ion city or r	name of destination loc	eation				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor / Co	orporation	or Labor Oi	ganization / Pledgor /	Payee				
Contribution / Expenditu	re reported	on:						
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1							
Schedule F2								
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)						
	AT	TACH AD	DITIONAL COPIES (	OF THIS SCHEDULE	AS NEEDED			

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

#### SCHEDULE K

The	dule K:						
2 FILER NAME	LER NAME  3 Filer ID (Ethic						
4 Date	5 Name of person from whom amount is received	8 Amount (\$)					
	6 Address of person from whom amount is received; City; State	te; Zip Code					
	7 Purpose for which amount is received Check if	political contribution	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; Sta	tte; Zip Code					
	Purpose for which amount is received Check if	political contribution	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; Stat	te; Zip Code					
	Purpose for which amount is received Check if	political contribution	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; Sta						
	Purpose for which amount is received Check if	political contribution	returned to filer				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.  •• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH	NAME 2 Filer ID (Ethics Commission Filers)					
3	SIGNA	ATURE					
	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 contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signature of Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER  splete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	k only one;					
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.					
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B.	ASSETS					
	Chec	conly one:					
		I do not retain assets purchased with political contributions or interest or other income from political contributions.					
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
		Signature of Candidate					
5		EHOLDER  Dete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					

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