# TONY YZAGUIRRE

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction C	Guide explains how to complete this form.		<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST, ( John	mi Mi	OFFICE USE ONLY
	NICKNAME YZAGUIRRE	= TN.	Date Received  CAMERON COUNTY  DEPARTMENT OF ELECTIONS &  VOTER REGISTRATION
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS	DO BOX 556	3	3:25 PM 2 4 2020
Change of Address	BRO. RX.	18025	RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 561-3625	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Same		Date Processed
	NICKNAME LAST	SUFFIX -	Date Imaged .
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	UITE #, CITY;	STATE; ZIP CODE
(Residence or Business)	-Xovi -		
·			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( ) Same	EXTENSION	·
9 REPORT TYPE	January 15 30th day before ele	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month .	Day Year
		THROUGH	15/20
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	General	Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)	
	TAX Assessor Collet	for Same	2
	GO TO I	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		<b>15</b> F	Filer ID (Ethics Commission Filers)				
ų e							
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE KNOWLEDGE OR CO	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTION OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
,	SPECIFIC	COMMITTEE ADDRESS					
. 4 P							
		COMMITTEE CAMBAIGN TREASURER NAME					
<u>.</u>		COMMITTEE CAMPAIGN THEAGUNEN 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)	\$ -& -				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0 -				
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ - 8 -				
	4. TOTAL	POLITICAL EXPENDITURES	\$ -0 -				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 3-92.5						
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ _ 0 -				
18 AFFIDAVIT							
VIE NOTAF MY	RGINIA ISABEL SALDAI RY PUBLIC, STATE OF T Y COMM. EXP. 01/25/202 NOTARY ID 723870-4	true and correct and includes all information of the second of the secon					
		Signature of Candida	te or Officeholder				
AFFIX NOTARY STAMI	-/ SEALABUVE	T ,	2116				
Sworn to and subscr	ibed before me, b	by the said one tragume or	, this the <u>34777</u>				
day of July	, 20, 1	to certify which, witness my hand and seal of office.					
Y A	m-	Vinaria Tsahel Salda ma					
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 FII	LER NAME	20 Filer ID (Ethics Cor	mmission Eilare			
10 ( )	20 File ID (Eurics CC					
	CHEDULE SUBTOTALS AME 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 CO	NTRIBUTIONS	\$			
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 FUN	NDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GANS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$			

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_\_ 6 Contributor address; City; State; Zip Code 8 Principal occupation Nob title (See Instructions) 9 Employer (See Instructions) 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) Full name of contributor out-of-state PAC (ID#: Date 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 (\$) City; State; Zip Code Contributor address; 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

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

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

#### 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 Amount . 9 In-kind contribution 6 Full name of pledgor out-of-state PAC (ID#:\_ of Pledge \$ description State; Zip Code 7 Pledgor address; City; 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 \_ out-of-state PAC (ID#: of Pledge \$ description State; Zip Code Pledgor address; Ċīţy; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:\_ Pledge \$ description Pledgor address; City; State; ĭip 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 ut-of-state PAC (ID#;\_ Piedgę \$ description City; State; Zip Code Pledgor address: Check if travel outside of Texas, Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Revised 1/1/2020

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state l	PAC (ID#:)	9 Logn 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	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral .	Check if personal fundaccount (See Instruct	ds were deposited into polítical tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code  21 Employer (See Instructions)	
Date of Joan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal functional count (See Instruction	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor	·	Amount Guaranteed (\$)
☐ not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	L
If le	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEE truction guide for additional rep	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule E1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Rayee name State; Zip Code 6 Amount (\$) 7 Payee address; City; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** omplete Schedule T. (c) Check if travel outside of Texas. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address: City: State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

•								. /
		EXPENDITURE	E CATEGO	RIES F	OR 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 Ex Legal Services The Instruction Guid	C P xpense P S	office Over colling Exp crinting Ex calaries/W	pense ages/Contract Labor	Transp Travel Travel	In District Out Of District	g Expense ent & Related Expense not listed above)
1 Total pages Schedule F2:	2 FILER					3 Filer	ID (Ethics %	ommission Filers)
							/_	
4 TOTAL OF UNITER	MIZED UN	PAID INCURRED	O OBLIGA	TIONS	3	\$		
5 Date	6 Payee r	name				/		
7 Amount (\$)	8 Payee a	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE	F	olitical ·		Non-Poli	lical			
10 PURPOSE OF EXPENDITURE	(a) Category	/ (See Categories listed at th	ne top of this sche	adule)	(b) Description			
	(c)	Check if travel outside of Texas.	. Complete Sched	ule T.	Check if A	ustin, TX, offic	eholder living ex	pense
11 Complete ONLY if direct expenditure to benefit C/Oh		lidate / Officeholder n	ame	Of	fice sought		Office held	3
Date	Payee n	ame	p p p p p p p p p p p p p p p p p p p					
Amount (\$)	Payee a	ddress;			City;		State;	Zip Code
TYPE OF EXPENDITURE	Pr	olitical		Non-Poli	ical			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	e top of this sche	dule)	Description			
Complete ONLY if direct		Check if travel outside of Texas.				Austin, TX, offic	ceholder living e	
expenditure to benefit C/OH	Candi	idate / Officeholder na	ame	Off	ice sought		Office held	1
	ATTACH	ADDITIONAL CO	PIES OF TI	HIS SC	HEDULE AS NE	EEDED		
the first terms and a								

## PURCHASE OF INVESTMENTS MADE SCHEDULE F3 FROM POLITICAL CONTRIBUTIONS Total pages Schedule F3: The Instruction Guide explains how to complete this form. 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; 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; 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 Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expens Transportation Equipment & Ref Travel In District Travel Out Of District

Salaries/Wages/Contract Labor Other (enter a category) ot listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 10 (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/QH

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

1	EXPENDITURE CATEG	ORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Ical Committee  The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule G:	2 FILER NAME	FILER NAME 3					
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
Reimbursement from political contributions intended							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sol	nedule) (b) Description					
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Austi	n, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	nedule) Description					
EVLENDUOKE	Check if travel outside of Texas, Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense				
Complete <u>ONŁY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
Reimbursement from political contributions intended	·						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	nedule) Description					
	Check if travel outside of Texas, Complete Scho	edule T. Check if Austi	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held ,				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED				

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

## SCHEDULE H

		EXPENDITURE CATE	GORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Office Over Food/Beverage Expense Polling E Polling E Printing I Etgal Committee Legal Services Salaries/		Overhead/Rental Expense Transportation E Travel In District Travel Out of D Other (enter a call of the			
	1	The Instruction Guide explain	ns how to	complete this form.		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description		
	(c) c	heck if travel outside of Texas. Complete Sch	hedule T.	Check if Austin,	TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		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 sol	hedule)	Description		
	Ch	eck if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought	(	Office held
Date	Business r	ame				
Amount (\$)	Business a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (s	ee Categories listed at the top of this sch	redule)	Description		
	Ch	ock if travel outside of Texas, Complete Sche	dule T.	Check if Austin,	FX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	e / Officeholder name		Office sought	(	Office held
proper provided by Toyon Fifthing		CH ADDITIONAL COPIES OF	F THIS S	CHEDULE AS NEED	ED	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

	The Instruction Guide explains how to c	omplete 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 Payse 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 regard	ding type of	information
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	EDED		

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

## SCHEDULE K

The	e Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:
2 FILER NAME		3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State		
	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	ate; 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; State	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution r	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	tte; Zip Code	
	Purpose for which amount is received Check if p	political contribution r	eturned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	-

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule 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 / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 1	AME (1 Tong 10 YAEVIRRE TR. 2 Filer ID (Ethics Commission Filers)
3	SIGNA	NTURE
	ing a re	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign utions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER uplete 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
	Check	confly 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
		HOLDER  Diete this section <i>only</i> if you are an officeholder ••
	1	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