# DAVID GARZA

	,			
		·	,	

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE / OFFICE USE ONLY David **OFFICEHOLDER** Date RECEIVED OF ELECTIONS & NAME NICKNAME SUFFIX VOTER REGISTRATION ADDRESS / PO BOX: 4 CANDIDATE / ZIP CODE JAN 0 5 2021 ake New n **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE) STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN EXTENSION **TREASURER** 399-129 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED | 31 | av THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Month Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

3.00m

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

<b>15</b> C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELEC	AL CONTRIBUTIONS (OTHER THA ANTEES OF LOANS, OR TRONICALLY)	s +
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAR	BUTIONS NS, OR GUARANTEES OF LOANS	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDI	TURES	\$ -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS O B PERIOD	F THE \$
	wear, or affirm, under penalty of perjury, the uired to be reported by me under Title 15, E		te and correct and includes all information
	*	/ .	
	· · · · · · · · · · · · · · · · · · ·	Mull	
	3	Signature of Ca	andidate or Officeholder
	Please compl	lete either option belov	v:
(1) Affidavit	DELIA RODRIGUEZ  Notary Public, State of Texas  Comm. Expires 08-23-2024  Notary ID 129099143	The control of the co	
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by David Gu	1774 this the	O5th day of Junuary
Delin	od Lik	Rodriguez	Notary
Signature of officer administer	ing cath O Printed name of office	er administering oath	Title of officer administering oath
		OR ·	
(2) Unsworn Declaration	n		
My name is		, and my date of birth is	
		and my date or offer to	* CONTRACTOR CONTRACTO
My address is			1
	(street)	,	state) (zip code) (country)
Executed in	County, State of	_ , on the day of (montr	1) 20 (year)
		Signature of Candid	date/Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL 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 FUI	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, GAINS, REFUNDS, AND CONTRIBUT	ONS RETURNED \$

## **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	of-state PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; Cit		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date	Full name of contributor 🔲 out-	of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; Cit		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	of-state PAC (fD#:)	Amount of contribution (\$)
	Contributor address; City		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL C	COPIES OF THIS SCHEDULE AS N	EENEN
	If contributor is out-of-state PAC places		

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

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

	Tì	ne Instruction Guide explains how to complete this form	n.		1 Total pages Sched	ule A2:
2	FILER NAM	E			3 Filer ID (Ethics Co	mmission Filers)
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUT	IONS	\$	
5	Date	6 Full name of contributor		) 	8 Amount of Contribution \$	9 In-kind contribution · description l
					Check if travel outsi	,   de of Texas. Complete Schedule T.
10	Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
12	Contributor's	principal occupation (FOR JUDICIAL)	13	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14	Contributor's	employer/law firm (FOR JUDICIAL)	15	Law firm	n of contributor's spou	se (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 Contribution \$	In-kind contribution description
		Contributor address; City; State;	Zip	Code	Check if travel outsi	      de of Texas. Complete Schedule T.
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employe	er (FOR NON-JUDICI	AL)(See Instructions)
	Contributor's	principal occupation (FOR JUDICIAL)		Contribu	utor's job title (FOR JU	DICIAL) (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)				
			-			
		ATTACH ADDITIONAL COPIES OF T	HIS.	SCHEDU	JLE AS NEEDED	
	r	for a state of the state DAC along the state of the state		uida fau	additional rangeting	

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

## **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	lule B:
2 F	FILER NAME			3 Filer ID (Ethics (	Commission Filers)
4 T	TOTAL OF UNITEMIZED PLEDGES			\$	
<b>5</b> D	Date 6 Full name of pledgor out-of-state PAC (ID#:)		8 Amount of Pledge \$	9 In-kind contribution description	
		7 Pledgor address; City; Sta	ate; Zip Code	•	 
				Check if travel outs	I. ide of Texas. Complete Schedule T
10 P	rincipal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
D	ate	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ate; Zip Code	•	 
				Check if travel outs	] . ] . ide of Texas, Complete Schedule T
Pri	incipal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Di	ate	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ite; Zip Code		; [ [
				Check if travel outs	'   ide of Texas. Complete Schedule T
Pr	rincipal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Da	ate	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State;	Zip Code	1	
				Check if travel outsi	   ide of Texas. Complete Schedule T
Pri	ncipal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	

#### SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) Name of lender Date of loan out-of-state PAC (iD#: 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:\_\_ ............ Interest rate State; Zip Code is lender Lender address; City; a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION Guarantor address; City: State; Zip Code not applicable

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal Occupation (See Instructions)

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment 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 (\$) City; 7 Payee address; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expanse 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City: State: Zip Code 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address: City; State; Zip Code 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Travel in District Polling Expense Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name Zip Code 8 Payee address; City; State; 7 Amount (\$) TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) **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/OH

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

<u> </u>		
T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	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	; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	-	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

## **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

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

Contributions/Donations Made B Candidate/Officeholder/Politics		Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries/W	ages/Contract Labor	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F4:	2 FILER		<u> </u>	·	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHAR	GEDTOACR	EDIT CARD	\$	<del></del>
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	F	Political	Non-Pol	litical		
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the to	p of this schedule)	(b) Description		
	(c)	Check if travel outside of Texas, C	omplete Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder nar	ne Of	fice sought	Office h	eld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	F	Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the to	op of this schedule)	Description		
		Check if travel outside of Texas, C	omplete Schedule T.	Check if Au	ıstin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder nar	ne Of	fice sought	Office h	eld
	ATTAC	H ADDITIONAL COP	IES OF THIS SO	CHEDULE AS NE	EDED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### **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 Content on the Property of the Pro

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Printing Expense Travel Out of District Salaries/Wages/Contract Labor Other (enter a category not listed above) how to complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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 sch	edule) (b) Description
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin, 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 sor	edule) Description
	Check if travel outside of Texas, Complete Sche	dule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description
	Check if travel outside of Texas. Complete Sche	luleT. 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	THIS SCHEDULE AS NEEDED

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

#### SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

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

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

	The Instruction Guide explains how to co	mplete this form.			
<b>1</b> 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 regard	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	Finformation
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
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
AM III	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

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

## SCHEDULE K

ii liile reque	sted information is not applicable, bo Not include the	ns page in the report				
The	1 Total pages Schedule K:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom amount is received	8 Amount (\$)				
	6 Address of person from whom amount is received; City;					
	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;					
	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; 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; Zip Code				
	Purpose for which amount is received	Check if political contribution returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 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 7 Name of person(s) traveling 6 Dates of travel 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 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 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 COH-UC Schedule B-SS Schedule H Dates of travel Name of person(s) traveling Departure city or name of departure location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Destination city or name of destination location

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	m.				
		<ul> <li>Complete only if "Report Type" on page 1 is marked "Final</li> </ul>	ll Report" ••				
1	C/OH N	VAME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE					
	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.						
		Signatur	e 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 fro	m political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	В.	ASSETS					
	Checl	confly one:					
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.				
		I do retain assets purchased with political contributions or interest or other income fro that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to				
		Si	gnature of Candidate				
5		EHOLDER plete 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 do file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political cont political contributions or interest or other income from political contributions.	after filing the last required report as				
		Sig	nature of Officeholder				

		and the	
,			
•			

<u>COLUMN I</u> DUE DATE	COLUMN II  TYPE OF REPORT  (WHO FILES)	COLUMN III  BEGINNING DATE OF PERIOD COVERED	COLUMN IV ENDING DATE OF PERIOD COVERED
Friday, January 15, 2021	January semiannual  [FORM C/OH or JC/OH] (all candidates and officeholders, except for officeholders who do not have a campaign treasurer appointment on file and who do not exceed \$900 in contributions or expenditures for the reporting period)	July 1, 2020, <u>or</u> the date of campaign treasurer appointment, <u>or</u> the day after the date the last report ended.	December 31, 2020
Friday, January 15, 2021	Annual report of unexpended contributions  [FORM C/OH-UC] (former candidates and former officeholders who have filed a final report and who retained unexpended contributions or assets purchased with contributions)	January 1, 2020, or the day after the date the final report was filed.	December 31, 2020
