TONY YZAGUIRRE

SEMI-ANNUAL REPORT JULY 15, 2021

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. 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SAMERIAN COURTY 4 CANDIDATE/ ZIP CODE CEPARTMENT OF ELECTIONS A OFFICEHOLDER VOTERREGISTRATION MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (954) 561-3625 PHONE 6 CAMPAIGN **TREASURER** Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; 7 CAMPAIGN ZIP CODE TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) July 15 202 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff __ Other Month Year Description Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE San 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES, **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		· · · · · · · · · · · · · · · · · · ·
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, CONTRIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE	es of Loans) \$ — @ —
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A	AS OF THE LAST DAY \$.395.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	S LOANS AS OF THE \$ @ _
	wear, or affirm, under penalty of perjury, that the accompanying	ng report is true and correct and includes all information
req	uired to be reported by me under Title 15, Election Code.	
	•	Yallashi
		gnature of Candidate or Officeholder
	/	·
	Please complete either opt	tion below:
-	MARGO TO TO THE TO THE TOTAL TO THE T	
	Yadira Gomez Notary Public State of Texas	
	My Comm. Exp. 10/22/2025 Notary ID 13340957-8	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Antonio "Tony" Yragulare J	this the 2nd day of Fobryary
	which, witness my hand and seal of office.	
1 odera france	X Yadira Gomez	Administrative Condinate
Signature of officer administer	11	Title of officer administering oath
	OR	
(2) Unsworn Declaratio		
(2) Onomorn Doomrado		
My name is	, and my c	date of birth is,
My address is		
	(street) (city	y) (state) (zip code) (country)
Executed in	, County, State of, on the	day of, 20 (month) (year)
		(month) (year)
	Signa	ture of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	,	COVER	SHEET PG 3
19 FILER	NAME	20 Filer ID (Ethics Co	ommission Filers)
	DULE SUBTOTALS 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 FU	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	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor o	ut-of-state PAC (ID#;	7 Amount of contribution (\$)
	1 1	City; State; Zip Code	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Ins	tructions)
Date	Full name of contributor 🔲 o	ut-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	tructions)
Date		ut-of-state PAC ND#	_) Amount of contribution (\$)
	Contributor address; C	City; State; Zip Code	,
Principal occup	ation / Job title (See Instructions)	Employer (See inst	tructions)
Date	Full name of contributor 🔲 ou	II-of-state PAC (ID#:	Amount of contribution (\$)
		ity; State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	ructions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 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 ut-of-state PAC (ID#: 8 Amount 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 Full name of pledgor In-kind contribution ut-of-state PAC (ID#; of Pledge \$ description Pledgor address; City; State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor In-kind contribution ut-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of In-kind contribution out-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State; Zip Code _ Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ir the redu	ested information is not applicable, DO NOT includ	ie tnis page	in the report.		
T	he instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:	
2 FILER NAM	E		3 Filer ID (Ethics Co	emmission Filers)	
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Charle # Arrord and a	 - -	
10 Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICL	de of Texas. Complete Schedule T. AL)(See Instructions)	
42 Contributorio	principal occupation (FOR JUDICIAL)	40 0-1400	tada lab dala (COD III	DICIAL VC Instructions	
12 Contributors	principal decupation (FOR JUDICIAL)	13 Contribu	itors job title (FOR JU	IDICIAL) (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 🔲 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel citisi	 	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor'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)			
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED		

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

LOANS

SCHEDULE E

	a mornation is not applicable, DO NO		1 Total pages Schedule E:
ine	Instruction Guide explains how to comp	lete this form.	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UI	NITEMIZED LOANS		\$
5 Date of loan		PAC (ID#:)	9 Lean 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	ion / Job title (See Instructions)	13 Employer (See instructions)	1
14 Description of Coll	iateral	Check if personal function account (See Instruction	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state i	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See/instructions)	Employer (See Instructions)	
Description of Colla	ateral	Chack if personal fund	
none	,	Check if personal fund account (See Instruction	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	<u> </u>	1	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
		IES OF THIS SCHEDULE AS NEE	·
If le	nder is out-of-state PAC, please see Ins	truction guide for additional re-	porting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

			···		
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
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	(a) Category (See Ontegories listed at the top of this so	hedule) (b) Description			
PURPOSE OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho	edule) Description			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austr	, TX, officeholder living expense		
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		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description			
	Check if travel outside of Texas, Complete Sched	uleT. Check if Austin	eck 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 NEEDED					

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested infor	mation 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 B Candidate/Officeholder/Politics	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Food/Beverage Expense Printing Expense Printing Expense Travel Out of District Travel Out of District
1 Total pages Schedule F2:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIGATIONS \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; 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) Description (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 / Office holder 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 Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	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; Ci				
	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	r; 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 infor	mation is not applicable, DO NOT include this page in the re	eport.
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics		Solicitation/Fundraising Expense Transportation Edulpment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	3 544 15 (544- 0
i Total pages ochedule F4.	Z FILER WAWE	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED 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	(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 A	Austin, 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 schedule) Description	
	Check if travel outside of Texas. Complete Schedule T. Check if A	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 N	EDED

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

ii tile requested iii		not applicable, DO NO	i include	ınıs page	· in the re	port.	
		EXPENDITURE CAT	regories	FOR BO	K 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 Legal Services The Instruction Guide exp	Office Ov Polling E Printing I Salaries/	Expense Wages/Contra	al Expense act Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME				3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee nar	ne		-	<u>I</u>		
6 Amount (\$)	7 Payee add	;eest			City;	State;	Zip Code
Reimbursement from political contributions intended							
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of thi	is schedule)	(b) Descr	ription		
	(c) (c)	Check if travel outside of Texes, Complete	Schedule T.		Check if Austin,	TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sou	ight		Office held
Date	Payee nan	ne					
Amount (\$)	Payee add	lress;			City;	State;	Zip Code
Reimbursement from political contributions intended				/			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	s schedule)	Descr	iption		
		Check if travel outside of Texas. Complete	Schedule T.	c	Check in Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sou	ght		Office held
Date	Payee nam	е					
Amount (\$)	Payee add	ress;	***************************************	C	ity;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category ₁	(See Categories listed at the top of this	schedule)	Descri	ption		
	c	heck if travel outside of Texas: Complete S	3chedule T.	c	heck if Austin,	TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office soug	ght		Office held
	ATTAC	CH ADDITIONAL COPIES (OF THIS SC	HEDULE	AS NEEDE	D	

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

SCHEDULE H

If the requested in	nformation is not applicable, DO NOT in	clude this page in the re	port.
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	itical Committee Legal Services	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)
A Tatal aggs Cabadula H	The Instruction Guide explains	s how to complete this form.	C. Ell. D. (Eddin Completion Eller)
1 Total pages Schedule H:	2 FILER NAME	/ /	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 school	(b) Description	
!	(c) Check if travel outside of Texas. Complete School	dule T. Check if Austin,	TX, afficeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	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 sche	edule) Description	
	Check if travel outside of Texas, Complete Schede	Jule T. Check if Austin,	TX, officeholder living expense
Complete ONLY is direct expenditure to benefit C/Oh	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 sche	edule) Description	
	Check if travel outside of Texas. Complete Schedu	Jule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder пате Н	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	ED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to co	molete this form,			
4		IIpites are	9 Eilon ID	/Estina Or	t. : PH
1 Total pages Schedule I:	2 FILER NAME		3 Filet ID	(Ethics Go	ommission Filers)
4 Date	5 Payee name]		
6 Amount (\$)	7 Rayee 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;	Çity		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	ling type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:	
2 FILER NAME		3 Filer ID (Ethics 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; Sta	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	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; Stat	e; Zip Code	
, V	Purpose for which amount is received Check if j	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	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

1	EL OUTSIDE OF TEXAS	SCHEDULE I	
If the requested	information is not applicable, DO NOT include this page	ge in the report.	
The Inst	ruction Guide explains how to complete this form.	1 Total pages Schedule T:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Name of Contributo	V Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Exper		_	
Schedule A2	<u> </u>	2 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 dity or name of departure location		
	9 Destination city of name of destination location	·	
10 Means of transporta	tion 11 Purpose of Kavel (including name of conference	o pominou ou othou oventh	
The model of the management	The pose of devel (modeling haire of conservation	e, seminar, or other event)	
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expen	diture 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		
	Departure city of marine of departure location		
	Destination city or name of destination location		
Means of transporta	tion Purpose of travel (including name of conference	e, seminar, or other event)	
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expend	diture 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 transportat	lon Purpose of travel (including name of conference	e, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
		mm : v i Vicial d'al d'al d'al d'al d'al d'al d'al d'	

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 N	NAME Autoro Pony Bogunse 2 Filer 1D (Ethics Commission Filers)			
3	SIGNA				
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 FILER WHO IS NOTAN OFFICEHOLDER •• Complete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS			
	Checl	k only one:			
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.			
3	 В,	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. ASSETS			
	Check	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 (OFFICE	HOLDER			
		plete this section only if you are an officeholder ••			
	f a	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder			