

# **ELOY CANO**

**30 DAYS REPORT  
October 11, 2022**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em; vertical-align: middle;">28</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> (MR) FIRST LAST MI SUFFIX <i>Eloy Cano JR</i>	<b>OFFICE USE ONLY</b>  Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  <span style="font-size: 1.5em; color: blue;">5:00pm</span> NOV 09 2022  RECEIVED <i>[Signature]</i>  Date Hand-delivered or Date Registered  Receipt #      Amount \$  Date Processed  Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>17372 EL Rando Dr Harlingen TX 78552</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 454-8270</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> (MR) FIRST LAST MI SUFFIX <i>Melissa Cano</i>		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>17372 EL Rando Dr. Harlingen TX 78552</i> <small>(Residence or Business)</small>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 454 8687</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <i>7 / 16 / 22      10 / 8 / 2022</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 8 / 22</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Pct 5-2 Justice of the Peace</i>	13 OFFICE SOUGHT (if known) <i>JPS-2</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

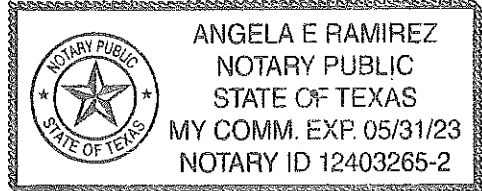
15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,176
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 639.14
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Eloy Cano, Jr this the 03rd day of November 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Angela E. Ramirez Title of officer administering oath: Notary

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE/SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Eloy Cano JR</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/26/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Lineberger Gordon Blair &amp; Sampson</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin TX 78760</i>		
8 Contributor's principal occupation <i>Law firm</i>		9 Contributor's job title <i>owner</i>
10 Contributor's employer/law firm <i>owner</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>8/4-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ramon &amp; Evangelina Perez</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>810 South L Harlingen TX 78550</i>		
Contributor's principal occupation <i>retired</i>		Contributor's job title <i>retired</i>
Contributor's employer/law firm <i>retired</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>8/4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Evangelina Perez</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>810 South L Harlingen TX 78550</i>		
Contributor's principal occupation <i>retired</i>		Contributor's job title <i>retired</i>
Contributor's employer/law firm <i>retired</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

# SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Eloy Cano JR</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-4-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Carlos L. Hernandez</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>1710 Hayden Harlingen TX 78550</i>		
8 Contributor's principal occupation <i>Self employed</i>		9 Contributor's job title <i>Self employed</i>
10 Contributor's employer/law firm <i>Self employed</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
-----		
Date <i>8/2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Anthony Avalos</i>	Amount of contribution (\$) <i>240.00</i>
Contributor address; City; State; Zip Code <i>4509 Daytona Harlingen TX 78552</i>		
Contributor's principal occupation <i>Self employed</i>		Contributor's job title <i>Self employed</i>
Contributor's employer/law firm <i>Self employed</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
-----		
Date <i>8/2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>David + Gina Monreal</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>3309 Treasure Hills Blvd. Harlingen TX 78550</i>		
Contributor's principal occupation <i>educator</i>		Contributor's job title <i>educator</i>
Contributor's employer/law firm <i>T.S.T.C.</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

# SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Doy Cano JR</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/16/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Nicolas Garcia</i>	7 Amount of contribution (\$) <i>150.00</i>
6 Contributor address; City; State; Zip Code <i>2109 35th Street #B Lubbock TX 79412</i>		
8 Contributor's principal occupation <i>retired</i>		9 Contributor's job title <i>retired</i>
10 Contributor's employer/law firm <i>retired</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>8/19/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Christopher &amp; Marisa Maldonado</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>2017 E. Austin Harlingen TX 78550</i>		
Contributor's principal occupation <i>Cano's Produce</i>		Contributor's job title <i>Produce Supplier</i>
Contributor's employer/law firm <i>owner</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>8/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ernesto <del>AVA</del> Galvan</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>141 E1 Cielo Circle Harlingen TX 78550</i>		
Contributor's principal occupation <i>GALVAN Insurance</i>		Contributor's job title <i>owner</i>
Contributor's employer/law firm <i>owner</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Stacy Cano Jr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/29/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Robert Culbertson</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 3044 Halinger Tx 78550</i>		
8 Contributor's principal occupation <i>self employed</i>		9 Contributor's job title <i>owner</i>
10 Contributor's employer/law firm <i>owner</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>8/31/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ashland Memorial Park</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>1702 E. Harrison Halinger Tx 78550</i>		
Contributor's principal occupation <i>Funeral Director</i>		Contributor's job title <i>owner</i>
Contributor's employer/law firm <i>owner</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>8/31/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Thelma Garza</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>5010 Maggie Lane Halinger Tx 78552</i>		
Contributor's principal occupation <i>Funeral Director</i>		Contributor's job title <i>owner</i>
Contributor's employer/law firm <i>owner</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Elroy Cano JR</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/31/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Consuelo GARZA</i>	7 Amount of contribution (\$) <i>300.00</i>
6 Contributor address; City; State; Zip Code <i>1702 E Harrison Harlingen TX 78500</i>		
8 Contributor's principal occupation <i>Funeral Director</i>		9 Contributor's job title <i>owner</i>
10 Contributor's employer/law firm <i>owner</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>9/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>MARIA Elena Ruiz</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>27689 Baker Potts Harlingen TX 78502</i>		
Contributor's principal occupation <i>Adult Day care Center</i>		Contributor's job title <i>owner</i>
Contributor's employer/law firm <i>owner</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Rogerio + Leticia Quintanilla</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>22504 Briggs Colman Harlingen TX 78502</i>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Eloy Cao Jr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/24/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ofelio Muniz</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>2302 W. Am Arbor Harlingen Tx 79552</i>		
8 Contributor's principal occupation <i>retired</i>		9 Contributor's job title <i>retire Peace Officer</i>
10 Contributor's employer/law firm <i>retired</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/17/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ofelio Muniz Harlingen Tx 79552</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>2302 W. Am Arbor Harlingen Tx 79552</i>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>9/3/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Nancy Casas</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>26202 Atlas Palmas Rd. Harlingen Tx 79552</i>		
Contributor's principal occupation <i>Construction</i>		Contributor's job title <i>Owner</i>
Contributor's employer/law firm <i>Owner</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Eloy Cano Jr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/7/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Oscar Alaniz</i>	7 Amount of contribution (\$) <i>125.00</i>
6 Contributor address; City; State; Zip Code <i>105 Heron Dr. Los Fresnos Tx 78566</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Self employed</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/7/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Doak Duntis</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1305 N. Stuart Place Ft. Harlingen Tx 78552</i>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>9/24/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Dinal Cano</i>	Amount of contribution (\$) <i>500</i>
Contributor address; City; State; Zip Code <i>2306 W. Am Arbor Harlingen Tx 78552</i>		
Contributor's principal occupation <i>School Librarian</i>		Contributor's job title <i>Librarian</i>
Contributor's employer/law firm <i>H.C.I.S.D.</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Blay Cano JR</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/30/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>ISRAEL CANO III</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>600 E. HARRISON #201 Brownville TX 77520</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Federal Prosecutor</i>
10 Contributor's employer/law firm <i>U.S. Federal Government</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>7/30/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Bonnie Villanar</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>802 Loop 499 #1 Harlingen TX 79550</i>		
Contributor's principal occupation <i>Dentist</i>		Contributor's job title <i>owner</i>
Contributor's employer/law firm <i>Self employed</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>9/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Antonio Gomez</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>213 W. TAFT Harlingen TX 79550</i>		
Contributor's principal occupation <i>retired</i>		Contributor's job title <i>retired Dispatcher</i>
Contributor's employer/law firm <i>retired</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Eloy Cano Jr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/2/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>John Black</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>422 S. Harrison Harlingen TX 78550</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>owner / Law Firm</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>8/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Luis Esquivel</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>1009 Fair Park Harlingen TX 78550</i>		
Contributor's principal occupation <i>Bail Bondsman</i>		Contributor's job title <i>Bail Bondsman</i>
Contributor's employer/law firm <i>EL Padrino Bail Bonds / owner</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Xavier &amp; Carmen Galvan</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>4221 S. Houston Drive Harlingen TX 78550</i>		
Contributor's principal occupation <i>retired</i>		Contributor's job title <i>retired Border Patrol</i>
Contributor's employer/law firm <i>retired</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>207 Cano Jr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Secundino Gutierrez</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>709 E. Hunter Dr. Harlingen TX 78550</i>		
8 Contributor's principal occupation <i>retired</i>		9 Contributor's job title <i>retired engineer</i>
10 Contributor's employer/law firm <i>retired</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>8/5/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ernesto Silva</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>1118 South 'D' Harlingen TX 78550</i>		
Contributor's principal occupation <i>Businessman</i>		Contributor's job title <i>Self employed / consultant</i>
Contributor's employer/law firm <i>Self Employed</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE B(J)

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B(J):	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of Pledge \$	<b>9</b> In-kind contribution description
.....			
<b>7</b> Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Pledgor's principal occupation		<b>11</b> Pledgor's job title	
<b>12</b> Pledgor's employer/law firm		<b>13</b> Law firm of pledgor's spouse (if any)	
<b>14</b> If pledgor is a child, law firm of parent(s) (if any)			
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
.....			
<b>Pledgor address;</b> City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Pledgor's principal occupation</b>		<b>Pledgor's job title</b>	
<b>Pledgor's employer/law firm</b>		<b>Law firm of pledgor's spouse (if any)</b>	
<b>If pledgor is a child, law firm of parent(s) (if any)</b>			
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
.....			
<b>Pledgor address;</b> City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Pledgor's principal occupation</b>		<b>Pledgor's job title</b>	
<b>Pledgor's employer/law firm</b>		<b>Law firm of pledgor's spouse (if any)</b>	
<b>If pledgor is a child, law firm of parent(s) (if any)</b>			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# 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
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Clay Cano Jr</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>7/29/2022</i>	<b>5</b> Payee name <i>H. S. B.</i>	
<b>6</b> Amount (\$) <i>639.14</i>	<b>7</b> Payee address; City; State; Zip Code <i>613 S. Expressway 83 Harlingen Tx 78550</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Food</i>	<b>(b)</b> Description <i>BBQ Chicken Fundraiser</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 NEEDED**

# LOANS (JUDICIAL)

# SCHEDULE E(J)

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J):
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?  Y N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input type="checkbox"/> none		<b>18</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

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; 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

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 NEEDED**

# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<input type="checkbox"/> <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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**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)

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City State Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



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

## SCHEDULE K

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

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; State; Zip Code	
7 Purpose for which amount is received <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Check if political contribution returned to filer		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# OUTSTANDING LOANS

## SCHEDULE L

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule L:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	<b>4</b> Name of lender <hr/> <b>5</b> Lender address; <span style="float: right;">City; State; Zip Code</span>		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>6</b> Name of guarantor <hr/> <b>7</b> Guarantor address; <span style="float: right;">City; State; Zip Code</span>		
LENDER INFORMATION	Name of lender <hr/> Lender address; <span style="float: right;">City; State; Zip Code</span>		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor <hr/> Guarantor address; <span style="float: right;">City; State; Zip Code</span>		
LENDER INFORMATION	Name of lender <hr/> Lender address; <span style="float: right;">City; State; Zip Code</span>		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor <hr/> Guarantor address; <span style="float: right;">City; State; Zip Code</span>		
LENDER INFORMATION	Name of lender <hr/> Lender address; <span style="float: right;">City; State; Zip Code</span>		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor <hr/> Guarantor address; <span style="float: right;">City; State; Zip Code</span>		
LENDER INFORMATION	Name of lender <hr/> Lender address; <span style="float: right;">City; State; Zip Code</span>		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor <hr/> Guarantor address; <span style="float: right;">City; State; Zip Code</span>		

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# ASSETS PURCHASED WITH CONTRIBUTIONS

# SCHEDULE M

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

<b>The Instruction Guide explains when and how to complete this form.</b>	<b>1</b> Total pages Schedule M:
<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE T

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
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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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check 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 only one:

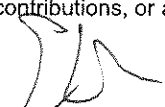
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political 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 OFFICEHOLDER

•• Complete this section only 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.

  
\_\_\_\_\_  
Signature of Officeholder