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SEMI-ANNUAL REPORT JANUARY 17, 2023

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CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 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 **OFFICEHOLDER** NAME Date Received NICKNAME 4 CANDIDATE / ZIP CODE ADDRESS / PO BOX; **OFFICEHOLDER** MAILING **ADDRESS** Change of Address EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** 454 -8220 (9Sb) **PHONE** Amount \$ Receipt # MI MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME Date Imaged ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** 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 Day COVERED THROUGH 2000 ELECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Other Special General 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

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 PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTF		\$
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		\$ 1
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL I	EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDIT	JRES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAS	T DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F		THE \$
	vear, or affirm, under penalty of perjury, that uired to be reported by me under Title 15, Elec		and correct and includes all information
		Signature of Car	ndidate or Officeholder
			and or officerous.
	Please comple	te either option below	
	i lease comple	re emier opnom below	•
(1) Affidavit	ANGELA E RAMIREZ NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 05/31/2; NOTARY ID 12403266-2	PERFORMANCE DOCUMENTS OF THE PERFORMANCE OF THE PER	
NOTARY STAMP/SEAL			
Sworn to and subscribed b	pefore me by <u>Floy Cano</u> , J	this the	16th day of January.
	hich, witness my hand and seal of office.	uns die <u>c</u>	day of Ourteen 9
Timo de E	Lam Angela	E. Ramirez	Notary
Signature of office administeri	· · · · · · · · · · · · · · · · · · ·		Title of officer administering oath
	O		
(2) Unsworn Declaratio			
My name is		, and my date of birth is _	
	(street)		ate) (zip code) (country)
Executed in	County, State of,	on the day of(month)	, 20 (year)
		Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	FILER NAME 20 Filer ID (Ethics Com					
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	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6. SCHEDULE F2	: UNPAID INCURRED OBLIGATIONS		\$			
7. SCHEDULE F3	3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$			
8. SCHEDULE F4	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9. SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FL	INDS	\$			
10. SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$			
11. SCHEDULE I: N	NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$			
12. SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instruction Guide explains how to complete th	1 Total pages Schedule A1:		
FILER NA	ME .		3 Filer ID (Ethics Commission Filers	
Date		AC (ID#:)	7 Amount of contribution (\$)	
	6 Contributor address; City;	State; Zip Code		
Principal o	occupation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructi	ons)	
~~~				
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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

ii the reque	ested information is not applicable, DO NOT includ	e ans page	ar ale report	
Th	e instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAME	Ξ		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fire	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 \$	I In-kind contribution description
·	Contributor address; City; State;	Zip Code	. Check if travel outsi	 
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	ver (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIÁL)	Law fir	m of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED r additional reportin	g requirements.

# **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

	The Instruction Guide explains how to complete this form.	1 Total pages Sche	dule B:
2 FILER NA	AME	3 Filer ID (Ethics	Commission Filers)
[‡] TOTAL	OF UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	) 8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code	,	1     
		Check if travel out	i. side of Texas. Complete Schedul
O Principal o	occupation / Job title (See Instructions) 11 Employer (S	See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		]
		Check if travel outs	J. side of Texas, Complete Schedul
Principal o	eccupation / Job title (See Instructions) Employer (S	See Instructions)	
Date	Full name of pledgor	) Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		;   
		Check if travel outs	ide of Texas. Complete Schedul
Principal o	occupation / Job title (See Instructions) Employer (S	ee Instructions)	
Date	Full name of pledgor	) Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	• • •	1   
		Check if travel outs	i   ide of Texas. Complete Schedul
Principal oc	ccupation / Job title (See Instructions) Employer (Se	ee Instructions)	
			•

#### SCHEDULE E LOANS

The In	nstruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
FILER NAME			3 Filer ID (Ethics Commission Filers
TOTAL OF UNI	TEMIZED LOANS	·	\$
Date of loan	7 Name of lender  ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
Description of Collar	teral	Check if personal fur account (See Instruc	nds were deposited into political ctions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
<b>3</b>	18 Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	21 Employer (See Instructions)	
Date of loan		e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Collar	teral	Check if personal fu account (See Instru	nds were deposited into political ctions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		and the same of th	
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	

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Forms provided by Texas Ethics Commission

# 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
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 Salaries/Monay/Contract Leber

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (extension until listed charse)

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains how to complete this form.			Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na	me		1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2			
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	/ (See Categories listed at the top of this	s schedule) (	b) Description			
Complete ONLY if direct expenditure to benefit C/OH		Check if travel outside of Texas, Complete state / Officeholder name	Schedule T.	Check if Austin	, TX, officeholder living	expense Office held	
Date	Payee na	me					
Amount (\$)	Payee ad	dress;	,	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held	
Date	Payee na	me					
Amount (\$)	Payee add	iress;	Managary Managary and San	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas, Complete So	chedule T.	Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEED	DED		

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

If the requested infor	mation is no	ot applicable, DC	NOT INCIL	iae tnis	page in the re			
		EXPENDITUR	E CATEGO	RIES FC	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials & Legal Services	e P Expense P	Office Overn Polling Expe Printing Exp		Transpo Travel Ir Travel C	n District Out Of District	Expense nt & Related Expense not listed above)
		The Instruction Gu	ıide explains h	how to ca	mplete this form.			
1 Total pages Schedule F2:	2 FILERN	IAME	, (A.S.H.P.P.			3 Filer I	D (Ethics Cor	nmission Filers)
4 TOTAL OF UNITER	MIZED UNI	PAID INCURRE	D OBLIGA	ATIONS	}	\$		
5 Date	6 Payee n	ame						
7 Amount (\$)	8 Payee a	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE	P	olitical		Non-Polit	ical			
10 PURPOSE OF EXPENDITURE		y (See Calegories listed at			(b) Description			
	(c)	Check if travel outside of Tex	as. Complete Sche	edule T.	Check if Au	ustin, TX, offic	eholder living ex	spense
11 Complete ONLY if direct expenditure to benefit C/O		didate / Officeholder	name	Of	fice sought		Office held	
Date	Payee r	name						
Amount (\$)	Payee (	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE	P	Political		Non-Poli	tical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed a	t the top of this sci	hedule)	Description		AAMINA	
		Check if travel outside of Te	exas. Complete Sch	redule T.	Check if	Austin, TX, off	ficeholder living	expense
Complete ONLY If direct expenditure to benefit C/O		didate / Officeholder			ffice sought		Office hel	d .
	Andrew Territoria							
	ATTAC	H ADDITIONAL (	COPIES OF	THIS S	CHEDULE AS N	EEDED		

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

	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; City	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	; 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)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name Zip Code 8 Payee address; City: State; 7 Amount (\$) TYPE OF Non-Political Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code City; Amount (\$) Payee address; TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

# 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/Office/holder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Fravel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:	2 FILER NA	ME				3 Filer ID (Et	hics Con	nmission Filers)
4 Date	5 Payee nar	ne	***************************************					
6 Amount (\$)	7 Payee ad	dress;	·····		City;	State	e;	Zip Code
Reimbursement from political contributions intended								
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this sci	hedule) (b	) Des	scription			·
	(c)	Check if travel outside of Texas, Complete Sch	edule T.		Check if Austin,	TX, officeholder livi	ng expens	e
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	Off	ice s	ought		Offic	ce held
Date	Payee nar	ne						
Amount (\$)	Payee add	lress;		-	City;	State	——— Э;	Zip Code
Relmbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sol	hedule)	Des	scription			
		Check if travel outside of Texas. Complete Scho	edule T.		Check if Austin,	TX, officeholder livi	ng expens	e
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Offi	ice so	ought		Offic	e held
Date	Payee nan	е						A distribution to the second
Amount (\$)	Payee ado	ress;			City;	State;	Zi	p Code
Relmbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this sch	redule)	Des	cription			
************		heck if travel outside of Texas. Complete Sche	edule T,		Check if Austin,	TX, officeholder livin	g expense	9
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name	Offi	ce so	ought		Offic	e held
	ATTA	CH ADDITIONAL COPIES OF	THIS SCHE	DUL	E AS NEEDE	D		

## **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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Polling Expense  Bift/Awards/Memorials Expense Printing Expense  Bift/Awards/Memorials Expense Printing Expense  Bift/Awards/Memorials Expense Polling Expense  Bift/Awards/Memorials Expense Printing Expense  Bift/Awards/Memorials Expense Printing Expense  Bift/Awards/Memorials Expense Polling Expense Polling Expense  Bift/Awards/Memorials Expense Polling Ex			Travel in District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain	ns how to c	omplete this form.			
1 Total pages Schedule H:	2 FILER N	ME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Business	name		and a strategy of the strategy			
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description	,		
	(c) [	Check if travel outside of Texas. Complete Sci	chedule T.	Check if Austir	n, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	I	Office sought	(	Office held	
Date	Business	name					
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF	Category	(See Categories listed at the top of this so	chedule)	Description	******		
EXPENDITURE		heck if travel outside of Texas, Complete Sci	hedule T.	Check if Austir	t, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought	(	Office held	
Date	Business	name			and the same of th		
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF	Category	(See Categories listed at the top of this s	schedule)	Description			
EXPENDITURE	<u> </u>	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	n, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	34/14454	Office sought	,	Office held	
	ATT	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	EDED		

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

	The Instruction Guide explains how to co	mplete this form.			
<b>1</b> Total pages Schedule I;	2 FILER NAME	3 Filer ID (Ethics Commission 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.)	e instructions regarding type of	information	
Date	Payee name			- Principle Production of the service of the servic	
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of i	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.)	a instructions regarding type of i	nformation	
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 regarding type of in	nformation	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

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

## SCHEDULE K

•	11 .	· -					
The Instruction	Guide explains how to complete this form	1 Total pages Sche	1 Total pages Schedule K:				
2 FILER NAME			3 Filer ID (Ethic	s Commission Filers)			
4 Date 5 Name o	of person from whom amount is received	<del>,</del>		8 Amount (\$)			
	s of person from whom amount is received; (		ate; Zip Code				
7 Purpose	e for which amount is received	Check it	f political contribution	returned to filer			
Date Name o	of person from whom amount is received			Amount (\$)			
	s of person from whom amount is received; (		tate; Zip Code				
Purpose	e for which amount is received	Check i	f political contribution	returned to filer			
Date Name o	of person from whom amount is received			Amount (\$)			
Address	s of person from whom amount is received;		ate; Zip Code				
Purpose	e for which amount is received	Check i	f political contribution	returned to filer			
Date Name o	of person from whom amount is received			Amount (\$)			
Address	s of person from whom amount is received;		state; Zip Code				
Purpose	e for which amount is received	Check I	if political contribution	returned to filer			
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 To	1 Total pages Schedule T:			
2 FILER NAME				3 Filer ID (Ethics Comm	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor	/ Corporation or	· Labor Or	ganization / Pledgor /	Payee				
5 Contribution / Expend	diture reported c	 on:						
Schedule A2			Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2		lule F4	Schedule G	Schedule H	Schedule COH-UC	<u>=</u>		
6 Dates of travel	7 Name of person(s) traveling							
:	8 Departure city or name of departure location							
	9 Destination	n city or na	ame of destination lo	cation				
10 Means of transportat	tion 1	1 Purpos	e of travel (including	name of conference,	, seminar, or other event)			
Name of Contributor	/ Corporation or	Labor Org	ganization / Pledgor /	Payee		14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -		
Contribution / Expend	diture reported o	·n:				And Annual Angular Ang		
Schedule A2	Sched	ule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Sched	ule F4	Schedule G	Schedule H	Schedule COH-UC			
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)								
NI								
Name of Contributor	/ Corporation or	Labor Org	janization / Pledgor /	Payee				
Contribution / Expend	diture reported o	n: 						
Schedule A2	Schedule	В	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 na	ame of destination loc	ation				
Means of transportati	ion	Purpose of travel (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The state of the s							
		The Instruction Guide explains how to co	mplete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••								
1	C/OH I	NAME	2 Filer ID (Ethics Commission Filers)						
3	SIGN/	ATURE							
	designa	t expect any further political contributions or political expenditures in cor ating a report as a final report terminates my campaign treasurer appoin ign contributions or make any campaign expenditures without a campaig	tment. I also understand that I may not accept any						
4		WHO IS NOT AN OFFICEHOLDER  Inplete 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 inc	ome earned from political contributions.						
		I have unexpended contributions or unexpended interest or income earmay not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned of filing this final report. Further, I understand that I must dispose of une interest or income earned on political contributions in accordance with	nterest or income earned on political contributions to unexpended contributions and that I may not retain in political contributions longer than six years after expended political contributions and unexpended						
	B.	ASSETS							
	Checi	k 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 o that I may not convert assets purchased with political contributions or i personal use. I also understand that I must dispose of assets purchas requirements of Election Code, § 254.204.	nterest or other income from political contributions to						
			Signature of Candidate						
		HOLDER plete this section <i>only</i> if you are an officeholder ••							
		I am aware that I remain subject to filing requirements applicable to an official. I am also aware that I will be required to file reports of unexpended of an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	contributions if, after filing the last required report as om political contributions, or assets purchased with						
			Signature of Officeholder						

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