CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI OFFICE USE ONLY NICKNAME LAST SUFFIX					
*	Guzman For record in my office					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE / Clay of 1/20 20 20 20 20 20 20 20 20 20 20 20 20 2					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (Z[O]) Z68-3578 Date Hand-delivered or Date Postmarked					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Receipt # Amount \$ Conard NICKNAME LAST SUFFIX Date Processed Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 916 Murray Lane Floresville, TX 78114					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (20) 268-3578					
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year Month Day Year 02 / 24 / 2020 THROUGH 07 / 15 / 2020					
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description I / 03 / 2020 General Special					
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) Wilson County Constable Pct. 1					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	er ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTION'S ACCEPTED OR POLITICAL EXPENDITURES IN IDIATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT TO INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORURES.	THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	•			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		e sa			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,200.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$				
CONTRIBUTION BALANCE	5. TOTAL F	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$3,705.52				
18 AFFIDAVIT	,				
A SECOND	SAM GARCIA, otary Public, State comm. Expires 04-2 Notary ID 13109	of Texas 21-2021			
AFFIX NOTARY STAM		Signature of Candidate	or Officeholder		
Sworn to and subsc	ribed before me, I		_, this the		
191		to certify which, witness my hand and seal of office.	Notary		
Signature of officer a	administering oath	Printed name of officer administering oath Ti	itle of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	19 FILER NAME 20 Filer ID (Ethics Co					
	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.	4. SCHEDULE E: LOANS					
5.	\$					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	\$					
8.	\$					
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$			
1						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SUZMan 4 Date 7 Amount of contribution (\$) 970000 Bornell, San Antonio, Tx 78223 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code 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

			MA
Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	Leonard Guzman		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of . 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State; Zip Coc	de	
10 Principal occ	Cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		•
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description
	Contributor address; City; State; Zip Co	de	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
1	ATTACH ADDITIONAL COPIES OF f contributor is out-of-state PAC, please see instruction		

PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ Amount . 9 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 ut-of-state PAC (ID#: In-kind contribution 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) Full name of pledgor Amount of out-of-state PAC (ID#: In-kind contribution 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.

LOANS			SCHEDULE E	
The	e Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:	
2 FILER NAME	Leonard Guzman		3 Filer ID (Ethics Commission Filers)	
	NITEMIZED LOANS	\$		
5 Date of loan	7 Name of lender out-of-state f	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City; s	State; Zip Code	10 Interest rate	
ΥN			11 Maturity date	
	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	liateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable		State; Zip Code		
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
ls lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate	
Y N			Maturity date	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political	
GUARANTOR	Name of guarantor			
INFORMATION			Amount Guaranteed (\$)	
not applicable				
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	-	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gitt/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explains	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zi	o Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel or	riside of Texas. Complete Schedule T.
9 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	o Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel ou	tside of Texas. Complete Schedule T. TX, officeholder living expense
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; Zi	o Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

	Candidate/Officeholder/Politica	al Committee	Legal Services	montas Expense	Salaries/Wages/		Travel Out Of District Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F2:	2 FILER	NAME				3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UNITER	MIZED UN	NPAID INCL	IRRED OB	LIGATIONS		\$
5	Date	6 Payee	name				
			100				
7	Amount (\$)	8 Payee	address;	City; State	e; Zip Code		
			f v				*
9	TYPE OF EXPENDITURE		Political		Non-Political		
10		(a) Categ	Ory (See Categorie	es listed at the top	of this schedule)	(b) Description	on .
	PURPOSE						travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE						if Austin, TX, officeholder living expense
							,
11	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held						
	Date	Payee	пате				
		. 2,00	name				ŧ
	Amount (\$)	Pavee	address;	City: Stat	7-0-4-		
		, 2,50	400,000,	Oily, Stati	e; Zip Code		
							*
	TYPE OF						
	EXPENDITURE		Political		Non-Political		
		Categ	ory (See Categorie	s listed at the top of	of this schedule)	Description	on
	PURPOSE					Check if	travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE					Check	If Austin, TX, officeholder living expense
	Complete ONLY if direct	Car	ndidate / Office	holder name	Office	sought	Office held
	expenditure to benefit C/OF	1				3	Cines nois
		ATTA	CH ADDITION	NAL COPIES	OF THIS SCHE	DULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

					NA
т	he Instruction Guide explains how to complete this form.	1 Total	pages (Schedule F3:	
2 FILER NAME		3 Filer	ID (Ethi	cs Commission	n Filers)
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; City	 у;	Stat	 e;	Zip Code
	7 Description of investment				
н. "					
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
¥	Address of person from whom investment is purchased; City		Sta	 re;	Zip Code
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NE	EDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Ex

Contributions/Donations Made B Candidate/Officeholder/Politica	ly al Committee	Gift/Awards/Memorials E Legal Services	xpense	Polling Expense Printing Expense Salaries/Wages/	e /Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Gui	de explains	how to compl	ete this form.	
1 Total pages Schedule F4:	2 FILER	NAME				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXF	PENDITURES CHA	ARGED	TO A CRED	IT CARD	\$
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address; City;	State; Z	Zip Code		,
* *						* , *
9 TYPE OF EXPENDITURE		Political		Non-Politica	I	
10	(a) Categ	Ory (See Categories listed at	the top of this	schedule)	(b) Descriptio	ın
PURPOSE OF					Check if	travel outside of Texas. Complete Schedule T.
EXPENDITURE						f Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held						
Date	Payee	name				
Amount (\$)	Payee	address; City;	State; Z	Zip Code		
TYPE OF EXPENDITURE		Political		Non-Politica	ı	
	Catego	ory (See Categories listed at	the top of this	schedule)	Descriptio	on .
PURPOSE					Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE					Check if	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Car	didate / Officeholder r	name	Office	sought	Office held
			Name of the latest and the latest an			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G NA

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services	Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide e	explains how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if travel ou	utside of Texas. Complete Schedule T.
		Check if Austin	ı, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State	e; Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of		utside of Texas. Complete Schedule T.
EXPENDITURE			i, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State	e; Zip Code	
	, sales of sales	5, Zip Oode	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Check if travel ou	itside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	EDED

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

SCHEDULE H

W/W

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wange/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how	to complete this form	Other (enter a category not listed above)
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 Coo	ie	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Coc	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit G/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	ie	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check If travel outside of	of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEI	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.						
1 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 instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	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	-				
PURPOSE OF EXPENDITURE	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					
PURPOSE OF EXPENDITURE	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

			N/A		
	The Instruction Guide explains how to complete this form. 1 Total pages Sch				
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 Check if p	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code			
	Purpose for which amount is received Check if p	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code			
	Purpose for which amount is received Check if p	political contribution i	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code			
	Purpose for which amount is received Check if p	political contribution i	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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



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	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expend	diture reported on:							
Schedule A2	Schedule B	Π						
		Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS				
6 Dates of travel	7 Name of person(s) traveling							
	8 Departure city or name of departure location							
. **	9 Destination city or name of destination location							
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / 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	i) traveling						
	Departure city or name of departure location							
	Destination city or	name of destination lo	cation					
Means of transportation Purpose of travel (including name of con			name of conference, s	eminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend	liture 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 lo	cation					
Means of transportat	ion Purpo	ose of travel (including	name of conference of	eminar, or other event)				
•		or second in the second	or cornerence, si	oninia, or other eventy				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form Complete only if "Report Type" on page 1 is marked "Final Report"							
1	C/OH N	NAME 2 Filer I	D (Ethics Commission Filers)				
3	SIGNA	ATURE					
	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 Car	ndidate / Officeholder				
4	FILER Com	LER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	ck only one:					
		I do not have unexpended contributions or unexpended interest or income earned from politic	al 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 politic that I may not convert assets purchased with political contributions or interest or other income personal use. I also understand that I must dispose of assets purchased with political contributions of Election Code, § 254.204.	from political contributions to				
		Signature	of Candidate				
5	OFFICEHOLDER Complete this section <i>only</i> if you are an officeholder						
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not hile. I am also aware that I will be required to file reports of unexpended contributions if, after filing officeholder, I retain political contributions, interest or other income from political contributions, or cal contributions or interest or other income from political contributions.	the last required report as an				
		Signature	of Officeholder				