CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	1 Filer ID (Ethics Commission Filers) ituide explains how to complete this form.	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MR. LUZTIS NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY STATE; ZIP CODE 807 MOCKINGBIED LAS. LAVERNIA TX 78121 AREA CODE PHONE NUMBER EXTENSION (210) LOL 3-2288	Date Hand-delivered Date Estimated County Co			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MPS. DAPIA A NICKNAME LAST SUFFIX	Date Imaged Among the Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; BOT MOCKING/BIRD LN. LAVERNÍA ; TX 78121	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 744-2072				
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month THROUGH	Day Year ZDI9			
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special				
12 OFFICE	OFFICE HELD (If any) LONSTABLE - POT, 3 WILSON LOUNTY 13 OFFICE SOUGHT (If known)				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 2

THE BOT IS NO NOTICE FROM POLITICAL COMMITTEE (S) THE BOT IS NO NOTICE OF DOUTING, CONTINUOUS ACCEPTED BY POLITICAL COMMITTEES TO PROPERTY THE SUMPORT THE CAMBRIDATE OF PROCESSOR. TO CANDIDATE AND OFFICENDED AND REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF DOUBLE PURPORTING MET AND SERVICE AND OFFICENDED AND OFFICENDED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF DOMINITTEE THAN INFORMATION ONLY IF THEY RECEIVE NOTICE OF DOMINITEE THAN INFORMATION ONLY IF THEY RECEIVE NOTICE OF THE PROPERTY OF THE NUMBER OF STATE OF THE NUMBER OF THE NUMB	14 C/OH NAME	-URTIS	R. FOWLER 15	Filer ID (Ethics Commission Filers)
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Additional Pages COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS CONTRIBUTION S. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING CONTRIBUTION 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD I SWEAR, OF 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, Epetion Code. Notary Public, State of Texas ONTERIOR OF THE REPORTING PERIOD I SWEAR, OF 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, Epetion Code.		COMMITTEE TYPE	COMMITTEE NAME	
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LOAN TOTALS 18 AFFIDAVIT 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. Notary Public, State of Texas Comm. Expires 10-20-2020 Notary ID 13087002-0		5. TOTAL I	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. PORTING PERIOD	AY \$
GENEVIEVE MARTINEZ Notary Public, State of Texas Comm. Expires 10-20-2020 Notary ID 13087002-0		6. TOTAL I	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	* \$
GENEVIEVE MARTINEZ Notary Public, State of Texas Comm. Expires 10-20-2020 Notary ID 13087002-0	18 AFFIDAVIT			1
Notary Public, State of Texas Comm. Expires 10-20-2020 Notary ID 13087002-0			I swear, or affirm, under penalty of per	jury, that the accompanying report is
Signature of Candidate or Officeholder		otary Public, State o omm. Expires 10-20	if Texas 0-2020	mation required to be reported by me
	The second secon		Signature of Candid	date or Officeholder
AFFIX NOTARY STAMP / SEALABOVE	AFFIX NOTARY STAM	MP/SEALABOVE		
Sworn to and subscribed before me, by the said		1 0		$_{-}$, this the $_{-}$ 3r λ
day of 20, to certify which, witness my hand and seal of office.			Alphyllus Machael	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-oi-state PAC (ID#		7. Amount of contribution (\$)
		6 Contributor address; City; State; Zi	ip Code	
		i e e e		
8	Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instruction	ons)
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
٠		Contributor address; City; State; Zi	ip Code	2
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	
			- Coe manacic	nis)
	Date	Full name of contributor		Amount of contribution (\$)
		Contributor address; City; State; Zi	p Code	The part of the pa
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	uns)
	Date	Full name of contributor		Amount of contribution (\$)
		Contributor address; City; State; Zip	Code	
	Principal occup	ation / Job title (See Instructions)		*
		E I STACTIONS	Employer (See Instructio	ns)
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		•		
				· · · ·
		ATTA OU A DO TO		
		ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see instruction	S SCHEDULE AS NEED guide for additional res	DED CONTINUE TO SUIT OF THE SU

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form	1 Total pages	Schedule A2:
2 FILER NAME	3 Filer ID (E	thics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	UTIONS \$	
5 Date 6 Full name of contributor oul-of-state PAC (ID#:	8 Amount of Contribution	. 9 In-kind contribution on \$. description
7 Contributor address; City; State; Zip Coc		
	Check If tra	vel outside of Texas. Complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (F	OR 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	Amount of Contribution	
Contributor address; City; State; Zip Cod		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		rel outside of Texas. Complete Schedule T. UDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		
	Contributor's job title (F	OR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's	s spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
——————————————————————————————————————		
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		v 8
ATTACH ADDITIONAL COPIES OF THE If contributor is out-of-state PAC, please see instruction	S SCHEDULE AS NEEDE	D ting require

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 ul-of-state PAC (ID#._ 8 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) Full name of pledgor ut-of-state PAC (ID#: Amount 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 ___ out-of-state PAC (ID#: Amount of 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 out-of-state PAC (ID#. Amount of 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) 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 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) is lender 8 Lender address; 10 Interest rate City; State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender out-of-state PAC (ID#:__ Loan Amount (\$) is lender Lender address; State; Zip Code Interest rate a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor INFORMATION Amount Guaranteed (\$) Guarantor address; City; State; Zip Code not applicable Principal Occupation (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) Event Expense Loan Repayment/Reimbursement

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)

Gredit Gard Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
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 Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense

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

Candidate/Officeholder/Politic	al Committee Legal	Services	Salaries/Wages/	Contract Labor	Other (enter a category not listed above)
	The	Instruction Guide exp	plains how to compl	ete this form.	
1 Total pages Schedule F2	2 FILER NAME	2 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0	-		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITE	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$				
5 Date	6 Payee name				
			· ·		
7 Amount (\$)	8 Payee addres	ss; City; Sta	te; .Zip Code		
,					
9 TYPE OF EXPENDITURE	Politica	al	Non-Political	11	
10	(a) Category (Se	e Categories listed at the top	of this schedule)	(b) Description	on
PURPOSE	4 5				travel outside of Texas. Complete Schedule T.
O F EXPENDITURE			*		If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/0	Candidate	/ Officeholder name	Office	sought	Office held
Date	Payee name				
	l say so manie				
Amount (\$) Payee address; City; State; Zip Code					
2					
TYPE OF					
EXPENDITURE	Politica	d	Non-Political		
A	Category (See	e Categories listed at the top	of this schedule)	Description	on
PURPOSE OF					travel outside of Texas. Complete Schedule T.
EXPENDITURE					if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate	/ Officeholder name	O# -		
expenditure to benefit C/C	Н	, a machina in that he	Office	sought	Office held
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•					1
	ATTACHAD	DITIONAL			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

, ті	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Ci	ty; State; Zip Code
W 19		
	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; Cit	Y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
		,
9		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
4 .	
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi-	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL CONTRACTOR
-	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Onnations Ma Candidate/Officeholder/P Credit Card Payment		Event Expense Fees Food/Beverage Expense Gltt/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office O Polling Printing Salaries	epayment/Reimbursement werhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 T-4-1 0-4-1-1	0 0 51 55 11				·
1 Total pages Schedule	G: 2 FILER NA	AME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee na	me	(2)		
6 Amount (\$)	7 Payee ad	dress; City; State;	Zip Code		8
Reimbursement from political contribution intended.				4	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of thi	s schedule)		le of Texas. Complete Schedule T.
			-	Check if Austin, T	X, officeholder living expense
Complete ONLY if dire expenditure to benefit		date / Officeholder name		Office sought	Office held
Date	Рауее па	me			
ž.					
Amount (\$)	Payee ad	dress; City; State;	Zip Code		
Reimbursement from political contribution intended	n is				
PURPOSE OF	Category	(See Categories listed at the top of this	s schedule)	(b) Description	
EXPENDITURE					le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if dire expenditure to benefit	ct Candid C/OH	date / Officeholder name		Office sought	Office held
Date	Payee na	me			
Amount (\$)	Payee ad	dress; City; State;	Zip Code		
		,		w5x	
Reimbursement from political contribution intended	s				
PURPOSE	Category	(See Categories listed at the top of this	schedule)	(b) Description	
OF EXPENDITURE		ž.			e of Texas. Complete Schedule T. K. officeholder living expense
Complete ONLY if dire expenditure to benefit	ct Candid	ate / Officeholder name		Office sought	Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEED	ED
					,

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

SCHEDULE H

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
Gitt/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

Contributions/Donations Made By Candidate/Officeholder/Political (g Expense Travel Out Of District es/Wages/Contract Labor Other (enter a category not listed above	vel
Credit Gard Payment	The Instruction Guide explains how		00/
1 Total pages Schedule H: 2	FILER NAME	3 Filer ID (Ethics Commission F	Filers)
4 Date 5	Business name		
6 Amount (\$) 7	Business address; City; State; Zip Cod	3	
,			
8 (ai PURPOSE OF EXPENDITURE	 Category (See Categories listed at the top of this schedule) 	(b) Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	-
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	е	10
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	е	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	*
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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

	The	dule K:				
2	FILER NAME		3 Filer ID (Ethics	s 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	4		
		•				
		7 Purpose for which amount is received Check if	political contribution	returned to filer		
	Date	Name of person from whom amount is received	*1	Amount (\$)		
	· ·	Address of person from whom amount is received; City; State	:, Zip Code	٥		
			*			
		Purpose for which amount is received Check if	political contribution	returned to filer		
-						
	Date	Name of person from whom amount is received		Amount (\$)		
	-	Address of person from whom amount is received; City; State;	Zip Code	a s		
		Purpose for which amount is received Check if	political contribution	returned to filer		
	Date	Name of person from whom amount is received		Amount (\$)		
		Address of person from whom amount is received; City; State		,		
		Purpose for which amount is received				
	y.	Check 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

-										
The instru	uction Guide	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 / Expend	5 Contribution / Expenditure reported on:									
			,							
Schedule A2	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1						
Schedule F2	☐ Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-S					
6 Dates of travel	7 Name o	of person(s) traveling		*					
	8 Departu	8 Departure city or name of departure location								
	9 Destination city or name of destination location									
10 Means of transportat	ion	11 Pum	and of travel (including							
		li ruipe	se of traver (including	name of conference, s	eminar, or other event)					
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	/ Davis -						
, value of oothingator	/ Corporation	Or Labor C	organization / Pleagor /	Payee						
Contribution / Expend	diture reporte	d on:								
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1					
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-S					
Dates of travel	Name of person(s) traveling									
	Departure city or name of departure location									
	Destination city or name of destination location									
Means of transportat	tion	Purpose of travel (including name of conference, seminar, or other event)								
	suppose of travel (including flame of conference, seminar, or other event)									
Name of Contributor	/ Corporation	or Labor C	organization / Pledgor /	Payee						
Contribution / Fac	Ti									
Contribution / Expend										
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1					
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-S					
Dates of travel	Name of person(s) traveling									
	Departure city or name of departure location									
		re only of th	ame or departure locat	ion						
	Dectinat	ion city as		A (4)						
	Desiria	ion city or	name of destination lo	cation						
Means of transportat	ion	Purpo	se of travel (incl							
		. 4,50	Se of flaver (including)	name of conference, se	eminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										
Fa 11 11 -				OI IIIIS SCHEDULE	AS MEEDED					

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						
	A SAME AGENT OF DES						
	Check only one:	•					
	I do not have unexpended contributions or unexpended interest or inco	me 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:						
	do not retain assets purchased with political contributions or interest of	or other income from political contributions.					
	I do retain assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or in personal use. I also understand that I must dispose of assets purchas requirements of Election Code, § 254.204.	therapt or other inner i					
		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.						
	<u>. </u>	Signature of Officeholder					
-0.55	s provided by Tayan Filip	5 C S C S TOOL TO TO TO					