CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH instruction G	auide explains how to complete this form.	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Keen	20
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; (ART / SUITE #; CITY;); STATE: ZIP CODE	S MARTINEZ County Clerk Wilson County Texas
Change of Address	1 / By/46	MX WWW Dep
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (83) 477-8744	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME,	MS/MRS/MR AFIRST MI	Receipt # Amount \$ Date Processed
	NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO/RO BOX PLEASE); APT / SUITE #; CITY; BTATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (836) 534 8807	
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	18 /20
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	E
12 OFFICE	OFFICE HELD (If any) W. Son Canty Constable Same	n)
	GO TO PAGE 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 FI	ler ID (Ethics Commission Filers)	
16 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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	•		
*	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages	(*)	e e e e e e e e e e e e e e e e e e e		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		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)	\$	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	
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 or Officeholder AFFIX NOTARY STAMPADEAL ABOVE				
Sworn to and subso	1	by the said Devin Keen, to certify which, witness my hand and seal of office.	, this the	
Uga +	Junez	Olga Tumirez	Edmin. Assislant	
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath	

Moreover, in

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	nmission 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.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$			
8.	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.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor)#)	7 Amount of contribution (\$)		
		6 Contributor address; City; State;	Zip Code			
		•				
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)		
	Date	Full name of contributor)#:)			
				Amount of contribution (\$)		
		Contributor address; City; State;	Zip Code			
	Principal securi					
	Fincipal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date	Full name of contributor)#:)			
		but-of-state FAC (ID)	Amount of contribution (\$)		
		Contributor address; City; State;	Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date	Full name of contributor	D#:	Amount of contribution (\$)		
		Contributor address; City; State;	Zip Code			
	Principal occur	eation / Job title (See Instructions)				
	· · · · · · · · · · · · · · · · · · ·	Jacon / Job tile (See Instructions)	Employer (See Instruction	ons)		
				3		
-						
		ATTACH ADDITIONAL COPIES OF 1				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

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 (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of . 9 In-kind contribution Contribution \$. description	
	7 Contributor address; City; State; Zip Coo	 ie		
			Check if travel outside of Texas. Complete Schedule T.	
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)	
	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
	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)	Employe	Check if travel outside of Texas. Complete Schedule T. Per (FOR NON-JUDICIAL) (See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
200				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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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 ut-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) Date 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) Date Full name of pledgor ut-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) Full name of pledgor Date ut-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	
	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	TOTAL OF UN	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	
	Y N			11 Maturity date	
		on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Coll	ateral	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; Zíp Code		
20	Principal Occupat	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 occupation	on / Jab title (See Instructions)	Employer (See Instructions)		
	Description of Coll	ateral .	Check if personal funds were account (See Instructions)	deposited into political	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
Guarantor address; City; State; Zip Code					
not applicable					
	Principal Occupati	on (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.				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Exp Legal Services	Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Cor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	1	The Instruction Guide	e explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee na	ame			
6 Amount (\$)	7 Payee ac	ddress; City; S	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the	top of this schedule)		outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candid H	ate / Officeholder name		Office sought	Office held
Date	Payee na	ıme			
Amount (\$)	Payee ac		State; Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	top of this schedule)		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	1	Office sought	Office held
Date	Payee na	ame			
Amount (\$)	Payee ad		State; Zip Code		
PURPOSE OF EXPENDITURE		(See Categories listed at the			outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder nam	е	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense	9	Transportation Equipment & Helated Expense Travel In District Travel Out Of District
h 100 (A-000,000) (4,000,000)		The Instruction Guide explain	Salaries/Wages/		Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UN	IPAID INCURRED OBL	GATIONS		\$
5 Date	6 Payee	name			
7 Amount (\$)	8 Payee	address; City; State;	Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Catego	Ory (See Categories listed at the top of th	is schedule)		on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct					
Date	Payee	name			,
Amount (\$)	Payee	address; City; State;	Zip Code		
TYPE OF EXPENDITURE		Political	Non-Politica		
PURPOSE OF EXPENDITURE	Categ	Ory (See Categories listed at the top of th	nis schedule)		ON f travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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; Cit	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	7; State; Zip Code
*	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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
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)

	Candidate/Officeholder/Politica	al Committee	Legal Services	5	Salaries/Wages/	Contract Labor	Other (enter a category not listed above)
			The Instru	ction Guide expl	ains how to compl	ete this form.	
1	Total pages Schedule F4:	2 FILER	NAME				3 Filer ID (Ethics Commission Filers)
	TOTAL OF UNITEM	IZED EXP	PENDITURI	ES CHARGE	DTOACRED	IT CARD	\$
5	Date	6 Payee	name				
7	Amount (\$)	8 Payee	address;	City; State	; Zip Code		
	· · .				· .		
9	TYPE OF EXPENDITURE		Political		Non-Politica	I	
10		(a) Categ	ory (See Categor	ries listed at the top o	f this schedule)	(b) Description	on
	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/Oł	Car H	ndidate / Offic	eholder name	Office	sought	Office held
	Date	Payee	name				
	Amount (\$)	Payee	address;	City; State	; Zip Code		
	TYPE OF EXPENDITURE		Political		Non-Politica	al	
		Categ	ory (See Catego	ries listed at the top o	f this schedule)	Description	on
	PURPOSE OF					Check if	ftravel outside of Texas. Complete Schedule T.
	EXPENDITURE					Check	if Austin, TX, officeholder living expense
	Complete ONLY If direct expenditure to benefit C/Oł	Ca	ndidate / Offic	eholder name	Office	sought	Office held
		ΑΤΤΔ	CH ADDITIC	NAI CODIES	OF THIS SOU	EDITIE VON	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Contributions/Donations Made Candidate/Officeholder/Politi	By ical Committee	Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explain		Other (erner a category not listed above)
1 Total pages Schedule G:	2 FILER NA			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee nam	ne		
6 Amount (\$)	7 Payee add	dress; City; State; Zip	Code	
Reimbursement from political contributions intended		<u> </u>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Check if travel outside	de of Texas. Complete Schedule T. X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candida DH	ate / Officeholder name	Office sought	Office held
Date	Рауее пал	ne		
Amount (\$)	Payee add	Iress; City; State; Zip	Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel outside	ie of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candida DH	ate / Officeholder name	Office sought	Office held
Date	Payee nam	ne .		
Amount (\$)	Payee add	iress; City; State; Zip	Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check If travel outsing	de of Texas. Complete Schedule T. X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candida DH	ate / Officeholder name	Office sought	Office held
	ATTA	CH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

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

SCHEDULE **H**

		EXPENDITURE CATEG	ORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By cal Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule H:	2 FILER NA			- Inplote this form.	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business	name			1	
6 Amount (\$)	7 Business	address; City; State; Zi;	o Code			
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this sci	hedule) (b)		de of Texas. Complete Schedu X, officeholder living expe	
9 Complete ONLY if direct expenditure to benefit C/C	Candida H	te / Officeholder name	C	Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address; City; State; Zip	o Code	,		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sci	heduie)		de of Texas. Complete Schedu X, officeholder living expe	
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address; City; State; Zip	p Code			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sci	hedule)		de of Texas. Complete Schedu X, officeholder living expe	
Complete ONLY if direct expenditure to benefit C/C	Candida H	tte / Officeholder name	. (Office sought		Office held
	ATTA	ACH ADDITIONAL COPIES O	FTHIS S	CHEDULE AS NE	EDED	

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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

	Instruction Guide explains how to complete this form.	1 Total pages Schedul	le K:
2 FILER NAME		3 Filer ID (Ethics 0	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	political contribution re	turned 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	political contribution re	turned 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	political contribution re	turned to filer
Date	Name of person from whom amount is received		Amount (\$)
,		Zip Code	
	Purpose for which amount is received Check if	political contribution re	turned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

				,	*

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

SCHEDULE T

	ection Guide explains	s how to complete th	is 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 / Expendi	iture 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			
6 Dates of travel	7 Name of person(s	s) traveling					
	8 Departure city or name of departure location						
	. 9 Destination city or name of destination location						
10 Means of transportation	on 11 Purp	ose of travel (including	name of conference, se	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expendi	iture reported on:						
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Constitution of the consti						
Dates of travel	Name of person(s	s) traveling					
	Departure city or r	name of departure locat	ion				
	Destination city or	name of destination lo	cation				
Means of transportati	on Purp	ose of travel (including	name of conference, se	eminar, or other event)			
Name of Contributor /	Corporation or Labor	Organization / Pledgor /					
		Organization / Pledgor /	Payee				
Contribution / Expendi	iture 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 i	name of departure locat	ion				
	Destination city or	name of destination lo	cation				
Means of transportation	on Purp	ose of travel (including	name of conference, se	eminar, or other event)			
	АТТАСН А	DDITIONAL COPIES	OE THIS SOUEDLY F	ASNEEDED			
	ALIAGIA	DE TIONAL CUPIES	OI INIO 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	AME . 2 Filer ID (Ethics Commission Filers)								
3	SIGNA	TURE								
	I do not ing a rep	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								
_	FU FD									
4	Com	FILER WHO IS NOT AN OFFICEHOLDER - Complete A & B below <i>only</i> if you are not an officeholder								
	A.	CAMPAIGN FUNDS								
	Check	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	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									
	Com	plete 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 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								

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