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	MS/MRS/MR FIRST MI	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	Clerk Clerk
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 200 Blue Donnet HoreSville TX 78/14	FILED Office 20 US o'clock INEZ, County C COMMY, rexas
Change of Address		三岛温雪
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (36) 477 - 8744	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME,	MS / MRS / MR FIRST MI MY S. WY NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY; STATE;	ZIP CODE C 78114
,		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (630) 534-8807	,
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 THROUGH	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Description General Special	!
12 OFFICE	OFFICE HELD (If any) Live County Constable Port # 2	n)
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	r ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION'S 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					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL 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)	\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	\$			
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	\$		
18 AFFIDAVIT					
THIRITING ON THE PARTY OF THE P	RAMIRES MILES	I swear, or affirm, under penalty of perjury, true and correct and includes all information under Title 15, Election Code. Signature of Candidate	on required to be reported by me		
AFFIX NOTARY STAR	PISEALADOVE	Signature of Candidate	or Officeholder		
Sworn to and subso	cribed before me,	by the said Devin Kelv to certify which, witness my hand and seal of office.	_ this the		
Oloxa-	Pluny	Olga Ramirez	Admine Assistant		
Signature of officer	administering oath	Printed name of officer administering oath T	itle of officer administering oath		

A STATE OF THE STA

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	COVE	R SHEET PG 3
19	FILER NAME 20 Filer ID (Ethi	cs Commission 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	/ОН \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
		8
		**

The second

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) 4 Date 5 Full name of contributor Dut-of-state PAC (ID#:____ 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 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 (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) City; State; Zip Code Contributor address; 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.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ТІ	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	Date 6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State; Zip Cod	 ie	<u> </u>
			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)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	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		_
<u> </u>			Check if travel outside of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
H	ATTACH ADDITIONAL COPIES OF f contributor is out-of-state PAC, please see instruction	THIS SCHED	ULE AS NEEDED additional reporting requirements.

Forms provided by Texas Ethics Commission

		* * * * * * * * * * * * * * * * * * *

PLEDGED CONTRIBUTIONS SCHEDULE B The Instruction Guide explains how to complete this form. Total pages Schedule B: 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 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) 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			_		
LOANS			SCHEDULE E		
The	1 Total pages Schedule E:				
2 FILER NAME	2 FILER NAME				
4 TOTAL OF UN	NITEMIZED LOANS				
	\$				
5 Date of loan	7 Name of lender out-of-state #	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		
	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					
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender Qut-of-state 6	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 / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal funds were of	deposited into political		
none		account (See Instructions)	1		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City; S				
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
If I	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense 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 Expe Transportation Equipment & Related Expense Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete 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 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check If travel outside of Texas. Complete Schedule T. OF Check If Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check If Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political EXPENDITURE Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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	4
	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	; State; Zip Code
*	Description of investment	
		*
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense al Committee Legal Services	EGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	alits now to complete this form.	1
			3 Filer ID (Ethics Commission Filers)
	IZED EXPENDITURES CHARGE	D 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	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check	ON If travel outside of Texas. Complete Schedule T. 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	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Check	ON If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

	ccounting/Banking		Event Expense Fees	Loan Repayment/Re	eimbursement	Solicitation/Fundraising Expense
8	Consulting Expense Contributions/Donations Made By		Food/Beverage Expense	Office Overhead/Re Polling Expense	ental Expense	Transportation Equipment & Related Expense Travel In District
	Candidate/Officeholder/Political (Committee	Gitt/Awards/Memorials Expense Legal Services	Printing Expense		Travel Out Of District
	Credit Card Payment		-	Salaries/Wages/Con		Other (enter a category not listed above)
			The Instruction Guide explains	how to complete	this form.	
1	Total pages Schedule G: 2	FILER NAM	ME			
						3 Filer ID (Ethics Commission Filers)
-			-			
4	Date 5	Payee name	9			
1	1					
-						
6	Amount (\$)	Payee addr	ess; City; State; Zip	Code		
			· ·			
1	Reimbursement from political contributions					
	intended					
8	(a)	Category				
	PURPOSE	Category (S	ee Categories listed at the top of this sche	edule) (b) Desc	cription	
	OF CYDENIA OF				Check if travel outsid	e of Texas. Complete Schedule T.
	EXPENDITURE				Check If Austin, T.	X, officeholder living expense
9	Complete ONLY if direct	0	105			
	expenditure to benefit C/OH	Candida	te / Officeholder name	Office s	sought	Office held
=						
	Date	Payee name	•			
⊢						
	Amount (\$)	Payee addr	ess; City; State; Zip	Code		
	Reimbursement from political contributions					
	intended					
		Category (S	ee Categories listed at the top of this sche	edule) (b) Desc	cription	
	PURPOSE OF					
	EXPENDITURE			1 [e of Texas. Complete Schedule T.
<u> </u>					Check If Austin, To	X, officeholder living expense
	Complete ONLY If direct	Candidat	e / Officeholder name	Office s	sought	Office held
	expenditure to benefit C/OH					Office field
_						
	Date	Payee name				
		,				
_						
	Amount (\$)	Payee addr	ess; City; State; Zip	Code		
			,, emic, zip	-545		
	Reimbursement from					
	political contributions intended					
		Category (5)	oo Catanadaa Batadaa	(2) =		
	FUNFUSE	Category (Si	ee Categories listed at the top of this sche		10000000	
	OF			<u> </u>	Check If travel outsid	e of Texas. Complete Schedule T.
	EXPENDITURE				Check If Austin, To	X, officeholder living expense
	Complete ONLY if direct	Candidat	e / Officeholder name			
	expenditure to benefit C/OH	الماناناتات الماناتات	o / Officeriolder name	Office s	ought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
<u> </u>						

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Office Overhead/Rental Expense Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Glft/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 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 Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check If travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

1 Total pages Schedule I: 2 FILER NAME 3 Filer ID (Ethics Commission File 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.)					
4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 PURPOSE OF EXPENDITURE Date Payee name (a) Category (See Instructions for examples of acceptable categories.) Date Payee name	The Instruction Guide explains how to complete this form.				
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.)	1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
8 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories.) (b) Description (See instructions regarding type of information required.) Payee name	4 Date	5 Payee name			
PURPOSE OF EXPENDITURE (a) Categories.) Date Payee name (b) Description (See instructions regarding type of information required.)		7 Payee address; City; State; Zip Code			
Amount (E)	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Amount (\$)		Payee name			
Tayee address, City; State; Zip Code	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.)	OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date Payee name	Date	Payee name			
Amount (\$) Payee address; City; State; Zip Code	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.)	OF	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of information required.)		
Date Payee name	Date	Payee name			
Amount (\$) Payee address; City; State; Zip Code	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.)	OF	Category (See Instructions for examples of acceptable categories.)	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 Sche	edule K:
2 FILER NAME		3 Filer ID (Ethic	es Commission Filers)
4 Date	5 Name of person from whom amount is received	9	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	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	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
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE T

	SCHEDULE			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reported on:				
Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of travel 7 Name of person(s) traveling	Schedule COH-UC Schedule B-SS			
/ Name of person(s) traveling	7 Name of person(s) traveling			
8 Departure city or name of departure location				
. 9 Destination city or name of destination location				
10				
10 Means of transportation 11 Purpose of travel (including name of conference, se	minar, or other event)			
Name of Contributes / Contribu				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure 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 location				
Means of transportation Purpose of travel (including name of conference)				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
	_			
Schedule B(J) Schedule C2	Schedule D Schedule F1			
Dates of travel Schedule F2	Schedule COH-UC Schedule B-SS			
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, see	minar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
Forms provided by Tarre 511 and 511 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 i	NAME 2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE			
	0.0.4				
	l do nat	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat-			
	ing a re	eport as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign			
	contribu	utions or make any campaign expenditures without a campaign treasurer appointment on file.			
		The state of the s			
		Signature of Candidate / Officeholder			
4	FILER	WHO IS NOT AN OFFICEHOLDER			
	Com	plete A & B below only if you are not an officeholder			
	Α.	CAMPAIGNEURO			
	~	CAMPAIGN FUNDS			
	Chec	k 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 across from a little to the contributions of unexpended interest or income			
		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 asc. I also understand that I must file an annual report of unexpended contributions and that I may not retain			
		anaxionada contributions of unexpended interest or income earned on political contributions longer than six years after filling			
		and man report. I diffiel, I differstand that I must dispose of unexpended political contributions and unexpended interest as			
		income earned on political contributions in accordance with the requirements of Election Code, § 254.204.			
	B.	ASSETS			
	Chec	k only one:			
		I do not retain assets purchased with political contributions or interest or other income from political contributions.			
		but political contributions.			
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand			
		that I may not conven assets purchased with political contributions or interest or other income from political contributions or interest or other income from political contributions to			
		personal use. It 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	OFFIC	EHOLDER			
		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			
		me. Fam also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an			
		officeriolder, fretain political contributions, interest or other income from political contributions, or assets purchased with political			
		cal contributions or interest or other income from political contributions.			
		Signature of Officeholder			
		-graduo or ornocholder			

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