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 fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	: APT / SUITE #;	CITY; STATE; ZIP CODE		
Change of Address				1	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Date Processed	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Flocessed	
	NICKNAME	LAGI	301117	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE
,					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
THOME	()				
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day af treasurer ap (Officeholde	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED			THROUGH		
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other		
		/ General	Description Special		
		/ Constan			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES N S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
<u> </u>	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME				16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		\$
		TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	BUTIONS IS, OR GUARANTEES OF LOANS	\$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL	_ EXPENDITURE.	\$
	4.	TOTAL POLITICAL EXPENDI	TURES	\$
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTI OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	AST DAY \$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS C	OF THE \$
		rm, under penalty of perjury, the		rue and correct and includes all information
		I am electronically signing here blank if it does not apply to me.		
	Ü	,	Signature of C	Candidate or Officeholder
		Please compl	ete either option belov	w:
		·	•	
(1) Affidavit				
NOTARY STAMP/SEA	AL			
Sworn to and subscribed	l before me	by	this dat	te, to certify which,
witness my hand and seal o	of office.			
Signature of officer administe	ering oath	Printed name of offic	cer administering oath	Title of officer administering oath
			OR	
(2) Unsworn Declarati	ion			
My name is			, and my date of birth i	is
My address is				
		(street)	` • ·	(state) (zip code) (country)
Executed in	C	ounty, State of	_ , on the day of (mon	nth) , 20 (year)
			Signature of Cand	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co		mmission 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.	4. SCHEDULE E: LOANS		\$
5.	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.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	m of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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			Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	m of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Chack if traval autoin	 de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

SCHEDULE A2

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME	E		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code		 	
			Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	m of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Chack if traval autoin	 de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

SCHEDULE A2

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME	E		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code		 	
			Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	m of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Chack if traval autoin	 de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME	E		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code		 	
			Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	m of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Chack if traval autoin	 de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	ule B:
2 FILER NAME	2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	UNITEMIZED PLED	GES		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;	City; Sta	ate; Zip Code		
				Check if travel outs	I. ide of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instru	ctions)	11 Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;		ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	itions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;		ate; Zip Code		
				Check if travel outs	। ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	e; Zip Code		
					ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	tions)	Employer (See	Instructions)	

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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The	Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	ule B:
2 FILER NAME	2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	UNITEMIZED PLED	GES		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;	City; Sta	ate; Zip Code		
				Check if travel outs	I. ide of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instru	ctions)	11 Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;		ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	itions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;		ate; Zip Code		
				Check if travel outs	। ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	e; Zip Code		
					ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	tions)	Employer (See	Instructions)	

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LOANS SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

'				J	
The	Instruction Guide explains	how to compl	ete this form.		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;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See	Instructions)	
14 Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
20 Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions))	Employer (See	Instructions)	
Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

LOANS SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

'				J	
The	Instruction Guide explains	how to compl	ete this form.		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;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See	Instructions)	
14 Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
20 Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions))	Employer (See	Instructions)	
Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

LOANS SCHEDULE E

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'				J	
The	Instruction Guide explains	how to compl	ete this form.		1 Total pages Schedule E:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See	Instructions)	
14 Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
20 Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions))	Employer (See	Instructions)	
Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

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'				J	
The	Instruction Guide explains	how to compl	ete this form.		1 Total pages Schedule E:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See	Instructions)	
14 Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
20 Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions))	Employer (See	Instructions)	
Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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LOANS SCHEDULE E

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'				J	
The	Instruction Guide explains	how to compl	ete this form.		1 Total pages Schedule E:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See	Instructions)	
14 Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
20 Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions))	Employer (See	Instructions)	
Description of Coll	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ught 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 Austi	ustin, 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	SCHEDULE AS NEE	EDED		

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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Contributions/Donations Made By
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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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ught 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 Austi	ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
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1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
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	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
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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 Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ught 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 Austi	ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
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4 Date	5 Payee name				
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ught 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 Austi	ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
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Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
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9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ught Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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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

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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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
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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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	nt 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 Austi	n, 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	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	nt 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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
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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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	nt 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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
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Candidate/Officeholder/Political Committee

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Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	nt 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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
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4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	nt 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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	nt 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 Austi	n, 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	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (orner a outoge	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	nt 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 Austi	n, 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	SCHEDULE AS NEE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

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

Printing Expense Travel Out Of Salaries/Wages/Contract Labor Other (enter a

The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)
4	TOTAL OF UNITEM	MIZED UNPAID INCURRED OBLIGATION	ONS	\$	
5	Date	6 Payee name		ı	
7	Amount (\$)	8 Payee address;	City;	State;	Zip Code
9	TYPE OF EXPENDITURE	Political Non	-Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description		
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				pense	
11 Complete ONLY if direct			1		
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	TYPE OF EXPENDITURE	Political Nor	n-Political		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	e) Description		
		Check if travel outside of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder living e	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	d
		ATTACH ADDITIONAL CODIES OF THE	C COUEDIN E AC NE	EDED	
		ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

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

Printing Expense Travel Out Of Salaries/Wages/Contract Labor Other (enter a

The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)
4	TOTAL OF UNITEM	MIZED UNPAID INCURRED OBLIGATION	ONS	\$	
5	Date	6 Payee name		ı	
7	Amount (\$)	8 Payee address;	City;	State;	Zip Code
9	TYPE OF EXPENDITURE	Political Non	-Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description		
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				pense	
11 Complete ONLY if direct			1		
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	TYPE OF EXPENDITURE	Political Nor	n-Political		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	e) Description		
		Check if travel outside of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder living e	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	d
		ATTACH ADDITIONAL CODIES OF THE	C COUEDIN E AC NE	EDED	
		ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica		Nages/Contract Labor	Other (enter a category	not listed above)
1 Total pages Schedule F4:	2 FILER NAME	complete this form.	3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-F	Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	xpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-F	Political		
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 A	Austin, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office hel	d
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NE	FEDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica		Nages/Contract Labor	Other (enter a category	not listed above)
1 Total pages Schedule F4:	2 FILER NAME	complete this form.	3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-F	Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	xpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-F	Political		
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 A	Austin, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office hel	d
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NE	FEDED	

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Travel Out Of Distr Salaries/Wages/Contract Labor Other (enter a cate

The Instruction Guide explains 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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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	n, 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; Zip Code
Reimbursement from political contributions intended			
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 CODIES OF THE		

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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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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	n, 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; Zip Code
Reimbursement from political contributions intended			
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 CODIES OF THE		

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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	n, 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; Zip Code
Reimbursement from political contributions intended			
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 CODIES OF THE		

SCHEDULE G

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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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of Distr Salaries/Wages/Contract Labor Other (enter a cate

The Instruction Guide explains 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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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	n, 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; Zip Code
Reimbursement from political contributions intended			
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 CODIES OF THE		

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Travel Out Of Distr Salaries/Wages/Contract Labor Other (enter a cate

The Instruction Guide explains 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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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	n, 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; Zip Code
Reimbursement from political contributions intended			
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 CODIES OF THE		

SCHEDULE H

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement 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)

Solicitation/Fundraising Expense

	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Con	nmission Filers)	
4 Date	5 Business name				
6 Amount (\$)	7 Business address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expens	е	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offic	ce held	
Date	Business name				
Amount (\$)	Business 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 Austir	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offic	e held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expens	e	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Offic	ce held	

SCHEDULE H

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement 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)

Solicitation/Fundraising Expense

	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Con	nmission Filers)	
4 Date	5 Business name				
6 Amount (\$)	7 Business address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expens	е	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offic	ce held	
Date	Business name				
Amount (\$)	Business 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 Austir	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offic	e held	
Date	Business name				
Amount (\$)	Business address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expens	e	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Offic	ce held	

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement 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)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how t	o 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) 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/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business 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/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business 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/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	S SCHEDIII E AS NEE	DED

SCHEDULE H

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	o 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	C	Office held
Date	Business name			
Amount (\$)	Business 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	ı, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	o 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
Date	Business name			
Amount (\$)	Business 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 exp	pense
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Date	Business name			
Amount (\$)	Business 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	ı, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
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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

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6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	C	Office held
Date	Business name			
Amount (\$)	Business 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	ı, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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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

Credit Card Payment	The Instruction Guide explains how to	o 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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	ı, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	o 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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	ı, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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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

Credit Card Payment	The Instruction Guide explains how to	o 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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	ı, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
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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

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	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
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Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held		
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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	ı, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
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	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
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Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held		
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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	ı, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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

Credit Card Payment	The Instruction Guide explains how to	o 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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	ı, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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

Credit Card Payment	The Instruction Guide explains how to	o 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held		
Date	Business name			
Amount (\$)	Business 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	ı, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	f information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NE	EDED		

SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	f information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NE	EDED		

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethic	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; Stat	te; 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; Sta	ite; Zip Code	
	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; Stat	te; Zip Code	
	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; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethic	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; Stat	te; 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; Sta	ite; Zip Code	
	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; Stat	te; Zip Code	
	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; Sta	ate; Zip Code	
	Purpose for which amount is received 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 Instruction Guide explains how to complete this form.					is form.	1 Total pages Schedule T:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
4	Name of Contributor	Corporation	or Labor Org	ganization / Pledgor /	Payee			
5	Contribution / Expend	liture reported	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-SS	
6	Dates of travel	7 Name of	f person(s) to	raveling				
		8 Departu	re city or nar	ne of departure locati	on			
		9 Destinat	ion city or na	ame of destination loc	cation			
10	Means of transportat	ion	11 Purpose	e of travel (including r	name of conference, se	minar, or other event)		
	Name of Contributor	/ Corporation	or Labor Org	ganization / Pledgor /	Payee			
	Contribution / Expend	liture reported	d on:					
	Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
	Schedule F2	Scho	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
	Dates of travel	Name o	f person(s) t	raveling				
		Departu	re city or nar	ne of departure locat	ion			
		Destinat	ion city or na	ame of destination lo	cation			
	Means of transportat	ion	Purpos	e of travel (including	name of conference, se	eminar, or other event)		
	Name of Contributor	/ Corporation	or Labor Orç	ganization / Pledgor /	Payee			
	Contribution / Expend	liture reported	d on:					
	Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
	Schedule F2	Schedu	ule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
	Dates of travel	Name o	f person(s) t	raveling				
	Departure city or name of departure location							
		Destinat	ion city or na	ame of destination lo	cation			
	Means of transportat	ion	Purpos	e of travel (including i	name of conference, se	eminar, or other event)		
		Α	TTACH ADI	DITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED		

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

SCHEDULE T

The Instruction Guide explains how to complete this form.					is form.	1 Total pages Schedule T:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
4	Name of Contributor	Corporation	or Labor Org	ganization / Pledgor /	Payee			
5	Contribution / Expend	liture reported	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-SS	
6	Dates of travel	7 Name of	f person(s) to	raveling				
		8 Departu	re city or nar	ne of departure locati	on			
		9 Destinat	ion city or na	ame of destination loc	cation			
10	Means of transportat	ion	11 Purpose	e of travel (including r	name of conference, se	minar, or other event)		
	Name of Contributor	/ Corporation	or Labor Org	ganization / Pledgor /	Payee			
	Contribution / Expend	liture reported	d on:					
	Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
	Schedule F2	Scho	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
	Dates of travel	Name o	f person(s) t	raveling				
		Departu	re city or nar	ne of departure locat	ion			
		Destinat	ion city or na	ame of destination lo	cation			
	Means of transportat	ion	Purpos	e of travel (including	name of conference, se	eminar, or other event)		
	Name of Contributor	/ Corporation	or Labor Orç	ganization / Pledgor /	Payee			
	Contribution / Expend	liture reported	d on:					
	Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
	Schedule F2	Schedu	ule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
	Dates of travel	Name o	f person(s) t	raveling				
	Departure city or name of departure location							
		Destinat	ion city or na	ame of destination lo	cation			
	Means of transportat	ion	Purpos	e of travel (including i	name of conference, se	eminar, or other event)		
		Α	TTACH ADI	DITIONAL 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 "F					
_ 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 wit designating a report as a final report terminates my campaign treasurer appointment. I als campaign contributions or make any campaign expenditures without a campaign treasurer	so understand that I may not accept any				
	I acknowledge I am electronically signing here					
	or leaving this blank if it does not apply to me. Signa	ature of Candidate / Officeholder				
1	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.					
	A. CAMPAIGN FUNDS					
	Check only one:					
	I do not have unexpended contributions or unexpended interest or income earned	d from political contributions.				
	I have unexpended contributions or unexpended interest or income earned from part may not convert unexpended political contributions or unexpended interest or in personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political of filing this final report. Further, I understand that I must dispose of unexpended pointerest or income earned on political contributions in accordance with the require	ncome earned on political contributions to ed contributions and that I may not retain contributions longer than six years after olitical contributions and unexpended				
	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 that I may not convert assets purchased with political contributions or interest or opersonal use. I also understand that I must dispose of assets purchased with pol requirements of Election Code, § 254.204.	other income from political contributions to				
	I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	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 whether the subject to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political political contributions or interest or other income from political contributions.	ns if, after filing the last required report as				
	I acknowledge I am electronically signing hereor leaving this blank if it does not apply to me.	Signature of Officeholder				