JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		s form.	ers) 2 Total pages filed:
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 COL	DE
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBE	R EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
TREASURER NAME			Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)); APT / SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBE	R EXTENSION	
9 REPORT TYPE	January 15 30th	day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th d	lay before election Exceeded \$500	D limit Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month THROUGH	Day Year
11 ELECTION	ELECTION DATE Month Day Year	ELECTION Primary Runoff Other Descrip General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT ((if known)
	C	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JCOH NAME 15 Filtr ID (Ethics Conneission Filers) 16 NOTICE FROM POLITICAL COMMITTEE(S) This Box is non wonic or PounceL contributions accented on pounceL extentiones and winker are made winker or network contracted or service or constructions. 16 NOTICE FROM POLITICAL COMMITTEE(S) This Box is non wonic or pounceL contributions and inclusion to issue winker and one or inclusion of sub-representation. 17 CONTRIBUTION TOTALS Image of the political contributions of a state of the political contribution on an in the inclusion on an intermediate or sub-representation. \$ 17 CONTRIBUTION TOTALS Image of the political contributions (ADD et al.) \$ 2. TOTAL POLITICAL CONTRIBUTIONS or a stol on LESS (other than Contributions (ADD et al.) \$ 2. TOTAL POLITICAL CONTRIBUTIONS (ADD et al.) \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES) LOANS, OR GUARANTEES OF LOANS) \$ 3. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY UNLESS ITEMIZED \$ 0. TOTAL POLITICAL EXPENDITURES \$ 0. TOTAL POLITICAL EXPENDITURES OF LOANS, OR THE UNLESS THE MIZED \$ 0. TOTAL POLITICAL EXPENDITURES OF THE LAST DAY \$					
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Additional Pages International Contract Contrect Contract Contract Co		COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS CONTRIBUTION Additional Pages 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S CONTRIBUTION Additional Pages 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S CONTRIBUTION ADDRESS CONTRIBUTIONS ADDRESS CONTRIBUTIONS ADDRESS OF LOANS, OR GUARANTEES OF LOANS, AND CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 10 UTSTANDING LOAN TOTAL POLITICAL EXPENDITURES OF ADRESS 10 AFFIDAVIT 10 LAST DAY OF THE REPORTING PERIOD 10 A SUBORT AND ADDRESS ADDRESS 10		GENERAL			
Additional Pages COMMITTEE CAMPAIGN TREASURER ADDRESS CONTRIBUTION CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEOBES, LOANS, OR GUARANTEES OF LOANS) OR CONTRIBUTIONS MADE ELECTRONICALLY, UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S CONTRIBUTIOR 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. 14. TOTAL POLITICAL EXPENDITURES S OUTSTANDING D. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S OUTSTANDING OF REPORTING PERIOD OUTSTANDING 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE S S IB AFFIDAVIT Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.		SPECIFIC	COMMITTEE ADDRESS		
17 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDES, LOANS, OR GUARANTEES OF LOANS) \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDES, LOANS, OR GUARANTEES OF LOANS) \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDES, LOANS, OR GUARANTEES OF LOANS) \$ 2. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 3. TOTAL POLITICAL EXPENDITURES \$ CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 18 AFFIDAVIT Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.			COMMITTEE CAMPAIGN T	REASURER NAME	
17 CONTRIBUTION TOTALS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. \$ 0. TOTAL POLITICAL EXPENDITURES \$ 2. TOTAL POLITICAL EXPENDITURES \$ 0. TOTAL POLITICAL EXPENDITURES \$ 2. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 3. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0. OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 18 AFFIDAVIT Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.	Additional Pages				
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BALANCE 5. IOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 18 AFFIDAVIT Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		4. TOTAL	POLITICAL EXPENDIT	URES	\$
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I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. 					THE \$
true and correct and includes all information required to be reported by me under Title 15, Election Code. 	18 AFFIDAVIT				
AFFIX NOTARY STAMP / SEALABOVE Sworn to and subscribed before me, by the said, this the, this the, day of, 20, to certify which, witness my hand and seal of office.				true and correct and includes all inf	
Sworn to and subscribed before me, by the said, this the, this the day of, 20, to certify which, witness my hand and seal of office.				Signature of Can	ndidate or Officeholder
day of, 20, to certify which, witness my hand and seal of office.	AFFIX NOTARY STAMI	P/SEALABOVE			
	Sworn to and subsci	ribed before me, l	by the said		, this the
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	day of	, 20,	to certify which, withe	ess my hand and seal of office.).
	Signature of officer a	dministering oath	Printed name of	f officer administering oath	Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Com	mission Filers)			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$			
2.	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
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	3	\$			
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIC TO FILER	NS RETURNED	\$			
			I			

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

	1 Total pages Schedule A(J)1:
The Instruction Guide explains how to complete this f	orm.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC	ID#:) 7 Amount of contribution (\$)
6 Contributor address; City;	State; Zip Code
8 Contributor's principal occupation	9 Contributor's job title
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
10	
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC	ID#:) Amount of contribution (\$)
Contributor address; City;	State; Zip Code
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC	ID#:) Amount of contribution (\$)
Contributor address; City;	State: Zip Code
Contributor address; City;	
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
	OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instru	uction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	orm. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	RIBUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	B Amount of 9 In-kind contribution Contribution \$
7 Contributor address; City; State;	
	Check if travel outside of Texas. Complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)) 11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributorout-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description
Contributor address; City; State;	Zip Code
	Check if travel outside of Texas. Complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (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)	
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruction	

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE **B(J)**

	Tł	ne Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule B(J):
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4		UNITEMIZED PLEDGES		\$
				Φ
5	Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount 9 In-kind contribution of Pledge \$ description
		7 Pledgor address; City; Sta	te; Zip Code	
				Check if travel outside of Texas. Complete Schedule T.
10	Pledgor's prine	cipal occupation	11 Pledgor's job	b title
12	Pledgor's emp	loyer/law firm	13 Law firm of p	bledgor's spouse (if any)
14	lf pledgor is a	child, law firm of parent(s) (if any)		
	Date	Full name of pledgor 🗌 out-of-state PAC (ID#:)	Amount In-kind contribution of Pledge \$ description
		Pledgor address; City; Sta	ate; Zip Code	
				Check if travel outside of Texas. Complete Schedule T.
	Pledgor's prin	cipal occupation	Pledgor's job	o title
	Pledgor's emp	loyer/law firm	Law firm of p	bledgor's spouse (if any)
	If pledgor is a	child, law firm of parent(s) (if any)		
	Date	Full name of pledgor 🗌 out-of-state PAC (ID#:)	Amount In-kind contribution of Pledge \$ description
		Pledgor address; City; Sta	ate; Zip Code	
				Check if travel outside of Texas. Complete Schedule T.
	Pledgor's prine	cipal occupation	Pledgor's job	b title
	Pledgor's emp	loyer/law firm	Law firm of p	pledgor's spouse (if any)
	If pledgor is a	child, law firm of parent(s) (if any)		
	lf	ATTACH ADDITIONAL COPIES		

LOANS (JUDICIAL) SCHEDULE E(J) 1 Total pages Schedule E(J): The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME **4** TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#:_ 9 7 Is lender 8 Lender address; City; State; Zip Code 10 Interest rate 6 a financial Institution? 11 Maturity date Υ Ν 12 Lender's Principal Occupation 13 Lender's Job Title 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) **16** If lender is a child, law firm of parent(s) (if any) 18 17 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 20 Name of guarantor **19** GUARANTOR 22 Amount Guaranteed (\$) INFORMATION 21 Guarantor address; City; State; Zip Code not applicable 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) **27** If guarantor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repaym Office Overhe Polling Exper Printing Exper Salaries/Wag s how to con	ead/Rer nse ense ges/Con	ntal Expense tract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		nt & Related Expense
1 Total pages Schedule F1:	2 FILER N	IAME				3 Filer ID (E	thics C	ommission Filers)
4 Date	5 Payee na	ame						
6 Amount (\$)	7 Payee a	ddress;			City;	State	;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this s	schedule)	(b) De	escription			
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.		Check if Aust	in, TX, officeholder	living exp	pense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Off	ice sought		Of	fice held
Date	Payee na	ame						
Amount (\$)	Payee a	ddress;			City;	State	;	Zip Code
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this so	chedule)	De	escription			
		Check if travel outside of Texas. Complete Sc	hedule T.		Check if Austi	in, TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Off	ice sought		Of	fice held
Date	Payee n	ame						
Amount (\$)	Payee a	ddress;			City;	State	. ,	Zip Code
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this so 	chedule)	De	scription			
		Check if travel outside of Texas. Complete Sc	hedule T.		Check if Austi	n, TX, officeholder	living exp	bense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Off	fice sought		0	ffice held
	AT	TACH ADDITIONAL COPIES	OF THIS SO	CHED	ULE AS NEE	EDED		

UNPAID INC	SCHEDULE F2						
EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense L Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Office Overhead/Rental Expense Volling Expense Printing Expense Balaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEN	11ZED UNPAID INCURRED OBLIGA	TIONS	\$				
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address;	City;	State; Zip Code				
9 TYPE OF EXPENDITURE	Political	Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	(b) Description					
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Au	stin, TX, officeholder living expense				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Description					
	Check if travel outside of Texas. Complete Sch	edule T. Check if A	ustin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF	THIS 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	/; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITU	RES MADE BY CRE	DIT CARD	SCHEDULE F4					
	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F4:	2 FILER NAME	· · ·	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACREDITCARD	\$					
5 Date	6 Payee name							
7 Amount (\$)	8 Payee address;	City;	State; Zip Code					
9 TYPE OF EXPENDITURE	Political	Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	schedule) (b) Description						
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if Au	ustin, TX, officeholder living expense					
11 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					
TYPE OF EXPENDITURE	Political	Non-Political						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule) Description						
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NE	EDED					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE \mathbf{G}

		EXPENDITURE CATE	GORIES	FOR BC	DX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	nking Fees Office Over ense Food/Beverage Expense Polling Ex Donations Made By Gift/Awards/Memorials Expense Salaries/M ficeholder/Political Committee Legal Services Salaries/M		erhead/Rer pense	mbursement htal Expense tract Labor	Travel In District Travel Out Of Distri	oment & Related Expense	
oroan darar aymoni		The Instruction Guide explain	ns how to o	complete	this form.		
1 Total pages Schedule G:	2 FILER N	AME				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	me				1	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code						Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	 (See Categories listed at the top of this s 	chedule)	(b) Des	scription		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.		Check if Austir	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candie	date / Officeholder name		Office so	ought		Office held
Date	Payee na	me					
Amount (\$)	Payee ac	ldress;			City;	State;	Zip Code
political contributions intended							
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this s	schedule)	Des	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.		Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office so	ought		Office held
Date	Payee na	me					
Amount (\$)	Payee ac	ldress;			City;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this s 	chedule)	Des	scription		
		Check if travel outside of Texas. Complete Sc	hedule T.		Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office so	ought		Office held
	ATT	ACH ADDITIONAL COPIES O	F THIS S	CHEDUL	LE AS NEED	DED	

PAYMENT I CONTRIBU	SCHEDULE H				
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie Credit Card Payment	Fees C Food/Beverage Expense P By Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor now 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 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 sched				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	(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/OH Candidate / Officeholder name 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 sched	ule) Description			
	Check if travel outside of Texas. Complete Schedul	, TX, officeholder living expense			
Complete <u>ONLY</u> 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 sched	ule) Description			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name		<u> </u>			
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.)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	f acceptable Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE K

The	dule K:			
2 FILER NAME	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; S	State; Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City;	State; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; S	State; 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;	State; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

OUTSTANDING LOANS

SCHEDULE L

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
LENDER INFORMATION	4 Name of lender			
	5 Lender address; City;	State; Zip Code		
GUARANTOR INFORMATION	6 Name of guarantor			
not applicable	7 Guarantor address; City;	State; Zip Code		
LENDER INFORMATION	Name of lender			
	Lender address; City;	State; Zip Code		
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address; City;	State; Zip Code		
LENDER INFORMATION	Name of lender			
	Lender address; City;	State; Zip Code		
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address; City;	State; Zip Code		
LENDER INFORMATION	Name of lender			
	Lender address; City;	State; Zip Code		
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address; City;	State; Zip Code		
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ASSETS VALUED AT <mark>\$900</mark> OR MO	ORE SCHEDULE M				
The Instruction Guide explains how to complete this t	form. 1 Total pages Schedule M:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE T

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	r / Payee	
5 Contribution / Expend	iture reported	l on:			
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	School	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name of person(s) traveling				
	8 Departu	re city or na	ame of departure loc	ation	
	9 Destinat	ion city or r	name of destination I	location	
10 Means of transportati	on	11 Purpos	se of travel (including	g name of conference	seminar, or other event)
Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	r / Payee	
Contribution / Expend	liture reported	l on:			
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1				
Schedule F2					
Dates of travel	Dates of travel Name of person(s) traveling				
	Departure city or name of departure location				
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminal		, seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2	Schedu	Ile 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 of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportat	ion	Purpo	Purpose of travel (including name of conference, seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	ATURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signature	e of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER nplete A & B below <i>only</i> if you are not an officeholder. ••					
	Α.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned from	n political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions or tretain this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	В.	ASSETS					
	Chec	k only one:					
	I do not retain assets purchased with political contributions or interest or other income from political contributions.						
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	income from political contributions to				
		Sig	gnature of Candidate				
5		EHOLDER aplete this section <i>only</i> if you are an officeholder					
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, af officeholder, I retain political contributions, interest or other income from political contribut cal contributions or interest or other income from political contributions.	ter filing the last required report as an				
		Sig	nature of Officeholder				