## SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

TI	he SPAC Instruction Guid	de explains how to complete this form.	1	Filer ID (Ethics Con	mmission Filers)	2 Total pages file	ed:
3	COMMITTEE NAME					OFFICE	JSE ONLY
						Date Received	
4	COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	Onlings of Address					Date Hand-delivered	or Date Postmarked
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST			MI .	Receipt #	Amount \$
	NAME	NICKNAME LAST			SUFFIX	Date Processed	
						Date Imaged	
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE	#; CITY;	STATE;	ZIP CODE	
7	CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / S	UITE	#; CITY;	STATE;	ZIP CODE	
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER		EXTENSIO	DN		
9	REPORT TYPE	January 15  July 15		day before election lay before election		Exceeded Modified Report (Att 10th day after campaig	
10	PERIOD COVERED	Month Day Year		THROUGH		Month Day	Year
11	ELECTION	ELECTION DATE  Month Day Year Primary			LECTION TYPE	th	
		Month Day Year Primary  General		Runoff		ther escription—————	
		GO ТО	PA	GE 2			

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	Ē			<b>13</b> Fi	iler ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE (Attach lists on plain pape	CANDIDATE cer to		CANDIDATE/OFFICEHOLDER NAME			
complete this report if necessary.)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (offi			
SUPPORT (Candidate or Measur OPPOSE (Candidate or Measur	•		BALLOT IDENTIFICATION/#		TION DATE Day Year	
ASSIST (Officeholder)	. 37	MEASURE	DESCRIPTION			
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, O	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)		\$	
	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS SES, LOANS, OR GUARANTEES OF LOANS)		\$	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED I	POLITICAL EXPENDITURES		\$	
TOTALO	4.	TOTAL POLITICAL E	\$			
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO OF THE REPORTING	NTRIBUTIONS MAINTAINED AS OF THE LAS' PERIOD	T DAY	\$	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AN LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS OF	F THE	\$	
			nalty of perjury, that the accompanying ired to be reported by me under Title 1			
			Signature of Campaig	n Treasu	ırer (Declarant)	
(1) Affidavit		Please c	omplete either option below:			
AFFIX NOTARY STAMP	SEALA	BOVE				
Sworn to and subscril	oed be	efore me, by the said _			_, this the	
day of	, 20	, to certify wh	ich, witness my hand and seal of office	€.		
Signature of officer adm	inisteri	ng oath Printed ı	name of officer administering oath  OR	Title	e of officer administering oath	
(2) Unsworn Declarat	ion		ON			
My name is			, and my date of birth is			
My address is		(street)	(city)	, <u>[et</u> ,	ate) (zin code Vcountry)	
Executed in			, on the day of (moi			
			Signature of Ca	ımpaign T	Treasurer (Declarant)	

## **SUBTOTALS - SPAC**

## FORM SPAC COVER SHEET PG 3

17	17 COMMITTEE NAME 18 Filer ID (Ethics Comm					
19	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORGANIZATION	ORATION OR LABOR	\$			
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	R ORGANIZATION	\$			
7.	SCHEDULE E: LOANS		\$			
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$			
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL O	CONTRIBUTIONS	\$			
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$			
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$			

## **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

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 A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		ATTACH ADDIT	TONAL COPIES	OF THIS SCHEDULE AS I	NEEDED

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

## NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

#### SCHEDULE A2

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

Ti	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAM	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	)	8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	l l de of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	<u> </u>		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)		
<b>14</b> Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor   Out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas. Complete Schedule T.		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA			
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED			

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

## **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

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

	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
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; St	ate; Zip Code		 
				Check if travel outs	ide of Texas. Complete Schedule T
10	) Principal occu	pation / Job title (See Instructions)	<b>11</b> Employer (See	Instructions)	
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; St			 
				Check if travel outs	। ide of Texas. Complete Schedule T
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Si	ate; Zip Code		 
				Check if travel outs	ide of Texas. Complete Schedule T
	Principal occu	pation / Job title (See Instructions)	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	ation / Job title (See Instructions)	Employer (See	Instructions)	
_					
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	

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

## MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C1

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 C1:
2	FILER NAM	ME .	3	Filer ID (Ethics Commission Filers)
4	Date	5 Corporation / Labor Organization name	7	Amount of contribution (\$)
		6 Corporation / Labor Organization address; City; State; Zip Code		
	Date	Corporation / Labor Organization name		Amount of contribution (\$)
		Corporation / Labor Organization address; City; State; Zip Code		
	Date	Corporation / Labor Organization name		Amount of contribution (\$)
		Corporation / Labor Organization address; City; State; Zip Code		
	Date	Corporation / Labor Organization name		Amount of contribution (\$)
		Corporation / Labor Organization address; City; State; Zip Code		
	Date	Corporation / Labor Organization name		Amount of contribution (\$)
		Corporation / Labor Organization address; City; State; Zip Code		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

### SCHEDULE C2

	The Instruction Guide explains how to complete this form.	1 Total pages Sched	dule C2:
2 FILER	NAME	3 Filer ID (Ethics Con	mmission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of Contribution \$	8 In-kind contribution description
	6 Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsi	l de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	I In-kind contribution Description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		 
		Check if travel outside	I de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution   description
	Corporation / Labor Organization address; City; State; Zip Code		 
		Check if travel outsid	le of Texas. Complete Schedule T.
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED	

## PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

### SCHEDULE D

		The Instruction Guide explains how to complete this form.	1 Total	pages Sched	ule D	):
2	FILER	NAME	3 Filer ID (Ethics Commission Filers)			
4	Date	5 Corporation / Labor Organization name		ount of ntribution \$	8   	In-kind contribution description
		6 Corporation / Labor Organization address; City; State; Zip Code			     	
			Che	eck if travel outs	side c	of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name		ount of ntribution \$		In-kind contribution description
		Corporation / Labor Organization address; City; State; Zip Code			     	
			Che	eck if travel out	side c	of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name		ount of ntribution \$		In-kind contribution description
		Corporation / Labor Organization address; City; State; Zip Code			     	
			Che	eck if travel out	side c	of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name		ount of ntribution \$	     	In-kind contribution description
		Corporation / Labor Organization address; City; State; Zip Code			     	
			Che	eck if travel out	side c	of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name		ount of ntribution \$	 	In-kind contribution description
		Corporation / Labor Organization address; City; State; Zip Code			     	
			Che	eck if travel outs	side c	of Texas. Complete Schedule T.
_		ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS	NEEDED		

## **LOANS**

## SCHEDULE E

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

	ii tile requested	illioimation is not applicable, bo No	i ilicidde this page ili the repo	16.			
	The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF UN	IITEMIZED LOANS		\$			
5	Date of loan	7 Name of lender out-of-state	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	Check if personal fund account (See Instruct	ds were deposited into political ions)			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	not applicable	18 Guarantor address; City;	State; Zip Code				
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate			
	Institution? Y N			Maturity date			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
	Description of Coll	ateral	Check if personal funds were deposited into political account (See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)			
	not opplies his	Guarantor address; City;	State; Zip Code				
	not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)				
		. ,	,				
		ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	-DED			

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	-	es Salaries/ uction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a catego	ry not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date	5 Payee name		l		
6 Amount (\$)	<b>7</b> Payee address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categor	ies listed at the top of this schedule)	(b) Description		
	(c) Check if travel or	utside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeh	older name	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categorie	es listed at the top of this schedule)	Description		
	Check if travel or	utside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeh	older name	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categorie	es listed at the top of this schedule)	Description		
	Check if travel or	utside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeh	nolder name	Office sought		Office held
	ATTACH ADD	ITIONAL 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

			The Instruction G	uide explains hov	w to cor	nplete this form.	Outor (or	ioi a datogory	not noted above)
1	Total pages Schedule F2:	2 FILER	NAME				3 Filer II	) (Ethics Cor	mmission Filers)
4	TOTAL OF UNITEM	IIZED UN	IPAID INCURRE	ED OBLIGAT	IONS		\$		
5	Date	6 Payee	name						
7	Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9	TYPE OF EXPENDITURE		Political	No	on-Politi	cal			
10	PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed a	at the top of this schedu	ule)	(b) Description			
		(c)	Check if travel outside of Tex	xas. Complete Schedule	e Т.	Check if Aus	tin, TX, office	nolder living ex	pense
11	Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholde	r name	Offi	ce sought		Office held	d
	Date	Payee	name						
	Amount (\$)	Payee	address;			City;		State;	Zip Code
	TYPE OF EXPENDITURE		Political	N	on-Polit	ical			
	PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed a	at the top of this sched	ule)	Description			
			Check if travel outside of Te	exas. Complete Schedu	ıle T.	Check if Au	stin, TX, offic	eholder living e	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ndidate / Officeholde	r name	Offi	ice sought		Office held	d
		ΔΤΤΔ	CH ADDITIONAL (	COPIES OF TH	IIS SC	HEDULE AS NE	FDFD		

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	Т	he lı	nstruction Guide explains how to complete this form.	<b>1</b> Tot	al pages Sc	hedule F3:	
<b>2</b> F	ILER NAME			3 File	er ID (Ethics	Commissio	n Filers)
4 [	Date	5	Name of person from whom investment is purchased				
		6	Address of person from whom investment is purchased; City	, ;		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 (\$)				
		<u> </u>					
			ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NE	EEDED		

## **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 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political		Gift/Awards/Memorials Expense Legal Services	Printing Exp	ense iges/Contract Labor	Travel Out Of		/ not listed above)
	001111111100	The Instruction Guide expla			Outor (officine	a odlogor;	, not noted above,
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (E	Ethics C	ommission Filers)
4 TOTAL OF UNITEMI	ZED EXP	PENDITURES CHARGE	TOACRE	EDIT CARD	\$		
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;		City;	Sta	te;	Zip Code
9 TYPE OF EXPENDITURE		Political [	Non-Poli	itical			
10	(a) Categor	y (See Categories listed at the top of thi	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Au	stin, TX, officehold	der living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Of	fice sought	0	office he	ld
Date	Payee	name					
Amount (\$)	Payee	address;		City;	Sta	te;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Pol	litical			
	Catego	ry (See Categories listed at the top of th	is schedule)	Description			
PURPOSE OF EXPENDITURE							
EXI ENDITORE		Check if travel outside of Texas. Complet	e Schedule T.	Check if Au	ustin, TX, officehol	der living	expense
Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Of	fice sought	0	Office he	ld
	ATTA	CH ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NE	EDED		

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

### 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
Credit Card Payment

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

Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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	, TX, officeholder living exp	pense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	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/C	Candidate / Officeholder name	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/C	Candidate / Officeholder name OH	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

	The Instruction Guide explains how to cor	mplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				
<b>6</b> 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	ding 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	finformation
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
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
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE 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 Sched	dule K:
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City;	State; Zip Code	
	7 Purpose for which amount is received	Check if political contribution i	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 i	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 (	Lheck if political contribution i	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 i	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED	

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

## SCHEDULE T

	and requestion inite	THATION 10	пос аррік	babie, Be Her	morado uno pago n	t the report
	The Instru	ıction 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	or / Payee	
5	Contribution / Expend Schedule A2 Schedule F2	Sche	I on: edule B edule F4	Schedule B(J	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
6	Dates of travel	7 Name of	f person(s)	traveling		
		8 Departu	re city or na	ame of departure loo	cation	
		9 Destinat	ion city or ı	name of destination	location	
10	Means of transportati	on	<b>11</b> Purpo	se of travel (includir	ng name of conference, s	eminar, or other event)
	Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	or / Payee	
	Contribution / Expend Schedule A2 Schedule F2	Sche	I on: edule B edule F4	Schedule B(J	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
	Dates of travel	Name o	f person(s)	traveling		
		Departu	re city or na	ame of departure loo	cation	
		Destinat	ion city or	name of destination	location	
	Means of transportat	ion	Purpo	se of travel (includir	ng name of conference, s	eminar, or other event)
	Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	or / Payee	
	Contribution / Expend Schedule A2 Schedule F2	Schedu	ıle B	Schedule B(J) Schedule G	Schedule C2 Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
	Dates of travel	Name o	f person(s)	traveling		
		Departu	re city or na	ame of departure lo	cation	
		Destinat	ion city or	name of destination	location	
	Means of transportati	ion	Purpo	se of travel (includir	ng name of conference, s	eminar, or other event)
		A	TTACH AD	DITIONAL COPIE	S OF THIS SCHEDULE	AS NEEDED

# POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

## FORM PAC - DR

COMMITTEE NAME		e" on page 1 is marked "Dissolution" ••
		2 Filer ID (Ethics Commission File
Statement of I	Dissolution	
this political commoders c	nittee for this or any other camp I declare that all of the informat esignating a report as a disso r understand that a political com	pect the occurrence of any further reportable activity by paign or election for which reporting under the Election tion required to be reported by me has been reported. Indution report terminates the appointment of campaign smittee may not make or authorize political expenditures appointment of campaign treasurer on file.
		Signature of Campaign Treasurer
		DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED
	Please complet	te either option below:
) <b>Affidavit</b> AFFIX NOTARY STAMP/S	EALABOVE	
AFFIX NOTARY STAMP / S		, this the
AFFIX NOTARY STAMP/S		
AFFIX NOTARY STAMP/S worn to and subscribe	ed before me, by the said _, 20, to certify which, with	
AFFIX NOTARY STAMP/S worn to and subscribe	ed before me, by the said _, 20, to certify which, with	ness my hand and seal of office.
worn to and subscriberation of the control of the c	ed before me, by the said, 20, to certify which, with nistering oath Printed name of	officer administering oath  OR  Title of officer administering of
worn to and subscribe ay of  ignature of officer admir  2) Unsworn Declaration	ed before me, by the said, 20, to certify which, with sistering oath Printed name of on	officer administering oath  OR , and my date of birth is
worn to and subscribe ay of  signature of officer admir  2) Unsworn Declaration  My name is	ed before me, by the said, 20, to certify which, with sistering oath Printed name of on	officer administering oath  OR , and my date of birth is
sworn to and subscribe ay of  Signature of officer admir  2) Unsworn Declaration  My name is  My address is	ed before me, by the said, 20, to certify which, with histering oath Printed name of on	officer administering oath  OR  Title of officer administering of