STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

T	he SC C/OH Instruct	ion Guide explair	s how to comp	lete this form.	1 Filer ID (Ethics Commis	ssion Filers)	2 Total pages file	ed:
3	CANDIDATE NAME	MS / MRS / MR	FIRST		MI		OFFICE U	JSE ONLY
		NICKNAME	LAST		SU	FFIX	Date Received	
4	CANDIDATE ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP	CODE		
	Change of Address							
5	CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
6	CAMPAIGN	MS / MRS / MR	FIRST		MI		Date Hand-delivered	or Date Postmarked
	TREASURER							
	NAME	NICKNAME	LAST		SUF	FIX	Receipt #	Amount \$
7	CAMPAIGN TREASURER	STREET ADDRESS (I	NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE;	ZIP CODE	Date Processed	
(R	ADDRESS esidence or Business)						Date Imaged	
8	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
9	REPORT TYPE	January 15	3	0th day before convent	ion / election		Runoff	
		July 15	8	th day before convention	on / election		Final report (Attach SC C/	OH - FR)
10	PERIOD COVERED	Month [Day Year	THROUGH	Mon	th D	day Year	
11	CONVENTION / ELECTION	Month [Day Year	12 OFFICE	SOUGHT		STATE CHAIR	
	DATE						COUNTY CHAIR	
13	POLITICAL PARTY			со	UNTY (If Applicable)	·		
14	NOTICE FROM POLITICAL COMMITTEE(S)		HAVE BEEN MADE W	THOUT THE CANDIDA	TE'S OR OFFICEHO	LDER'S KNO	ORT THE CANDIDATE / O DWLEDGE OR CONSENT H EXPENDITURES.	
		COMMITTEE TYPE	COMMITTEE NAME	Ē				
	Additional Pages	GENERAL	COMMITTEE ADDR	ESS				
		SPECIFIC	COMMITTEE CAMP	AIGN TREASURER N	AME			
			COMMITTEE CAME	PAIGN TREASURER /	ADDRESS			
			G	O TO PAGE	2			

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 2

15 CANDIDATE NAME	:			16 Filer I	D (Ethics Comm	nission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOANS	ED POLITICAL CONTRIBU , OR GUARANTEES OF L MADE ELECTRONICALLY	OANS, OR	AN	\$	
		L CONTRIBUTIONS DGES, LOANS, OR GUA	RANTEES OF LOAN	S)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDIT	URE.		\$	
	4. TOTAL POLITICA	L EXPENDITURES			\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF REPORTING PE	CONTRIBUTIONS MAINT ERIOD	AINED AS OF THE L	AST DAY	\$	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTST REPORTING PERIOD	ANDING LOANS AS	OF THE	\$	
	wear, or affirm, under penalty or quired to be reported by me under			rue and co	orrect and inclu	des all information
			Signa	ture of Ca	ındidate	
	Pleas	se complete eithe	er option belo	ow:		
(1) Affidavit						
NOTARY STAMP/SEA	AL.					
Sworn to and subscribed	before me by		this the	ne	day of	
20, to certify	which, witness my hand and sea	al of office.				
Signature of officer administ	ering oath Printe	ed name of officer administe	ring oath		Title of officer	administering oath
		OR				
(2) Unsworn Declarat	ion					
My name is		,	and my date of birth	is		······································
My address is			,			·
	(street)		(city)	. ,	(zip code)	(country)
Executed in	County, State of	, on the _	day of (mo	onth)	, 20 (year)	
			Signature of	of Candida	te (Declarant)	

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

19.	CANDIDATE NAME 20. Filer ID (Ethic	cs Commission Filers)
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
		1

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		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	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	otions)
	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		(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		ATTACH ADDIT	IONAL CODIES	OF THIS SCHEDULE AS N	NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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.**

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	Ε		3 Filer ID (Ethics Commission 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 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n 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 T	HIS SCHEDU	JLE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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.**

	·	,	. 0	·	
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	lule 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; Sta	ate; Zip Code		
				Check if travel outs	l . side of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ate; Zip Code		
				Check if travel outs	I _ side 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; Sta	ate; Zip Code		
				Check if travel outs	i - side of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State	; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	

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

LOANS SCHEDULE E

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

	<u>'</u>	11 ,		<u> </u>
	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	ITEMIZED LOANS		\$
5	Date of loan	7 Name of lender ☐ out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
	Y N			
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	,
14	Description of Coll	ateral	Check if personal fundaccount (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 Institution?	Lender address; City;	State; Zip Code	Interest rate
	Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	ı
	Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	not applicable	Guarantor address; City;	State; Zip Code	
		on (See Instructions)	Employer (See Instructions)	
	i ililoipai Occupati	on (occ mandenona)		
		ATTACH ADDITIONAL CODE	IES OE TUIS SCUEDI II E AS NEI	-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
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

,	The Instruction Guide explains how to d	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	es 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 Austin	n, TX, officeholder livin	g 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 Austii	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	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 Austir	n, TX, officeholder living	g 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	DED		

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

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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)			
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	S	\$				
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Po	litical					
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 Aus	stin, TX, officeholder living e	expense			
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name C	Office sought	Office he	ld			
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
TYPE OF EXPENDITURE	Political Non-Po	olitical					
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	ustin, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office he	ld			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED				

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	TI	ne Instruc	ction Guide exp	lains how to co	omplete this	form.		1 Total p	ages Sche	edule F3:		
2	FILER NAME							3 Filer ID	(Ethics C	Commissio	n Filers)	
4	Date	5 Nam	ne of person from	m whom invest	ment is purch	nased						
		6 Addı	ress of person f	rom whom inve		rchased;	City	.,	St	ate;	Zip Code	
		7 Desc	cription of inves	tment								
		8 Amo	ount of investme	ent (\$)								
	Date	Nam	ne of person from	m whom inves	tment is purc	hased						
		Addı	ress of person f	rom whom inve	estment is pu	rchased;	City	············ ;	Si	tate;	Zip Code	
		Des	cription of inves	tment								
		Amo	ount of investme	ent (\$)								
			ATTACH	ADDITIONAL	COPIES O	F THIS SC	HEDULE	AS NEED	DED			

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politio	By Gift/Award	erage Expense ds/Memorials Expense vices	Polling E Printing I Salaries/		- -	Travel In District Travel Out Of District Other (enter a category	·
The Instruction	Guide explains how to c	omplete this form.		USE A NEW P	AGE FOR E	ACH CREDIT CARE	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME					3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financial institu	tion					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cre	dit Card Issue	r Paid	
7 PAYEE	(a) Payee name		(b) Payee add	l dress;	City	, State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories I	isted at the top of this sched	dule)	(b) Description	1		
Non-Political	(c) Check if travel ou	tside of Texas. Complete	e Schedule T.		Check if Austin,	TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cre	dit Card Issue	r Paid	
PAYEE	(a) Payee name	•	(b) Payee add	dress;	City	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description				1		
Political Non-Political	(c) Check if travel ou	tside of Texas. Complete	e Schedule T.		Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cre	dit Card Issue	r Paid	
PAYEE	(a) Payee name	4	(b) Payee ad	dress;	City	state,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories I	isted at the top of this sched	lule)	(b) Description	1		
Non-Political	(c) Check if travel ou	tside of Texas. Complete	e Schedule T.		Check if Aust	in, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
	ATTACH ADDI	TIONAL COPIES	S OF THIS	SCHEDULE	AS NEED	ED	

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

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

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

Travel In District
Travel Out Of District Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
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;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	TV effects the living areas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	, TX, officeholder living expense Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	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 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 (\$) Reimbursement from political contributions intended	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 Austin	, 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 NEED	JED.

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

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

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

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
9 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 expense		
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				
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	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 Schedule 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	e; Zip Code				
7 Purpose for which amount is received Check if p	political contribution returned to filer				
Date Name of person from whom amount is received	Amount (\$)				
Address of person from whom amount is received; City; Stat	te; Zip Code				
Purpose for which amount is received	oolitical contribution returned to filer				
Date Name of person from whom amount is received	Amount (\$)				
Address of person from whom amount is received; City; State	e; Zip Code				
Purpose for which amount is received Check if p	political contribution returned to filer				
Date Name of person from whom amount is received	Amount (\$)				
Address of person from whom amount is received; City; Stat	te; Zip Code				
Purpose for which amount is received Check if p	political contribution returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE T

•		<u> </u>					
The Instruction G	1 Total pages Schedule T:						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corpora	tion or Labor Organization / Pledgor / Payee						
5 Contribution / Expenditure repo	orted on:						
		_					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
6 Dates of travel 7 Name of person(s) traveling							
8 Dep	8 Departure city or name of departure location						
9 Des	9 Destination city or name of destination location						
10 Means of transportation	10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corpora	tion or Labor Organization / Pledgor / Payee						
Contribution / Expenditure rep	orted on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel Nar	ne of person(s) traveling						
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	ationalism side of the state of						
Des	tination city or name of destination location						
Means of transportation	Purpose of travel (including name of conference, s	eminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure rep	orted on:						
Schedule A2 Sc	nedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
	hedule F4 Schedule G Schedule H ne of person(s) traveling	Schedule COH-UC Schedule B-SS					
Dep	arture city or name of departure location						
Des	tination city or name of destination location						
Means of transportation	Purpose of travel (including name of conference, s	eminar, or other event)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED					

STATE/COUNTY CHAIR REPORT: DESIGNATION OF FINAL REPORT SCHEDULE SC C/OH - FR

	The Instruction Guide explains how to complete this form.
	Complete only if "Report Type" on page 1 is marked "Final Report"
CANDIDA	ATE NAME 2 Filer ID (Ethics Commission Filers)
SIGNAT	ΓURE
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate
CAMPA	AIGN FUNDS AND ASSETS
A.	CAMPAIGN FUNDS
Check	k only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political
	contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
В.	that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the
	that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. ASSETS conly one:



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted m

Beginning on January 1, 2025, a candidate or office	nolaer wno nas acceptea more	tnan		
\$33,910 in political contributions or made more that in <u>any</u> calendar year must file all subsequent reports		tures	Receipt #	Amount \$
		_	Date Processed	
Filer name	Filer ID #		Date Imaged	
I swear or affirm that I have not accepted r more than \$33,910 in political expenditures		cal cor	ntributions or	made
2. I further swear or affirm that I do not use contributions, political expenditures, or per				f political
3. I further swear or affirm that no person action contract, uses computer equipment to kee expenditures, or persons making political contracts.	p current records of political			
4. I further swear or affirm that I understand t electronically if I, my agent or consultant, c contributions or political expenditures in a records of political contributions, political e	or a person with whom I co calendar year, or uses con	ntracṫ ìputer	exceeds \$33 equipment t	3,910 in political o keep current
 I am filing this affidavit with the		ign fin	ance report	for which I am

Please complete either option below:

(1) Affidavit						
NOTARY STAMP/SE	AL			Signature	e of Filer	
Sworn to and subscribed before me by			thi	this the day of		
20, to certif	y which, witness my hand and seal of o	office.				
Signature of officer adminis	stering oath Printed na	ame of officer administe	ering oath		Title of officer	administering oath
		OR				
(2) Unsworn Declarat	ion					
My name is		, and	d my date of b	irth is		
My address is	(street)	,,	(city)	,, (state)	(zip code), —	(country)
Executed in	County, State of	, on the				
				(month)	(year)	
			Sig	gnature of Fil	ler (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Hand-delivered or Date Postmarked

Date Received