CANDIDAT CAMPAIGN	E / OFFICEHOLDER I FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction Gu	1 Filer ID (Ethics Commission F	ilers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MRS FIRST MI MARK NICKNAME LAST SUFFIX GILLESQUE	OFFICE USE ONLY Date Receive NOITUS 73
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE # CITY: STATE: ZIP COD 261 S. LAS GALLINAS PLEASANTON TX 7800	Of Kinos Agoses
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA COULE PRIONE NUMBER	Date Hand delivered of Safe Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI SAME 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 NUMBER EXTENSION () SAME	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 Sth day before election Exceeded Mo Reporting Lim	
10 PERIOD COVERED	Month Day Year	Month Day Year
11 ELECTION	ELECTION DATE	ON TYPE ar cription
12 OFFICE	OFFICE HELD (IF any) Commissioner Pct 1	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION COMMITTEE TYPE COMMITTEE NAME	ITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR N DMLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

C/OH NAME					16 Filer II) (Ethics Commiss	sion Filets)
CONTRIBUTION TOTALS	PLEDGES 10	MIZED POLITICAL ANS, OR GUARAN ONS MADE ELECTR	TEES OF LOANS.	OTHER THAN		\$ -0	-
	2 TOTAL POLIT	ICAL CONTRIBU PLEDGES, LOANS	ITIONS	ES OF LOANS		\$ - 0	
EXPENDITURE TOTALS	3. TOTAL UNITER	MIZED POLITICAL	EXPENDITURE.			\$ -0	-
	4. TOTAL POLIT	TICAL EXPENDIT	URES			\$ - \(\)	
CONTRIBUTION BALANCE	5. TOTAL POLITI	CAL CONTRIBUTION	ONS MAINTAINE	AS OF THE LA	ST DAY	\$ -0-	•
OUTSTANDING LOAN TOTALS	6. TOTAL PRINC LAST DAY OF	IPAL AMOUNT OF A	ALL OUTSTANDII PERIOD	NG LOANS AS	OF THE	\$ -0-	
SIGNATURE Is	swear, or affirm, under per	nalty of perjury, the	at the accompany	ying report is tr	ue and co	rect and includes	all information
re-	quired to be reported by me	under Title 15, Ele	ection Code.				
						or Officeholder	
•							
	_	_	م د ماهان ا	-tion hale			•
	P	lease compl	lete eitner c	ption beid	YV.		
•							
(1) Affidavit							
NOTARY STAMP/SE							
	ed before me by			this t	he	day of	
20, to cert	ify which, witness my hand :	and seal of office.					
						Title of officer a	dministering oa
Signature of officer admini	stering oath	Printed name of off	ficer administering	oath		1110 01 011	
			OR				
(D) Une-very Dealers	ation						
(2) Unsworn Declar							
			, and	my date of bir	th is		
My name is			, a, id			•	
My address is					/etate\	(zip code)	(country)
	(street))		` '			\//
Executed in	County, Stat	e of	, on the	day of	nonth)	, 20 (year)	
				V	/		
				Signature of C	andidate/O	fficeholder (Decla	arant)
1				Digitalitie of C		,	
Į.							

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -6-
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	\$ -0-
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 CO	ион \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	D \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
ER NAM	E	3 Filer ID (Ethics Commission Filers)
ite	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Cod	de
rincipal oc	cupation / Job title (See Instructions) 9 Employer (See	e Instructions)
ate	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Co	ode
rincipal oc	cupation / Job title (See Instructions) Employer (Se	ee Instructions)
Date	Full name of contributor	
	Contributor address; City; State; Zip C	ode
Principal o	ccupation / Job title (See Instructions) Employer (S	See Instructions)
	Full name of contributor	Amount of contribution (\$)
	Contributor address: City; State; Zip 0	Code
Principal	occupation / Job title (See Instructions) Employer	(See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Ťh	e Instruction Guide explains how to complete this form		1 Total pages Schedule	A2:
			3 Filer ID (Ethics Com	nission Filers)
LIFEL INVIAN				
TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
Date	6 Full name of contributor		8 Amount of Contribution \$	In-kind contribution description
		Zip Code	Check if travel outsid	e of Texas. Complete Schedule
Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDICIA	
Contributor	s principal occupation (FOR JUDICIAL)		·	DICIAL) (See Instructions)
Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spous	e (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	.1		
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	
Principal o	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	yer (FOR NON-JUDICI	AL)(See Instructions)
Contributo	or's principal occupation (FOR JUDICIAL)	1	_	JDICIAL) (See Instructions)
Contributo	or's employer/law firm (FOR JUDICIAL)	Law f	irm of contributor's spot	use (if any) (FOR JUDICIAL
If contribu	utor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			•	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

PLEDGED CONTRIBUTIONS

SCHEDULE B

The	e Instruction Guide explains how to complete this form.	1 Total pages Sched	
ILER NAME		3 Filer ID (Ethics C	Commission Filers)
TOTAL OF	F UNITEMIZED PLEDGES	\$	
 Date	6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description
	7 Piedgor address; City; State; Zip Code	3	1
		Check if travel out	1. tside of Texas. Complete Schedule
Principal oc	cupation / Job title (See Instructions) 11 Employer	(See Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Cod	je	
		Check if travel or	utside of Texas. Complete Schedule
Principal oc	cupation / Job title (See Instructions) Employer	r (See Instructions)	
Date	Full name of pledgor out-of-state_PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Co	de	1 1 1
		Check if travel of	utside of Texas, Complete Schedu
Principal o	occupation / Job title (See Instructions) Employe	er (See Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	e	
		Check if travel	outside of Texas. Complete Sched
Principal o	occupation / Job title (See Instructions) Employ	er (See Instructions)	

SCHEDULE E LOANS

Date of loan	11 Maturity date at funds were deposited into political structions) 19 Amount Guaranteed (\$)
Is lender a financial Institution? Y N	9 Loan Amount (\$) 10 Interest rate 11 Maturity date Ins) If funds were deposited into political structions) 19 Amount Guaranteed (\$)
Is lender a financial Institution? State: Zip Code Institution?	10 Interest rate 11 Maturity date 11 Maturity date 13 funds were deposited into political structions) 19 Amount Guaranteed (\$)
State State State State Zip Code	11 Maturity date 11 Maturity date 13 funds were deposited into political structions) 19 Amount Guaranteed (\$)
Institution? Y N 2 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 4 Description of Collateral	ns) ai funds were deposited into political structions) 19 Amount Guaranteed (\$)
2 Principal occupation / Job title (See Instructions) 4 Description of Collateral	at funds were deposited into political structions) 19 Amount Guaranteed (\$)
□ none 6 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Co. □ not applicable 20 Principal Occupation (See Instructions) Date of loan Name of lender □ out-of-state PAC (ID#: □ is lender a financial Institution? Y N Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	19 Amount Guaranteed (\$)
17 Name of guarantor 18 Guarantor address; City; State; Zip Cod 19 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Is lender a financial Institution? Y N Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	de .
18 Guarantor address; City; State; Zip Co. 20 Principal Occupation (See Instructions) 21 Employer (See Instructions)	
Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender out-of-state PAC (ID#:	ons)
is lender Lender address; City; State; Zip City a financial Institution? Y N Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Is lender a financial Institution? Y N Principal occupation / Job title (See Instructions) Employer (See Instructions)	Loan Amount (\$)
Y N Principal occupation / Job title (See Instructions) Employer (See Instructions)	Interest rate
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Maturity date
	tions)
Description of Collateral Check if personal account (See	onal funds were deposited into political Instructions)
GUARANTOR Name of guarantor INFORMATION	Amount Guaranteed (\$)
Guarantor address; City; State; Zip C	ode
Principal Occupation (See Instructions) Employer (See Instru	_
Етиора Ооократо (ctions)

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

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

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

dit Card Payment	y () Committ ee	regal del Arces		s/Contract Labor	Other (enter a category not listed above)			
		The Instruction Guide explains	now to com	piete tino tottin	3 Filer ID (Ethics C	commission Filers)		
Total pages Schedule F1:	2 FILER NA	ME						
Date	5 Payee na	me			•			
	<u> </u>			City;	State;	Zip Code		
Amount (\$)	7 Payee ad	dress;		0197				
	(a) Categor	(See Categories listed at the top of this s	chedule) (b) Description	·			
PURPOSE								
OF EXPENDITURE								
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.		tin, TX, officeholder living	expense ———————————————————————————————————		
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office risid		
Date	Payee n	ame		•				
	Payee	Menan	<u> </u>	City;	State;	Zip Code		
Amount (\$)	1 4,05 0							
	Catego	y (See Categories listed at the top of this	schedule)	Description				
PURPOSE OF EXPENDITURE								
		Check if travel outside of Texas. Complete	Schedule T.		ustin, TX. officeholder livin	g expense Office held		
Complete ONLY if direct expenditure to benefit C		idate / Officeholder name		Office sought				
•								
	Payee	name						
Date	Payee	namė						
		address;		City:	State;	Zip Code		
Date	Payee	address;			State;	Zip Code		
Date Amount (\$)	Payee		is schedule}	City:	State;	Zip Code		
Date Amount (\$) PURPOSE OF	Payee	address;	is schedule}	Description				
Date Amount (\$) PURPOSE	Payee	address;		Description Check if	Austin, TX, officeholder liv	ring expense		
Date Amount (\$) PURPOSE OF EXPENDITURE	Payee	address; Ory (See Calegories listed at the top of thi		Description	Austin, TX, officeholder liv			
Date Amount (\$) PURPOSE OF	Payee Categorial Categoria Categorial Catego	address; Ory (See Calegories listed at the top of thi Check if travel outside of Texas. Complete	ete Schedule T.	Description Check if	Austin, TX, officeholder liv ht	ring expense		

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)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Consulting Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 5 Date Zip Code State: City; 8 Payee address; 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE **OF** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 11 Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code City; Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the lop of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule	F3:
FILER NAME		3 Filer ID (Ethics Comm	ission Filers)
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	e; Zip Code
	Description of investment		
	Amount of investment (\$)		
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED	
	www.ethics.state.tx.us		Revised 8/17/

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

overusing expense counting/Banking onsulting Expense ontributions/Donations Made By	Fees Food/Beverage Expense Gift/Awards/Memorials Expens	Office Overhead/Renal Expense Polling Expense Selanies/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Politica	Committee Legal Services	xplains how to complete this form.	
Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	IZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$
Date	6 Payee name		
Amount (\$)	8 Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description	
) PURPOSE Of	(a) Category (ace categories in the		
EXPENDITURE		Complete Schedule T Check if	Austin, TX, officeholder living expense
	(c) Check if travel outside of Texas.	ome Office sought	Office held
expenditure to benefit C/OH	Payee name		
Amount (\$)	Payee address;	City:	State; Zip Code
TYPE OF Expenditure	Political	Non-Political	
	Category (See Categories listed at the	ne top of this schedule) Description	on
PURPOSE OF			
EXPENDITURE	Check if travel outside of Texa	as, Complete Schedule T. Check	k if Austin. TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder	name Office sought	Office held
expenditure to benefit C/	он		
		OPIES OF THIS SCHEDULE A	S NEEDED
	ATTACH ADDITIONAL C	OPIES OF THIS CONTEST OF	Revised 8/17

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATEGO	JKIES FUK BUX 6(a)	
ivertising Expense ecounting/Banking ensulting Expense entributions/Donations Made By endidate/Officeholder/Politica edit Card Payment	/ Committee	Fees Food/Beverage Expense Cit/Awards/Memorials Expense	Dan Repayment/Reimbursemer Office Overhead/Rental Expens Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form	e Transportation Equipment a Related Expension Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
Date	5 Payee na	me		
Amount (\$)	7 Payee ad	dress:	City;	State; Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	(a) Categor	y (See Categories listed at the top of this sch	edule) (b) Description	
EXPENDITURE	(c)	Check if travel outside of Texas. Complete Sch	edule T. Check i	f Austin, TX, officeholder living expense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH		date / Officeholder name	Office sought	Office held
Date	Payee n	ame		
Amount (\$)	Payee a	ddress;	City	y; State; Zip Code
Reimbursement from political contributions intended				
PURPOSE · OF	Catego	ory (See Categories listed at the top of this s		
EXPENDITURE		Check if travel outside of Texas. Complete So	hedule T. Checi	c if Austin. TX, officeholder living expense Office held
Complete <u>ONLY</u> if direct expenditure to benefit Complete	t	didate / Officeholder name	Office sought	Office field
Date	Payee	name		
Amount (\$)	Payee	address;	City	State; Zip Code
Reimbursement from political contributions intended	•			to.
PURPOSE OF	Cate	gory (See Calegories listed at the lop of this	schedule) Descript	
EXPENDITURE	[Check if travel outside of Texas, Complete		ck if Austin, TX, officeholder living expense Office held
Complete ONLY if direct		ndidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/	JH.			

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

SCHEDULE H

		EXPENDITURE CATE					
tvertising Expense ccounting/Banking onsulting Expense ontributions/Donations Made B Candidate/Officaholder/Politica	By al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overl Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fun Transportation Travel in Distric Travel Out Of I Other (enter a c	Equipment st Sistrict	& Related Expense
redit Card Payment		The Instruction Guide explai	ns how to co	mplete this form.		This Co	mmission Filers)
otal pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics Co	mmission Filers)
Date -	5 Business	name			·		
Amount (\$)	7 Business	address;		City;	Sta	ate;	Zip Code
					·		
PURPOSE	(a) Category	/ (See Categories listed at the top of this	schedule)	(b) Description			
OF EXPENDITURE				Charle if Aureli	in, TX, officeholder	living expe	nse
	(c)	Check if travel outside of Texas. Complete					fice held
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name		Office sought			
Date		s name					
Amount (\$)	Busines	ss address;		City;	Ş	State;	Zip Code
PURPOSE	Catego	ry (See Categories listed at the top of th	is schedule)	Description			
OF EXPENDITURE	\- <u>-</u> -	Check if travel outside of Texas, Complete	e Schedule T.	Check if Aus	stin, TX, officehold	er living exp	ense
Complete ONLY if direct		didate / Officeholder name		Office sought	-	C	Office held
expenditure to benefit C							
Date	Busine	ess name					
Amount (\$)	Busin	ess address;		City:		State;	Zip Code
	Categ	pory (See Categories listed at the top of	this schedule)	Description			
PURPOSE OF EXPENDITURE					Al- WW /25-1-	Idar liviaa 1	YDERSS
EXCERNITION		Check if travel outside of Texas. Comp	lete Schedule T.	Office sought	Austin, TX, officeho		Office held
Complete ONLY if dire expenditure to benefit	5U1	ndidate / Officeholder name		Onice Sought			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to con			· · · · · · · · · · · · · · · ·
tal pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics (Commission File(s)
Date	5 Payee name		1	
rmount (\$)	7 Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (So	e instructions regarding 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 instructions regarding ty	oe of information
Date	Payee name			
Amount (\$)	Payee address:	City	Sta	te Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description required.)	(See instructions regarding t	ype of information
Date	Payee name			
Amount (\$)	Payee address:	City	St	ate Zip Code
PURPOSE OF EXPENDITUR	Category (See instructions for examples of acceptable categories.)	Description required.)	n (See instructions regarding	type of information

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

SCHEDULE K

	nstruction Guide explains how to complete this form.	1 Total pages Sched	uie K:
FILER NAME		3 Filer ID (Ethics	Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	ate; Zip Code	
	7 Purpose for which amount is received Check in	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; 5	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 Chec	k if political contribution	on 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 Che	ck if political contribut	tion returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEI	DULE AS NEEDED	
\	year athics state fx US		Revised 8/17/

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

SCHEDULE T

If the requested inform	on Guide explains ho			1 Total pages Schedule T:	
The instruction	on Guide explains no			3 Filer ID (Ethics Commission F	Filers)
FILER NAME			3 Filer ID (Ethics Commission)		
Name of Contributor / Co	rporation or Labor Orga	nization / Pledgor / F	Payee		
Name of Contributor / Co	poranon or all over the		·		
Contribution / Expenditur	e reported on:	_	_	Schedule D	Schedule F1
Schedule A2	Schedule B	Schedule B(J)	Schedule C2		Schedule B-SS
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule 5-33
Dates of travel 7	Name of person(s) tra	aveling			
- E	Departure city or nam	ne of departure locati	on		
9	Destination city or na	me of destination lo	cation		
	11 Purpose	of travel (including	name of conference,	seminar, or other event)	
Means of transportation	11 Fulpose	201112101 (
Name of Contributor / C	Corporation or Labor Off	anization / Pledgor	/ Payee		
Name of Contributor / C	orporation of Esseries				
Contribution / Expendit	ure reported on:		_		Schedule F1
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	 -
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of person(s)	traveling			
1	Departure city or na	ame of departure loc	ation		
	Destination city or	name of destination	ocation		
	Purpo	se of travel (includin	g name of conferenc	e, seminar, or other event)	
Means of transportati	on I sips				
	Corporation or Labor C	Organization / Pledgo	or / Payee		
Name of Contributor	Corporation of all the				
Contribution / Expend	liture reported on:	_			Schedule F1
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule B-SS
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
Dates of travel	Name of person(s	s) traveling			
	Departure city or	name of departure lo	ocation		
	Destination city of	or name of destinatio	n location		
			ling name of confere	nce, seminar, or other event)	
Means of transport	ation Pur	pose of travel (includ	ing name of someth		
				DULE AS NEEDED	
\	ATTACH	ADDITIONAL COP	IES UF TRIS SUME		Revised 8/17

CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

	The Instruction Guide explains how to comp	lete this form.
	→ Complete only if "Report Type" on page 1 is ma	
C/OH N/		2 Filer ID (Ethics Commission Filers)
SIGNAT	tur a saskibutione or colitical expenditures in CORDS	ection with my candidacy. I understand that
	expect any further political contributions of political experiolities in certain times in the contribution of the contributions at final report terminates my campaign treasurer appointment of the contributions or make any campaign expenditures without a campaign	letit. I also dilecistante man
	. -	Signature of Candidate / Officeholder
FILER	WHO IS NOTAN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	k only one:	ist and apartmentings
	I do not have unexpended contributions or unexpended interest or inco	
	I have unexpended contributions or unexpended interest or income earmay not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned or filing this final report. Further, I understand that I must dispose of unexinterest or income earned on political contributions in accordance with	unexpended contributions and that I may not retain political contributions longer than six years after expended political contributions and unexpended
В.	ASSETS	
Che	ck 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 of that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purchas requirements of Election Code, § 254.204.	other income from political contributions. I understand interest or other income from political contributions to
		Signature of Candidate
5 OFF	ICEHOLDER complete this section only if you are an officeholder	Signature of Candidate
5 OFF C	ICEHOLDER complete this section only if you are an officeholder I am aware that I remain subject to filing requirements applicable to an office. I am also aware that I will be required to file reports of unexpender an officeholder. I retain political contributions, interest or other income political contributions or interest or other income from political contributions.	officeholder who does not have a campaign treasurer on d contributions if, after filing the last required report as from political contributions, or assets purchased with