		ICEHOLDER CE REPORT	· 	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR // // // // NICKNAME	FIRST George	R	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	7 75.(55	SUFFIX CITY; STATE; ZIP CODE STATE: 78065	Date Received SA COUNTY JAN 10 2024
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand Check Iron Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MCS NICKNAME	FIRST TINA LAST PAWELEK	MI	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS P.O. BOX 3	(NO PO BOX PLEASE); APT / SL	ITTE #; CITY;	STATE; ZIP CODE 72 78065
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before elec	ction Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 67	Day Year / 01 / 2023	Reporting Limit Month THROUGH /2	Day Year /31 / 2023
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known)	Precinct 3
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATE	CEHOLDER, THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIR	MAY HAVE REEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE		
		GO TO I	PAGE 2	ļ

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

O/ ()(1)	11 1117 1110 21 1227 0121	
15 C/OH NAME 66	orge Pawelek	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH/ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$. O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s 500,∞
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3458,93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	LAST DAY \$ 433,40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE \$
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is t	true and correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	
	Signature of 0	Candidate or Officeholder
	Please complete either option belo	ONA!
	Flease complete ethici option beic	Ow.
	•	
(1) Affidavit		
NOTARY STAMP/SEA	NE CONTRACTOR OF THE CONTRACTO	
Sworn to and subscribed	before me by this th	he day of,
20, to certify	which, witness my hand and seal of office.	·
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering cath
	OR	
(2) Unsworn Declarati	lon	1000
My name is	Orge PAWELEK, and my date of birth	
My address is99 8	CR 306, P.D. BOX 396, Potect	TX , 178060, USA .
11.	COSA (street) TOXO 5 on the Other of Je	(state) (zip code) (country)
Executed in	County, State of 10 / C J , bit the 1 day of	Anualy 20 24 onth) (year)
	1	so Feres
	Signature of Can	ndidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME GEORGE PAWELEK	aissian Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		s 500.°°
2. SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ (
4. SCHEDULE E: LOANS		\$ (
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 66.60
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 💍
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ <u></u>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s ()
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 3392,3
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ (
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ ()
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ 🔘

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

if the reques	ted information is not applicable, be not more and page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	irge PawelclC	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
1-11-23	Caroline 6eorge 6 Contributor address; City; State; Zip Code	200.00
	465 Melcher Ln. Poteet TX 78065	viane)
8 Principal occu	pation / Job title (See instructions) 9 Employer (See Instructions)	AIGUS
Date	Full name of contributor	Amount of contribution (\$)
1-26-23	SUSAN ACKERMAN Contributor address; City; State; Zip Code	100.00
	1204 Chery Or. Pleasanton TX 78064	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 304 School Or. Attect TX 78065	100,60
Principal occi	ipation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor aut-of-state PAC (ID#:	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) Employer (See Instru	uctions)

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 reque	sted information is not applicable, DO NOT include to	his page in the report.
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIBU	
5 Date	6 Full name of contributor \(\square\) out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution 9 I description
	7 Contributor address; City: State; Zi	Tip Code Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
	s principal occupation (FOR 305161/12)	13 Contributor's job title (FOR JUDICIAL) (See Instructions) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
	s employement time (to over the manufacture)	15 Law tirm of contributor's spouse (a any) (1 Cit Contributor)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date	Full name of contributor Dut-of-state PAC (ID#:	Amount of In-kind contribution description
	Contributor address; City; State;	Zip Code Check if travel outside of Texas. Complete Schedule T
Principal oc	cupation / 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)
1	r's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (If any) (FOR JUDICIAL)
If contribut	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEEDED
1	ATTACH ADDITIONAL COPIES OF I	Hou Bride tot situitional tehatring tedansments.

PLEDGED CONTRIBUTIONS

SCHEDULE B

	P.A. 41.1	<i>.</i>	1 Total pages Schedu	le B:
The Instruction Guide e	xplains how to complete this		3 Filer ID (Ethics Co	mmission Filers)
FILER NAME				
TOTAL OF UNITEMIZED P	LEDGES		\$	
Date 6 Full name of pled	gor Out-of-state PAC (ID#:		8 Amount I of Pledge \$ 1	9 In-kind contribution description
7 Pledgor address	; Clty; Sta	ate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule
Principal occupation / Job title (Sec	Instructions)	11 Employer (See	Instructions)	
Date Full name of plea	dgor out-of-state PAC (ID#:		Amount of Piedge \$	In-kind contribution description
Pledgor address	s; City; S	ate; Zip Code		
			<u> </u>	ide of Texas. Complete Schedule
Principal occupation / Job title (See	Instructions)	Employer (See	Instructions)	
Date Full name of ple	dgor		Amount of Pledge \$	in-kind contribution description
Pledgor addres	s; Clty; S	iate; Zip Code		
			Check if travel outs	l. side of Texas, Complete Schedule
Principal occupation / Job title (Se	e instructions)	Employer (See	a Instructions)	
Date Full name of pla	edgor out-of-state PAC (ID#:_		Amount of Riedge \$	I In-kind contribution description
Pledgor addre	ss; City; Sta	te; Zip Code		1 1
			Check if travel out	 side of Texas. Complete Schedule
Principal occupation / Job title (Se	e Instructions)	Employer (Se	e Instructions)	
		<u> </u>		
		e of Tuje ecueni	LII E AS NEEDED	
If contributor is ou	ATTACH ADDITIONAL COPIE t-of-state PAC, please see in	struction guide fo	r additional reporting	ng requirements.
		les state ty us		Revised 11/15/

SCHEDULE E LOANS

	information is not applicable, DO NOT Inc		1 Total pages Schedule E:
The I	nstruction Guide explains how to complete t	this form.	
FILER NAME			3 Filer ID (Ethles Commission Filers)
TOTAL OF UN	ITEMIZED LOANS		\$
Date of loan	7 Name of lender	9 Loan Amount (\$)	
ls lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	a Egildei addicos,		11 Maturity date
Y N		3 Employer (See Instructions)	
2 Principal occupati	On / Job title (Sea Instructions)	S Employer (See Instructions)	
4 Description of Col	ateral	Check if personal fur account (See Instru	nds were deposited into political ctions)
none	17 Name of guarantor		19 Amount Guaranteed (\$)
6 GUARANTOR INFORMATION	, , , , , , , , , , , , , , , , , , ,		
	18 Guarantor address; City;	State; Zip Code	
not applicable	<u> </u>	14 = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
9 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	C (ID#:)	Loan Amount (\$)
 —	Lender address; City;	State; Zip Code	Interest rate
is lender a financial Institution?	Lender address.	\	Maturity date
Y N		·	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions)`.
Description of C	oliateral	Check If personal (funds were deposited into political ructions)
none	Name of guarantor		Amount Guaranteed (\$)
GUARANTOR INFORMATION		an de Cada	
	Guarantor address; City;	State; Zlp Code	
not applicat		Employer (See Instruction:	<u> </u>
Principal Occup	ation (See Instructions)		
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS	NEEDED Il reporting requirements.
		hics.state.tx.us	Revised 11/1

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 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

ontributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	ages/Contract Labor	Other (enter a categ	ory not listed above)
redit Card Payment	The Instruction Guida explains how to c	omplete this form.	<u>. </u>	
Total pages Schedule F1:	Seorge Pawelek		3 Filer ID (Ethic	s Commission Filers)
Date 11-17-23	5 Payee name Printing			
Amount (\$)	7 Payee address;	City;	State;	' Zip Code
62.30	105 E. Jahnson St.	Pleasanto	n TX	78064
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing expense	Cards é		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Aust	tin, TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Рвуев пате			
7-14-23	Atascosa Bank		State;	Zip Code
Amount (\$)	Payee address;	City;	Sizie,	
₹2,30	1525 W. Oaklawn Rd. P	easanton	TX	18064
	Category (See Categories tisted at the top of this schedule)	Description	,	
PURPOSE OF EXPENDITURE	Banking	Service	e charge	-
	Check if travel outside of Texas. Complete Schedule T.	Check If Au	stin, TX, officeholder li	ving expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
814-23	AtascosA Bank			Zip Code
Amount (\$)	Payee address;	City;	State;	,
¥ 2.00	1525 W. Cakbun Rd.	Pleasan	ton X	78064
	Category (Sea Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Banking	Bankt		
	Check If travel outside of Texas. Complete Schedule T.	Check If A	ustin, TX, officeholder	
Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name //OH	Office sought	·	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS N	NEEDED	
	AL IACH ADDITIONAL COFIES OF TO			Pavised 11/1

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPEND	ITURE CATE				
dvertising Expense coounting/Banking consulting Expense contributions/Donations Made By Candidate/Officeholder/Political	/ I Committee	Event Expense Fees Food/Beverage E Gift/Awards/Men Legal Services The Instruction	norials Expense	Office Overling Experinting Experint		Travel in District Travel Out Of Dist	ipment & Related Expense
Total pages Schedule F2:	2 FILER					3 Filer ID (Ethic	s Commission Filers)
	L						
TOTAL OF UNITEM	MIZED UN	IPAID INCU	RRED OBL	IGATIONS	3 	\$	
Date	6 Payee	name					
Amount (\$)	8 Payee	address;			city;	State	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	itical		
)	(a) Catego	Ory (See Categories	s issed at the top of the	his schedule)	(b) Description		
PURPOSE OF				X			
EXPENDITURE	(c)	Check (ftrevel out)	side of Texas. Complet	o Schedule T	Check If A	ustin, TX, officeholder i	ving expense
La Li Olivia di di							e held
Complete ONLY if direct expenditure to benefit C/O	Са	indidate / Office			ffice sought		e held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Са						e held
	Ca DH Payer	indidate / Office					
expenditure to benefit C/O	Ca DH Payer	ndidate / Office			Clty;	Offic	
Date Amount (\$)	Payer Payer	e name e address;		Non-P	Clty;	Office	
Date Amount (\$)	Payer Payer	e name e address;	eholder name	Non-P	City;	Office	
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE	Payer Payer	e name e address; Political /	eholder name	Non-P	City: Olitical Description	Office	e; Zip Code
expenditure to benefit C/O Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payer Payer Categorium	e name e address; Political / gory (See Categori	eholder name	Non-P	City: Olitical Description	State State If Austin, TX, officeholds	e; Zip Code
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payer Payer Categorium	e name e address; Political / gory (See Categori	es listed at the top of	Non-P	City; Olitical Description Chack	State State If Austin, TX, officeholds	e; Zip Coda

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
FILER NAME		3 Filer ID (Ethics Commission Filers)
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; C	State; Zip Code
	Description of investment	
	Amount of investment (\$)	
 :		
	•	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	ILE AS NEEDED Revised 11/15/2

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

il tilo requesion illinois	
Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense
Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
Date	6 Payee name
' Amount (\$)	8 Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
0	(a) Category (See Categories listed at the top of the schedule) (b) Description
PURPOSE	
OF EXPENDITURE	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
I1 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office neigh
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE	Category (See Categories listed at the top of this schedule) Description
OF EXPENDITURE	
DAI BUILLIA	Check if travel outside of Taxas, Complete Schedule T. Check if Austin, TX, officeholder fiving expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	Revised 11/15/2

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) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Relmbursement Event Expense Office Overhead/Rental Expense Advertising Expense Travel in District Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Accounting/Banking Travel Out Of District Printing Expense Consulting Expense Other (enter a category not listed above) Contributions/Donations Made By Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date Zip Code State* City; 6 62421 Hayden Ave Lexincton ursement from political contributions (b) Description (a) Category (See Categories listed at the top of this schedule) 8 cards PURPOSE Expense OF EXPENDITURE Chack 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 Date Zip Code State: City: Amount (\$) Pleasanton 114 E. Goodwin Reimbursementirom political contributions intended Category (See Categories listed at the top of this schedule) Advertising 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 Payee name Date Zip Code City; political contributions Description PURPOSE OF Check If Austin, TX, officeholder living expense EXPENDITURE 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

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Event Expense Fees Food/Beveraga Expense y Gift/Awards/Memodals Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)
Total pages Schedule G:	2 FILER NAME GEORGE PAWELEK		3 Filer ID (Ethics Commission Filers)
4 Date 1-11-23	5 Payes name Atascosa County Reg	publican Party	To Code
6 Amount (\$) Reinbursement from political contributions intended	7 Payee address; 3100 FM 1784	Pleasanton	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sol	- Filing t	n, TX, officeholder living expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12-2-23	MG Building Mar	terials	State: Zip Code
Amount (\$) # 10,49 Reimbursement from political contributions intended	1934 W. Oaklawn	Heasan	ton The Moley
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this a AUCH SING EX PENSE Check if travel outside of Texas. Complete St	chedule T. Check if Aus	For SISNS stin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit Complete Only in the complete Complet	Candidate / Officeholder name at C/OH	Office sought	Office field
Date 12-9-23	M6 Building Mate	ria 15	State: Zip Code
Amount (\$) # 140, 28 Reimbursement from political contributions intended	Payee address; 1734 W Oaklaw	n Pleasan	ton TX 18064
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this AUCHSING EXPENSE Check if travel outside of Texas. Complete:	Schedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit CiC	Candidate / Officeholder name	Office sought	Office field
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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/Donatic

Event Expense Food/Beverage Expense Gift/Awards/Memorials Exp 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

ounung/bariong isulting Expense hiributions/Donations Made By	Glft/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category n	ot listed above)
andidate/Officeholder/Political (dit Card Payment	The Instruction Guide explains i	how to complete this form.		
Total pages Schedule G: 2	FILER NAME GEORGE RUBLEK		3 Filer ID (Ethics C	ommission Filers)
Dete 5	Payee name			Zip Code
Amount (\$)	Payee address;	City;	State;	Acres A
political contributions	8015 W 2nd St.	Some SEX		18009
PURPOSE OF	(a) Category (See Categories listed at the top of this sch Adventsing expens			
EXPENDITURE	(c) Check if travel outside of Texas. Complete Scho		in, TX, officeholder living ex	office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			
Date	Payee name			7la Code
Amount (\$)	Payee address;	Clty;	State;	Zip Code
Reimbursement from political contributions intended		chadula) Description		
PURPOSE OF	Category (See Categories listed at the top of this s	conedule)		
EXPENDITURE	Check if travel outside of Texas. Complete Se	Check If Au Office sought	istin, TX, officeholder living	Office held
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name			
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended		schedule) Description		
PURPOSE OF	Category (See Categories listed at the top of this			
EXPENDITURE	Check if travel outside of Texas, Complete	Schedule T. Check If A	Austin, TX, officeholder living	Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	
		hice state ty US		Revised 11/1

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

SCHEDULE H

if the requested into	mation is not applicable, DO NOT in		
	EXPENDITURE CATEG		_
divertising Expense occuming/Banking Consulting Expense Contributions/Donations Made B Candidate/Officaholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule H:	2 FILER NAME	- 	3 Filer ID (Ethics Commission Filers)
loter pages consecutive			
Date	5 Business name	/	State; Zip Code
Amount (\$)	7 Business address;	/ City;	State, 2.p e
PURPOSE OF	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
EXPENDITURE	(c) Check if travel outside of Taxas, Complete Sc	chedule T. Check if Aus	tiin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this	schedule) Description	
OF EXPENDITURE	Check if travel outside of Texas, Complete S	Schedule T. Check if Au	istin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	он		
Date	Business name		
Amount (\$)	Business address;	City;	State; Zlp Code
PURPOSE	Category (See Categories listed at the top of thi	is schedule) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete	Schedule T. Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name C/OH	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS	NEEDED
1			Revised 11/1

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to comple	
Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	
Amount (\$)	7 Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(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.)	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.)

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:	
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 Coda	
	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;	State; Zip Code	
	Purpose for which amount is received	if political contribution returned to filer	<u>.</u>
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	k 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; Zlp Code	
	Purpose for which amount is received Chec	ck if political contribution returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHED	= ACNIEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule F1 Schedule D Schedule C2 Schedule B(J) Schedule B Schedule A2 Schedule COH-UC Schedule B-SS Schedule G Schedule H Schedule F4 Schedule F2 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Piedgor / Payee Contribution / Expenditure reported on: Schedule F1 Schedule D Schedule C2 Schedule B Schedule B(J) Schedule A2 Schedule COH-UC Schedule B-SS Schedule H Schedule G Schedule F4 Schedule F2 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Piedgor / Payee Contribution / Expenditure reported on: Schedule D Schedule F1 Schedule C2 Schedule B(J) Schedule B Schedule A2 Schedule COH-UC Schedule B-SS Schedule H Schedule G Schedule F4 Schedule F2 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 11/15/2022

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to com	marked "Final Report" ••
	Complete only if "Report Type" on page 1 is n	2 Filer ID (Ethics Commission Filers)
NAN HON	ME	E Luct in frames comments
SIGNATU	IRE	
l do not ex designatin campaign	spect any further political contributions or political expenditures in cor g a report as a final report terminates my campaign treasurer appoin contributions or make any campaign expenditures without a campaign	nnection with my candidacy. I understand that attended in the stand that I may not accept any gn treasurer appointment on file. Signature of Candidate / Officeholder
		Signature of Candidate / Officerolder
FILERV	VHO IS NOTAN OFFICEHOLDER lete A & B below only if you are not an officeholder. **	
•• Comp	lete A & B below biny ii jos	
A.	CAMPAIGN FUNDS	
Check	only one:	arrand from political contributions.
	I do not have unexpended contributions of unexpended interest or in	ncome earned from political continues.
L	I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earned filing this final report. Further, I understand that I must dispose of the interest or income earned on political contributions in accordance we	of unexpended contributions and that I may not retain i on political contributions longer than six years after
В.	ASSETS /	
Chec	k only one: I do not retain assets purchased with political contributions or interest	est or other income from political contributions.
	I do retain assets purchased with political contributions or interest of that I may not convert assets purchased with political contributions personal use. I also understand that I must dispose of assets purchased with political contributions personal use. I also understand that I must dispose of assets purchased users of Election Code, § 254.204.	or other income from political contributions. I understand
		Signature of Candidate
5 OFFIC	CEHOLDER mplete this section only if you are an officeholder	
	I am aware that I remain subject to filing requirements applicable to a	n officeholder who does not have a campaign treasurer on ded contributions if, after filling the last required report as
	file. I am also aware that I will be required to file reports of unexpen an officeholder, I retain political contributions, interest or other incor- political contributions or interest or other income from political con-	