CANDIDATE / OFFICEHOLDER SPECIAL SESSION REPORT

FORM C/OH-SS

1 FILER ID (Ethics Comm	ission Filers)		2 Total pages filed:
3 CANDIDATE/	MS/MRS/MR FIRST	МІ	OFFICE USE ONLY
OFFICEHOLDER NAME	NICKNAME LAST	SUFFI	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CO	DDE Date Hand-delivered or Postmarked
change of address			Receipt # Amount \$
5 PERIOD COVERED	Month Day Year THROU	, , ,	Date Processed
6 OFFICE: HELD (if applicable)	□ Governor □ Lt. Governor □ Attorney General □ Comptroller □ Land Commissioner □ Supreme Court Justice	 Railroad Commissi Agriculture Commis State Senator: Dist State Representativ Secretary of State Court of Criminal Ag 	esioner rict # e: District #
7 OFFICE: SOUGHT (if applicable)	 Governor Lt. Governor Attorney General Comptroller Land Commissioner 	 Railroad Commissi Agriculture Commis State Senator: Dist State Representativ Secretary of State 	sioner ict #
	swear, or affirm, under penalty of perjur formation required to be reported by me		is true and correct and includes all
		Signature of C	andidate/Officeholder
(1) Affidavit	Please com	plete either option be	ow:
NOTARY STAMP/SEA			
	before me by	this the	day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ering oath Printed name of e	officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	on	OR	
			h is
. iny audi 655 15	(street)		,,,,,,,,,,, (state) (zip code) (country)
Executed in	County, State of		, 20 onth) (year)
	this Commission want	*	Indidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City; State; Zip Code	
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occup	bation / Job title (See Instructions) Employer (See Instru	ctions)
	Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occup	bation / Job title (See Instructions) Employer (See Instru	ctions)
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2-SS

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2-SS:
2 FILER NAM	E		3 Filer ID (Ethics Cor	nmission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of Contribution \$	8 In-kind contribution description
	6 Contributor address; City; State; Zip Code)	Check if travel outsi	। de of Texas. Complete Schedule T.
9 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	10 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
11 Contributor's	principal occupation (FOR JUDICIAL)	12 Contribu	utor's job title (FOR JL	IDICIAL)(See Instructions)
13 Contributor's	employer/law firm (FOR JUDICIAL)	14 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
15 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Cod	e	Check if travel outsi	 de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JL	IDICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Cod	e	Check if travel outs	 ide of Texas. Complete Schedule T.
Principal occ	L cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JL	JDICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
If	ATTACH ADDITIONAL COPIES OF 1 contributor is out-of-state PAC, please see instruction			requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B-SS

	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B-SS:
2	FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
4	Date	5 Full name of pledgorout-of-state PAC (ID#)	7 Amount of Pledge \$	8 In-kind contribution description
		6 Pledgor address; City; State; Zi			
				Check if travel outs	, . ide of Texas. Complete Schedule T.
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zi	p Code		
					 ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of Pledge \$	 In-kind contribution description
		Pledgor address; City; State; Zi	p Code		
				Check if travel outs	 ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgorout-of-state PAC(ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zi	p Code		
			,	Check if travel outs	 ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zij	o Code		
				Check if travel outs	, iide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
		ATTACH ADDITIONAL COPIES O		-	
	lfo	contributor is out-of-state PAC, please see instr	uction guide for a	dditional reporting	requirements.

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

SCHEDULE T

The Instru	uction Guide	explains	how to complete	this form.		1 Total pages Schedule T:	
2 FILER NAME						3 Filer ID (Ethics Commissi	on Filers)
4 Name of Contributor /	[/] Corporation	or Labor C	organization / Pledgo	or / Payee		1	
5 Contribution / Expend	Sche	edule B	Schedule B(J)		edule C2	Schedule D	Schedule F1
Schedule F2 Dates of travel	7 Name of	edule F4	Schedule G	Sch	edule H	Schedule COH-UC	Schedule B-SS
Dates of travel	8 Departu	re city or n	ame of departure loo				
	9 Destinat	ion city or	name of destination	location			
10 Means of transportati	ion	11 Purpo	ese of travel (includin	ng name of co	onference, se	eminar, or other event)	
Name of Contributor /	Corporation	or Labor C	Organization / Pledgo	or / Payee			
Contribution / Expend	liture reported	l on:					
Schedule A2	Sche	edule B	Schedule B(J)) 🗌 Sch	edule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Sch	edule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name o	person(s)	traveling				
	Departu	re city or n	ame of departure loc	cation			
	Destinat	ion city or	name of destination	location			
Means of transportat	ion	Purpo	ose of travel (includir	ng name of c	onference, s	eminar, or other event)	
Name of Contributor	Corporation	or Labor C	Organization / Pledgo	or / Payee			
Contribution / Expend	liture reported	l on:					
Schedule A2	Schedu	lle B	Schedule B(J)	Sched	ule C2	Schedule D	Schedule F1
Schedule F2	Schedu	ile F4	Schedule G	Sched	ule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name o	person(s)	traveling				
	Departu	re city or n	ame of departure loc	cation			
	Destinat	ion city or	name of destination	location			
Means of transportat	ion	Purpo	ose of travel (includir	ng name of c	onference, s	eminar, or other event)	
	A	TACH AE	DITIONAL COPIE	S OF THIS	SCHEDULE	ASNEEDED	

				OFFICE U	JSE ONLY
	AFFIDA CANDIDATE OR (ELECTRONIC FIL	OFFICEHOLDER:		Date Received	
	An exemption affidavit must be	e submitted with each paper rep	ort.	Date Hand-delivered	or Date Postmarked
Beginning on January	1, 2024, a candidate or officeho	older who has accepted more t	han		
	tributions or made more than ust file all subsequent reports e		res	Receipt #	Amount \$
				Date Processed	
Filer name		Filer ID #		Date Imaged	

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the ______ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL			Signature	e of Filer	
Sworn to and subscribed before me by			this the	day of	
20, to certify which, witness my	hand and seal of office.				
Signature of officer administering oath	Printed name of officer	administering oath		Title of office	r administering oa
	OR				
(2) Unsworn Declaration					
My name is		, and my date	of birth is		
My name is					
	street)	(city)	'(state) '	(zip code) ', 20	(country)