# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:		
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE	USE ONLY		
NAME	NICKNAME	LAST	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; (	CITY; STATE; ZIP CODE				
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered  Receipt #			
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI		Amount \$		
NAME	NICKNAME	LAST	SUFFIX	Date Processed			
				Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER PHONE	( )	PHONE NUMBER	EATENSION				
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day aft treasurer ap (Officeholde			
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report	t (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	Month	Day Year			
COVERED	/		THROUGH				
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	:			
	Month Day	Year Primary	Runoff Other Description				
		General	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS				
GO TO PAGE 2							

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUT     PLEDGES, LOANS, OR GUARANTEES OF LO     CONTRIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARA	ANTEES OF LOANS)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITUR	RE. \$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAI OF REPORTING PERIOD	NED AS OF THE LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAI LAST DAY OF THE REPORTING PERIOD	NDING LOANS AS OF THE \$
	vear, or affirm, under penalty of perjury, that the accompa uired to be reported by me under Title 15, Election Code.	anying report is true and correct and includes all information
		Signature of Candidate/Officeholder
	Please complete either	option below:
(1) Affidavit		
(-,		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by	this the day of,
	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administerin	g oath Title of officer administering oath
(2) Unsworn Declaration		
		d my date of birth is
iviy address is	(street)	(city) (state) (zip code) (country)
Executed in	•	
*** <u></u>	County, State of , on the	(month) (year)
		Signature of Candidate/Officeholder (Declarant)

# **SUBTOTALS - JC/OH**

# FORM JC/OH COVER SHEET PG 3

19	FILER NAME 2	mmission 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 CON	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

# SCHEDULE A(J)1

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

	Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor  uut-of-state PAC I	D#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Contributor's p	principal occupation	9 Contributor's job title	
10	Contributor's 6	employer/law firm	11 Law firm of contributor	's spouse (if any)
12	If contributor is	a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Contributor's p	principal occupation	Contributor's job title	
	Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)
	If contributor is	a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)
		Contributor address; City;	State: Zip Code	
	Contributor's p	rincipal occupation	Contributor's job title	
	Contributor's e	mployer/law firm	Law firm of contributor	r's spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

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

TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:				
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$				
5 Date	6 Full name of contributor	8 Amount of Contribution \$	9 In-kind contribution description				
	7 Contributor address; City; State;	Zip Code					
			Check if travel outside	de of Texas. Complete Schedule T.			
<b>10</b> Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	AL)(See Instructions)			
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)			
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (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 Contribution \$	In-kind contribution description			
	Contributor address; City; State;	Zip Code					
			Check if travel outside	de of Texas. Complete Schedule T.			
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)			
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)					
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	ATTACH ADDITIONAL COPIES OF T		-	requirements.			

## PLEDGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE **B(J)**

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

						_	_	
	Th	ne Instruction Guide explair	ns how to complete this	form.		1	Total pages Sched	dule B(J):
2	FILER NAME					3	Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLED	GES			\$		
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; S	tate;	Zip Code		Check if travel outsi	      -  ide of Texas. Complete Schedule T.
10	Pledgor's princ	cipal occupation		11	Pledgor's job	title	1	
12	Pledgor's emp	loyer/law firm		13	3 Law firm of p	ledg	or's spouse (if any	y)
14	If pledgor is a	child, law firm of parent(s) (	(if any)					
	Date	Full name of pledgor	out-of-state PAC (ID#:_				Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; S	 tate;	Zip Code			
	Pledgor's princ	cipal occupation			Pledgor's job	title	J	ide of Texas. Complete Schedule T.
	Pledgor's emp	oloyer/law firm			Law firm of p	ledg	por's spouse (if any	у)
	If pledgor is a	child, law firm of parent(s)	(if any)					
	Date	Full name of pledgor	out-of-state PAC (ID#:_		)		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; S	itate;	Zip Code		Check if travel outsi	 
	Pledgor's princ	cipal occupation			Pledgor's job	title	-	·
	Pledgor's emp	loyer/law firm			Law firm of p	oledg	or's spouse (if any	y)
	If pledgor is a	child, law firm of parent(s)	(if any)	ı				
		ATTACH	ADDITIONAL COPIES	S OF	THIS SCHE	DUL	E AS NEEDED	

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

# LOANS (JUDICIAL)

# SCHEDULE E(J)

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

The In	struction Guide explains how to complete this f	orm.	1 Total pages Schedule E(J):			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNI	TEMIZED LOANS		\$			
5 Date of loan	7 Name of lender  ut-of-state PAC	(ID#:)	9 Loan Amount (\$)			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
☐ Y ☐ N			11 Maturity date			
12 Lender's Principal	Occupation	13 Lender's Job Title				
14 Lender's Employer	'Law Firm	15 Law Firm of lender's spou	se (if any)			
16 If lender is a child,	law firm of parent(s) (if any)					
17 Description of Colla	ateral	Check if personal funds were deposited into political account (See Instructions)				
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)			
not applicable	21 Guarantor address; City;	State; Zip Code				
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title				
25 Guarantor's Employ	yer/Law Firm	26 Law Firm of guarantor's spouse (if any)				
27 If guarantor is a child, law firm of parent(s) (if any)						
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED			

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

### POLITICAL EXPENDITURES MADE FROM **POLITICAL CONTRIBUTIONS**

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

Candidate/Officeholder/Politica Credit Card Payment		Services Salarie Instruction Guide explains how	es/Wages/Contract Labor to complete this form.	Other (enter a cate	egory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Eth	ics Commission Filers)	
4 Date	5 Payee name					
6 Amount (\$)	<b>7</b> Payee address	;	City;	State;	Zip Code	
8 (a) Category (See Categories listed at the top of this schedule) (b)  PURPOSE OF EXPENDITURE						
	(c) Check if	travel outside of Texas. Complete Schedule T	Check if A	austin, TX, officeholder livi	ing expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF		officeholder name	Office sought		Office held	
Date	Payee name					
Amount (\$)	Payee address		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See C	ategories listed at the top of this schedule)	Description			
	Check if	travel outside of Texas. Complete Schedule T.	Check if A	austin, TX, officeholder livi	ing expense	
Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Office sought		Office held	
Date	Payee name					
Amount (\$)	Payee address		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See C	ategories listed at the top of this schedule)	Description			
	Check if	travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office sought	:	Office held	
	ATTACH	ADDITIONAL COPIES OF TH	IIS SCHEDULE AS N	IEEDED		

### **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

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

Candidate/Officeholder/Politica	•	Salaries/Wages/Contract Labor s how to complete this form.	Other (enter a category not listed above)					
1 Total pages Schedule F2:	2 FILER NAME	·	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIC	SATIONS	\$					
5 Date	6 Payee name							
7 Amount (\$)	8 Payee address;	City;	State; Zip Code					
9 TYPE OF EXPENDITURE	Political	Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description						
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	stin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held					
Date	Payee name							
Amount (\$)	Payee address;	City;	State; Zip Code					
TYPE OF EXPENDITURE	Political	Non-Political						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description						
	Check if travel outside of Texas. Complete S	Schedule T. Check if Au	ustin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED					

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Date	5 Name of person from whom investment is purchased	
		6 Address of person from whom investment is purchased; City	; State; Zip Code
		7 Description of investment	
		8 Amount of investment (\$)	
	Date	Name of person from whom investment is purchased	
		Address of person from whom investment is purchased; City	State; Zip Code
		Description of investment	
		Amount of investment (\$)	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

### **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/Politic	cal Committee	Gift/Awards Legal Serv		Polling E Printing I Salaries/	Expense Wages/Contr	act Labor	•	egory not listed above)
The Instruction	Guide explains	how to co	mplete this form.		USE A NEW PAGE FOR EACH CREDIT CARD ISSUER			
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME						3 FILER ID (Eth	ics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHAF	RGED TO A	CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financial institution							
6 PAYMENT	(a) Amount Char	rged	(b) Date Expenditu	re Charged	(c) Date(s)	Credit Card Issue	er Paid	
7 PAYEE	(a) Payee name			(b) Payee add	dress;	Cit	y, Sta	te, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See	e Categories lis	sted at the top of this sched	lule)	(b) Descrip	tion		
Political Non-Political	(c) Check	if travel out	side of Texas. Complete	e Schedule T.		Check if Austin	, TX, officeholder liv	ving expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought				Office H	Held		
PAYMENT	(a) Amount Cha	rged	(b) Date Expenditu	re Charged	(c) Date(s)	Credit Card Issue	er Paid	
	\$							
PAYEE	(a) Payee name			(b) Payee add	dress;	Cit	y, Sta	te, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See	e Categories lis	sted at the top of this sched	lule)	(b) Descrip	tion		
Political Non-Political	(c) Check	if travel out	side of Texas. Complete	e Schedule T.		Check if Austir	n, TX, officeholder li	iving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Off	ficeholder r	name	Off	ice Sought		Office H	Held
PAYMENT	(a) Amount Cha	rged	(b) Date Expenditu	re Charged	(c) Date(s)	Credit Card Issue	er Paid	
	\$							
PAYEE	(a) Payee name			(b) Payee add	dress;	Cit	y, Sta	te, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See	e Categories lis	sted at the top of this sched	lule)	(b) Descrip	tion		
Non-Political	(c) Check	if travel out	side of Texas. Complete	Schedule T.		Check if Aus	tin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Offi			ice Sought		Office I	Held	
	ATTAC	H ADDIT	TIONAL COPIES	S OF THIS	SCHEDU	LE AS NEED	DED	

# 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
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

Printing Expense Travel Out of District
Salaries/Wages/Contract Labor Other (enter a cat

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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)  Reimbursement from political contributions	7 Payee address;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Chaple if Augin	TV officeholder living evenes
	· ·		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS NEED	NED.

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

### SCHEDULE H

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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	complete this form.	Care. (errer a category nerricea azere)
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 expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	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	Office sought	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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE I

The Instruction Guide explains how to complete this form.							
<b>1</b> Total pages Schedule I:	2 FILER NAME		<b>3</b> Filer ID (Ethic	es Commission Filers)			
4 Date	5 Payee name						
<b>6</b> Amount (\$)	7 Payee address;	City	Sta	te Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding ty	pe 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 (See required.)	e instructions regarding ty	pe of information			
Date	Payee name						
Amount (\$)	Payee address;	City	Sta	e Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding ty	rpe of information			
Date	Payee name						
Amount (\$)	Payee address;	City	Sta	ie Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding ty	pe of information			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

# 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	te; Zip Code					
7 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; Sta	ate; 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; Stat	te; 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; Sta	ate; Zip Code					
Purpose for which amount is received Check if	political contribution returned to filer					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## **OUTSTANDING LOANS**

## SCHEDULE L

The	e Instruction Guide explains how to complete this f	<b>1</b> Tot	tal pages Schedu	le L:
2 FILER NAME		<b>3</b> Fi	iler ID (Ethics Co	ommission Filers)
LENDER INFORMATION	4 Name of lender			
	5 Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	6 Name of guarantor			
not applicable	7 Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ΞD	

## **ASSETS PURCHASED WITH CONTRIBUTIONS**

### SCHEDULE M

	The Instruction Guide explains when and how to complete this form.	1	Total pages Schedule M:
2	FILER NAME	3	Filer ID (Ethics Commission Filers)
4	Description of Asset	I	
	Description of Asset		
	Description of Asset		
	Description of Asset		
	Description of Asset		
	Description of Asset		
	Description of Asset		
	Description of Asset		
	Description of Asset		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NE	EDED

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

### SCHEDULE T

The Instruction Guide explains how to complete this form.					1	1 Total pages Schedule T:					
2	FILER NAME							3	<b>3</b> Fi	ler ID (Ethics Commission F	Filers)
4	Name of Contributor /	/ Corporation	or Labor (	Organization	ı / Pledgor /	/ Paye	ee				
5	Contribution / Expend	lituro roportos	l on:								
5								_	_	_	
	Schedule A2	Sche	edule B	Sche	dule B(J)		Schedule C2	2		Schedule D	Schedule F1
	Schedule F2	Sche	edule F4	Sche	dule G		Schedule H			Schedule COH-UC	Schedule B-SS
6	Dates of travel	7 Name of	f person(s	) traveling							
		8 Departu	re city or r	name of dep	arture loca	tion					
		9 Destinat	ion city or	name of de	stination lo	catior	1				
10	Means of transportat	ion	<b>11</b> Purpo	ose of trave	l (including	name	of conference	e, semi	inar	, or other event)	
	Name of Contributor	/ Corporation	or Labor (	Organization	ı / Pledgor	/ Paye	96				
	Contribution / Expend	diture reported	d on:								
	Schedule A2	Sche	edule B	Sche	dule B(J)		Schedule C2	· [	$\neg$	Schedule D	Schedule F1
					dule G			. L	_		
	Schedule F2		edule F4	Scne	dule G		Schedule H	L		Schedule COH-UC	Schedule B-SS
	Dates of travel Name of person(s) traveling										
	Departure city or name of departure location										
	Destination city or name of destination location										
	Means of transportat	ion	Purp	ose of trave	l (including	name	of conference	e, sem	inar	, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee											
Contribution / Expenditure reported on:											
	Schedule A2	Sche	edule B	Sche	dule B(J)		Schedule C2	· 「	$\neg$	Schedule D	Schedule F1
	Schedule F2	Sche	edule F4		dule G		Schedule H			Schedule COH-UC	Schedule B-SS
	Dates of travel	Name o	f person(s	) traveling							
	Departure city or name of departure location										
		Destinat	ion city or	name of de	stination lo	cation	1				
	Means of transportat	ion	Purp	ose of trave	l (including	name	e of conference	e, sem	inar	, or other event)	
		A	TTACH A	DDITIONA	L COPIES	OF T	HIS SCHEDU	JLE A	SN	EEDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE					
	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 / Officeholder						
4		WHO IS NOT AN OFFICEHOLDER  uplete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.				
		I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contribing this final report. Further, I understand that I must dispose of unexpended politic interest or income earned on political contributions in accordance with the requirement	ne earned on political contributions to ontributions and that I may not retain ibutions longer than six years after al contributions and unexpended				
	B.	ASSETS					
	Chec	k only one:					
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.				
		I do retain assets purchased with political contributions or interest or other income fro that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to				
		Si	ignature of Candidate				
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who defile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as				
		Siç	gnature of Officeholder				