DIRECT CAMPAIGN EXPENDITURES DAILY PRE-ELECTION REPORT

FORM DAILY-E DCE

1 Filer ID (Ethics Com	OFFICE I	JSE ONLY					
3 FILER NAME	MS/MRS/MR	FIRST			МІ	Date Received	
	NICKNAME	LAST			SUFFIX		
4 FILER ADDRESS	ADDRESS / PO BOX; APT	「/SUITE#;	CITY;	STATE;	ZIP CODE	Date Hand-delivered	
Change of Address						Pate Processed Date Imaged	Amount \$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Travel In District
Travel Out Of District
Other (enter a category

Candidate/Officeholder/Politica Credit Card Payment	•	ces Salaries/ ruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Category	ories listed at the top of this schedule)	(b) Description		
	(c) Check if travel	outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office	holder name	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categor	ries listed at the top of this schedule)	Description		
	Check if travel	outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categor	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 / Office	eholder name	Office sought		Office held
	ATTACH ADI	DITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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 Event Expense 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/Political Committee Legal Services Salaries/Wages/Col The Instruction Guide explains how to complete								,				
1	Total pages Schedule F2:	2 FILER		<u> </u>		<u> </u>		3 Filer I	D (Ethics Co	ommission Filers)	_	
4	TOTAL OF UNITEM	IIZED UN	NPAID INCUF	RRED OBL	IGATION	IS		\$				
5	Date	6 Payee	name								_	
7	Amount (\$)	8 Payee	address;			C	City;		State;	Zip Code		
9	TYPE OF EXPENDITURE		Political		Non-Po	blitical					_	
10	PURPOSE OF EXPENDITURE	(a) Catego	ory (See Categories li	sted at the top of th	iis schedule)	(b) Descr	iption					
		(c)	Check if travel outside	of Texas. Complete	Schedule T.		Check if Aust	tin, TX, offic	eholder living e	expense		
11	Complete ONLY if direct expenditure to benefit C/OH		ndidate / Officeh	older name	(Office sough	t		Office hel	ld		
	Date	Payee	name								_	
	Amount (\$)	Payee	address;			C	City;		State;	Zip Code		
	TYPE OF EXPENDITURE		Political		Non-Pe	olitical						
	PURPOSE OF EXPENDITURE	Catego	ory (See Categories li	sted at the top of th	nis schedule)	Desc	cription					
			Check if travel outsid	de of Texas. Comple	te Schedule T.		Check if Au	stin, TX, offi	ceholder living	expense		
	Complete ONLY if direct expenditure to benefit C/OH		ndidate / Officeh	older name	(Office sough	t		Office he	ld		
		ATTA	CH ADDITION	AL COPIES	OF THIS	SCHEDULE	E AS NEI	EDED			_	

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/Politi	de By Gift/Awards/Memorials Expense Printing litical Committee Legal Services Salaries			Polling E Printing E Salaries/	Expense Wages/Contra	act Labor	Travel In District Travel Out Of District Other (enter a category not listed above) EACH CREDIT CARD ISSUER			
The Instruction	Guide explains	how to co	emplete this form.		USE A NEV	V PAGE FOR E	ACH CREDIT CARE	ISSUER		
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME						3 FILER ID (Ethics	Commission Filers)		
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHAR	GED TO A	CREDIT CARD				\$			
5 CREDIT CARD ISSUER	Name of financ	ial institut	ion							
6 PAYMENT	(a) Amount Char	ged	(b) Date Expenditu	re Charged	(c) Date(s) (Credit Card Issue	r Paid			
7 PAYEE	(a) Payee name			(b) Payee add	dress;	City	, State,	Zip Code		
8 PURPOSE OF EXPENDITURE Political	(a) Category (See	: Categories lis	sted at the top of this sched	ule)	(b) Descript	tion				
Non-Political	(c) Check	if travel out	side of Texas. Complete	Schedule T.		Check if Austin	TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·						Office Held			
PAYMENT	(a) Amount Char	ged	(b) Date Expenditu	re Charged	(c) Date(s) (Credit Card Issue	r Paid			
	\$									
PAYEE	(a) Payee name			(b) Payee add	dress;	City	,, State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See	Categories lis	sted at the top of this sched	ule)	(b) Descript	tion				
Political Non-Political	(c) Check	if travel out	side of Texas. Complete	Schedule T.		Check if Austir	, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Off	iceholder r	name	Off	ice Sought		Office Held			
PAYMENT	(a) Amount Char	ged	(b) Date Expenditu	re Charged	(c) Date(s) (Credit Card Issue	r Paid			
	\$									
PAYEE	(a) Payee name			(b) Payee add	dress;	City	/, State,	Zip Code		
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)			ule)	(b) Descript	tion				
Non-Political	(c) Check	if travel out	side of Texas. Complete	Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of				fice Sought Office Held					
	ATTAC	H ADDIT	FIONAL COPIES	S OF THIS	SCHEDUI	LE AS NEED	ED			

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

SCHEDULE T

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

	Tare requested intermedict	e not applicable, 20 not melade and pag	10porti								
	The Instruction Guide	explains how to complete this form.	1 Total pages Schedule T:								
2	FILER NAME		3 Filer ID (Ethics Commission Filers)								
4	Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee									
5		Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S									
6	Dates of travel 7 Name of	7 Name of person(s) traveling									
	8 Departu	re city or name of departure location									
	9 Destinat	ion city or name of destination location									
10	Means of transportation	11 Purpose of travel (including name of conference, se	eminar, or other event)								
	Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee									
		edule B Schedule B(J) Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS								
	Dates of travel Name of person(s) traveling										
	Departure city or name of departure location										
	Destinat	ion city or name of destination location									
	Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)								
	Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee									
	Contribution / Expenditure reported Schedule A2 Schedule F2 Schedule F2	Ile B Schedule B(J) Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS								
	Dates of travel Name or	f person(s) traveling									
	Departu	re city or name of departure location									
	Destinat	ion city or name of destination location									
	Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)								
	A	TTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED								



AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURE REPORT: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a person not acting in concert with another person who makes one or more direct campaign expenditures that exceed \$160 in an election from the person's own property must file campaign finance reports as if the person were the campaign treasurer of a general purpose political committee. These reports are required to be filed electronically unless the person is eligible to claim the statutory exemption.

Beginning on January 1, 2024, an entity filing a direct campaign expenditure report that has made more than \$32,810 in direct campaign expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
Name of Entity (if applicable)	

OFFICE USE ONLY						
Date Received						
Date Hand-delivered or Date Postmarked						
Date Processed						
Date Imaged						

- 1. I swear or affirm that the entity for which I am reporting direct campaign expenditures has not made more than \$32,810 in direct campaign expenditures in a calendar year.
- 2. I further swear or affirm that the entity for which I am reporting direct campaign expenditures does not use computer equipment to keep current records of direct campaign expenditures.
- 3. I further swear or affirm that no person acting as the entity's agent or consultant, and no person with whom the entity contracts, uses computer equipment to keep current records of direct campaign expenditures.
- 4. I further swear or affirm that I understand that the entity's campaign finance reports are required to be filed electronically if the entity, the entity's agent or consultant, or a person with whom the entity contracts exceeds \$32,810 in direct campaign expenditures in a calendar year, or uses computer equipment to keep current records of direct campaign expenditures.
- 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 the entity is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit							
NOTARY STAMP/SEAL	Signature of Individual with Authority to Sign on Behalf of Enti						
Sworn to and subscribed before	re me by		t	his the	day of		,
20, to certify which	n, witness my hand and	seal of office.					
Signature of officer administering	oath	Printed name of officer ad	ministering oath		Title o	of officer administ	ering oath
		OR					
(2) Unsworn Declaration							
My name is			_, and my date of	birth is			·
My address is	(street)	,	(city)	(state)	(zip code)	(country)	·
Executed in	County, State of _	, on the	e day of __	(month	, 20, (ye	ear)	
				Signature	of Filer (Decla	arant)	

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