

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM MPAC  
COVER SHEET PG 1**

|   |   |  |  |
|---|---|--|--|
| The MPAC Instruction Guide explains how to complete this form.                                |   | <b>1</b> Filer ID (Ethics Commission Filers) | <b>2</b> Total pages filed:              |
| <b>3</b> COMMITTEE NAME   |   | <b>OFFICE USE ONLY</b>                       |  |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  |  | Date Received                            |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR                      FIRST                      MI<br><br>.....<br>NICKNAME                      LAST                      SUFFIX   | Date Hand-delivered or Date Postmarked       | Receipt #                      Amount \$ |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)                            | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE   |  | Date Processed                           |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  |  | Date Imaged                              |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br><br>(       )   |  |  |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)  |  |  |
| <b>10</b> MONTHLYREPORT FILING DEADLINE   | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 |  |  |
| <b>11</b> PERIOD COVERED  | Month    Day    Year                      Month    Day    Year<br><br>/       /                      THROUGH                      /       /   |  |  |

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

**FORM MPAC  
COVER SHEET PG 2**

|   |  |   |
|---|--|---|
| <b>12</b> COMMITTEE NAME  |  | <b>13</b> Filer ID (Ethics Commission Filers) |
| <b>14</b> COMMITTEE ACTIVITY<br><br>(Attach lists on plain paper to complete this report if necessary.) | 1. Candidates<br>(Identify by name or, if applicable, classify by party.)  | A. Supported                                  |
|   |  | B. Opposed                                    |
|   | 2. Measures<br>(Describe by date and location of election and nature of issue.)  | A. Supported                                  |
|   |  | B. Opposed                                    |
|   | 3. Officeholders Assisted<br>(Identify by name or, if applicable, classify by party.)  |   |
| <b>15</b> CONTRIBUTION TOTALS   | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)<br><br><input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold | \$  |
|   | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$  |
| -----<br>EXPENDITURE TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$  |
|   | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$  |
| -----<br>CONTRIBUTION BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |
| -----<br>OUTSTANDING LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$  |

**16** SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

**Please complete either option below:**

**(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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 officer administering oath  
[REDACTED]      **OR**      [REDACTED]

**(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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month)                      (year)

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - MPAC

# FORM MPAC COVER SHEET PG 3

|                   |  |
|-------------------|--|
| 17 COMMITTEE NAME | 18 Filer ID (Ethics Commission Filers) |
|-------------------|--|

| 19 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS   | \$                 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                             | \$                 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                 |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTION FROM CORPORATION OR LABOR ORGANIZATION               | \$                 |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTION FROM CORPORATION OR LABOR ORGANIZATION | \$                 |
| 6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                    | \$                 |
| 7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                | \$                 |
| 8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTION FROM CORPORATION OR LABOR ORGANIZATION                 | \$                 |
| 9. <input type="checkbox"/> SCHEDULE E: LOANS   | \$                 |
| 10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                  | \$                 |
| 11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                 |
| 12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                 | \$                 |
| 13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$                 |
| 14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$                 |
| 15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER     | \$                 |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:            |
| <b>2</b> FILER NAME   |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br><b>6</b> Contributor address;                      City;                      State;                      Zip Code | <b>7</b> Amount of contribution (\$)         |
| <b>8</b> Principal occupation / Job title (See Instructions)  |   | <b>9</b> Employer (See Instructions)         |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address;                      City;                      State;                      Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address;                      City;                      State;                      Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address;                      City;                      State;                      Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |
|   |   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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 requested information is not applicable, **DO NOT** include this page in the report.

|  |   |  |   |
|--|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                   |   | <b>1</b> Total pages Schedule A2:                                  |   |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers)                       |   |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | \$   |   |
| <b>5</b> Date  | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br><b>7</b> Contributor address;                      City;                      State;                      Zip Code | <b>8</b> Amount of Contribution \$                                 | <b>9</b> In-kind contribution description<br>.....<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)    |   | <b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)            |   |
| <b>12</b> Contributor's principal occupation (FOR JUDICIAL)                        |   | <b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions) |   |
| <b>14</b> Contributor's employer/law firm (FOR JUDICIAL)                           |   | <b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL) |   |
| <b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |  |   |
| <b>Date</b>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br><b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>   | <b>Amount of Contribution \$</b>                                   | <b>In-kind contribution description</b><br>.....<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   |
| <b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>      |   | <b>Employer (FOR NON-JUDICIAL)(See Instructions)</b>               |   |
| <b>Contributor's principal occupation (FOR JUDICIAL)</b>                           |   | <b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>    |   |
| <b>Contributor's employer/law firm (FOR JUDICIAL)</b>                              |   | <b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>    |   |
| <b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>    |   |  |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

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

|  |  |   |   |
|--|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule B:  |   |
| <b>2</b> FILER NAME  |  | <b>3</b> Filer ID (Ethics Commission Filers)                                    |   |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                             |  | \$  |   |
| <b>5</b> Date  | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>8</b> Amount of Pledge \$  | <b>9</b> In-kind contribution description |
| .....  |  |   |   |
| <b>7</b> Pledgor address; City; State; Zip Code                  |  |   |   |
|  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| <b>10</b> Principal occupation / Job title (See Instructions)    |  | <b>11</b> Employer (See Instructions)   |   |

  

|   |   |   |                                  |
|---|---|---|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$   | In-kind contribution description |
| .....   |   |   |                                  |
| Pledgor address; City; State; Zip Code              |   |   |                                  |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)   |                                  |

  

|   |   |   |                                  |
|---|---|---|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$   | In-kind contribution description |
| .....   |   |   |                                  |
| Pledgor address; City; State; Zip Code              |   |   |                                  |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)   |                                  |

  

|   |   |   |                                  |
|---|---|---|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$   | In-kind contribution description |
| .....   |   |   |                                  |
| Pledgor address; City; State; Zip Code              |   |   |                                  |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)   |                                  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C1

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

|   |   |   |
|---|---|---|
| <p><b>The Instruction Guide explains how to complete this form.</b></p> |   | <p><b>1</b> Total pages Schedule C1:</p>            |
| <p><b>2</b> FILER NAME</p>  |   | <p><b>3</b> Filer ID (Ethics Commission Filers)</p> |
| <p><b>4</b> Date</p>  | <p><b>5</b> Corporation / Labor Organization name</p> <hr/> <p><b>6</b> Corporation / Labor Organization address; City; State; Zip Code</p> | <p><b>7</b> Amount of contribution (\$)</p>         |
| <p>Date</p>   | <p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>                   | <p>Amount of contribution (\$)</p>                  |
| <p>Date</p>   | <p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>                   | <p>Amount of contribution (\$)</p>                  |
| <p>Date</p>   | <p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>                   | <p>Amount of contribution (\$)</p>                  |
| <p>Date</p>   | <p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>                   | <p>Amount of contribution (\$)</p>                  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C2

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

|  |   |  |  |
|--|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule C2:            |  |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date  | <b>5</b> Corporation / Labor Organization name                                    | <b>7</b> Amount of Contribution \$           | <b>8</b> In-kind contribution description              |
|  | .....<br><b>6</b> Corporation / Labor Organization address; City; State; Zip Code |  |  |
|  |   | <input type="checkbox"/>                     | Check if travel outside of Texas. Complete Schedule T. |
| Date   | Corporation / Labor Organization name   | Amount of Contribution \$                    | In-kind contribution description                       |
|  | .....<br>Corporation / Labor Organization address; City; State; Zip Code          |  |  |
|  |   | <input type="checkbox"/>                     | Check if travel outside of Texas. Complete Schedule T. |
| Date   | Corporation / Labor Organization name   | Amount of Contribution \$                    | In-kind contribution description                       |
|  | .....<br>Corporation / Labor Organization address; City; State; Zip Code          |  |  |
|  |   | <input type="checkbox"/>                     | Check if travel outside of Texas. Complete Schedule T. |
| Date   | Corporation / Labor Organization name   | Amount of Contribution \$                    | In-kind contribution description                       |
|  | .....<br>Corporation / Labor Organization address; City; State; Zip Code          |  |  |
|  |   | <input type="checkbox"/>                     | Check if travel outside of Texas. Complete Schedule T. |
| Date   | Corporation / Labor Organization name   | Amount of Contribution \$                    | In-kind contribution description                       |
|  | .....<br>Corporation / Labor Organization address; City; State; Zip Code          |  |  |
|  |   | <input type="checkbox"/>                     | Check if travel outside of Texas. Complete Schedule T. |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**







# PLEGGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE D

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

|  |   |   |   |
|--|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule D:  |   |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers)                                    |   |
| <b>4</b> Date  | <b>5</b> Corporation / Labor Organization name                                    | <b>7</b> Amount of Contribution \$  | <b>8</b> In-kind contribution description |
|  | .....<br><b>6</b> Corporation / Labor Organization address; City; State; Zip Code |   |   |
|  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Date   | Corporation / Labor Organization name   | Amount of Contribution \$   | In-kind contribution description          |
|  | .....<br>Corporation / Labor Organization address; City; State; Zip Code          |   |   |
|  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Date   | Corporation / Labor Organization name   | Amount of Contribution \$   | In-kind contribution description          |
|  | .....<br>Corporation / Labor Organization address; City; State; Zip Code          |   |   |
|  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Date   | Corporation / Labor Organization name   | Amount of Contribution \$   | In-kind contribution description          |
|  | .....<br>Corporation / Labor Organization address; City; State; Zip Code          |   |   |
|  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Date   | Corporation / Labor Organization name   | Amount of Contribution \$   | In-kind contribution description          |
|  | .....<br>Corporation / Labor Organization address; City; State; Zip Code          |   |   |
|  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# LOANS

## SCHEDULE E

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

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.               |  | 1 Total pages Schedule E:  |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$   |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | 9 Loan Amount (\$)   |
| 6 Is lender a financial Institution?<br><br>Y N                         | 8 Lender address; City; State; Zip Code                                  | 10 Interest rate   |
|   |  | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)                  |  | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><input type="checkbox"/> none           |  | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor   | 19 Amount Guaranteed (\$)  |
|   | 18 Guarantor address; City; State; Zip Code                              |  |
| 20 Principal Occupation (See Instructions)                              |  | 21 Employer (See Instructions)   |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )   | Loan Amount (\$)   |
| Is lender a financial Institution?<br><br>Y N                           | Lender address; City; State; Zip Code                                    | Interest rate  |
|   |  | Maturity date  |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none              |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor  | Amount Guaranteed (\$)   |
|   | Guarantor address; City; State; Zip Code                                 |  |
| Principal Occupation (See Instructions)                                 |  | Employer (See Instructions)  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date   | <b>5</b> Payee name   |   |
| <b>6</b> Amount (\$)  | <b>7</b> Payee address; City; State; Zip Code                                   |   |
| <input type="checkbox"/> Expenditure from corporate funds           |   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)         | <b>(b)</b> Description  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> 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  |   |
| <input type="checkbox"/> Expenditure from corporate funds           |   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)                    | Description   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 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  |   |
| <input type="checkbox"/> Expenditure from corporate funds           |   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)                    | Description   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought      Office held  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                                   |                     |  |
|-----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule F2: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|   |   |
|---|---|
| <b>7</b> Amount (\$)<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>8</b> Payee address; City; State; Zip Code |
|---|---|

|                              |                                    |  |
|------------------------------|------------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

|                                  |  |   |
|----------------------------------|--|---|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)                    | <b>(b)</b> Description  |
|                                  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$)<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code |
|--|--------------------------------------|

|                     |                                    |  |
|---------------------|------------------------------------|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|---------------------|------------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)                    | Description   |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule F3:            |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Name of person from whom investment is purchased   |  |
|  | .....<br><b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code |  |
|  | <b>7</b> Description of investment  |  |
|  | <b>8</b> Amount of investment (\$)  |  |
| Date   | Name of person from whom investment is purchased  |  |
|  | .....<br>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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|                                   |                     |  |
|-----------------------------------|---------------------|--|
| <b>1 TOTAL PAGES SCHEDULE F4:</b> | <b>2 FILER NAME</b> | <b>3 FILER ID (Ethics Commission Filers)</b> |
|-----------------------------------|---------------------|--|

|  |    |
|--|----|
| <b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b> | \$ |
|--|----|

|                             |                               |
|-----------------------------|-------------------------------|
| <b>5 CREDIT CARD ISSUER</b> | Name of financial institution |
|-----------------------------|-------------------------------|

|                  |                          |                              |                                     |
|------------------|--------------------------|------------------------------|-------------------------------------|
| <b>6 PAYMENT</b> | (a) Amount Charged<br>\$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|------------------|--------------------------|------------------------------|-------------------------------------|

|                |                |  |
|----------------|----------------|--|
| <b>7 PAYEE</b> | (a) Payee name | (b) Payee address; City, State, Zip Code |
|----------------|----------------|--|

|   |   |                 |
|---|---|-----------------|
| <b>8 PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)  | (b) Description |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9 Complete ONLY if direct expenditure to benefit C/OH</b> | Candidate / Officeholder name | Office Sought | Office Held |
|--|-------------------------------|---------------|-------------|

|                |                          |                              |                                     |
|----------------|--------------------------|------------------------------|-------------------------------------|
| <b>PAYMENT</b> | (a) Amount Charged<br>\$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|----------------|--------------------------|------------------------------|-------------------------------------|

|              |                |  |
|--------------|----------------|--|
| <b>PAYEE</b> | (a) Payee name | (b) Payee address; City, State, Zip Code |
|--------------|----------------|--|

|   |   |                 |
|---|---|-----------------|
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)  | (b) Description |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>Complete ONLY if direct expenditure to benefit C/OH</b> | Candidate / Officeholder name | Office Sought | Office Held |
|--|-------------------------------|---------------|-------------|

|                |                          |                              |                                     |
|----------------|--------------------------|------------------------------|-------------------------------------|
| <b>PAYMENT</b> | (a) Amount Charged<br>\$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|----------------|--------------------------|------------------------------|-------------------------------------|

|              |                |  |
|--------------|----------------|--|
| <b>PAYEE</b> | (a) Payee name | (b) Payee address; City, State, Zip Code |
|--------------|----------------|--|

|   |   |                 |
|---|---|-----------------|
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)  | (b) Description |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>Complete ONLY if direct expenditure to benefit C/OH</b> | Candidate / Officeholder name | Office Sought | Office Held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:  | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)                                      |
| <b>4</b> Date   | <b>5</b> Payee name   |   |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address;   | City State Zip Code   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See instructions regarding type of information required.) |
| Date  | Payee name  |   |
| Amount (\$)<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address;  | City State Zip Code   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |
| Date  | Payee name  |   |
| Amount (\$)<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address;  | City State Zip Code   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |
| Date  | Payee name  |   |
| Amount (\$)<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address;  | City State Zip Code   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE K

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

|   |   |                                       |
|---|---|---------------------------------------|
| 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; Zip Code |                                       |
| 7 Purpose for which amount is received <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Check if political contribution returned to filer   |   |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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.

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule T:             |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |   |  |
| <b>5</b> Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |   |  |
| <b>6</b> Dates of travel   | <b>7</b> Name of person(s) traveling  |  |
|  | <b>8</b> Departure city or name of departure location                               |  |
|  | <b>9</b> Destination city or name of destination location                           |  |
| <b>10</b> Means of transportation  | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |   |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS          |   |  |
| <b>Dates of travel</b>   | <b>Name of person(s) traveling</b>  |  |
|  | <b>Departure city or name of departure location</b>                                 |  |
|  | <b>Destination city or name of destination location</b>                             |  |
| <b>Means of transportation</b>   | <b>Purpose of travel (including name of conference, seminar, or other event)</b>    |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |   |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS          |   |  |
| <b>Dates of travel</b>   | <b>Name of person(s) traveling</b>  |  |
|  | <b>Departure city or name of departure location</b>                                 |  |
|  | <b>Destination city or name of destination location</b>                             |  |
| <b>Means of transportation</b>   | <b>Purpose of travel (including name of conference, seminar, or other event)</b>    |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

2 Filer ID (Ethics Commission Filers)

### 3 Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

\_\_\_\_\_  
Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL  
COMMITTEE IS TO BE DISSOLVED**

**Please complete either option below:**

#### (1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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 officer administering 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)



# AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a campaign treasurer of a political committee that has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

|            |            |
|------------|------------|
| Filer name | Filer ID # |
|------------|------------|

| OFFICE USE ONLY                        |           |
|--|-----------|
| Date Received                          |           |
| Date Hand-delivered or Date Postmarked |           |
| Receipt #                              | Amount \$ |
| Date Processed                         |           |
| Date Imaged                            |           |

- I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts 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 the committee.
- 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 committee is claiming an exemption from electronic filing.

## Please complete either option below:

### (1) Affidavit

\_\_\_\_\_  
Signature of Campaign Treasurer

NOTARY STAMP / SEAL

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 officer administering 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 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ (month) (year).

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

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