SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT**

FORM SPAC **COVER SHEET PG 1**

т	he SPAC Instruction Guid	n.	1 Filer ID (Ethics Commission Filers) 2 Total pages filed:		ed:		
3	COMMITTEE NAME					OFFICE	USE ONLY
						Date Received	
4	COMMITTEE ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CIT	Y; STATE;	ZIP CODE		
						Date Hand-delivered	l or Date Postmarked
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST			MI	Receipt #	Amount \$
		NICKNAME LAST			SUFFIX	Date Processed	
						Date Imaged	
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUIT	E #; CITY;	STATE;	ZIP CODE	
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX;	APT / SUIT	E #; CITY;	STATE;	ZIP CODE	
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ()		EXTENSIO	Ν		
9	REPORT TYPE	January 15 July 15	8th	th day before election n day before election unoff		Exceeded Modified Re Dissolution Report (At 10th day after campaig	
10	PERIOD COVERED	Month Day Year				Month Day	Year
				THROUGH			
11	ELECTION		Primary General	EL Runoff Special		ther Description—————	
For	GO TO PAGE 2 Forms provided by Texas Ethics Commission www.ethics.state.tx.us Bevised 1/1/2024						

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers)						
14 COMMITTEE PURPOSE (Attach lists on plain pape	er to	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME			
complete this report if necessary.)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (off)		
SUPPORT (Candidate or Measure)			BALLOT IDENTIFICATION / #	ELEC Ionth	CTION DATE Day Year	
(Candidate or Measu ASSIST (Officeholder)	re)	MEASURE	DESCRIPTION			
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OF	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)		\$	
	2.	TOTAL POLITICAL O	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)		\$	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	POLITICAL EXPENDITURES		\$	
	4.	TOTAL POLITICAL EXPENDITURES			\$	
CONTRIBUTION BALANCE5.TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			ST DAY	\$		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS O PORTING PERIOD	FTHE	\$	
			alty of perjury, that the accompanyin red to be reported by me under Title 1			
			Signature of Campaig	jn Treas	surer (Declarant)	
(1) Affidavit AFFIX NOTARY STAMP/	SEALAB		omplete either option below:			
Sworn to and subscril	bed be	fore me, by the said			_, this the	
day of	, 20	, to certify whi	ich, witness my hand and seal of office	ə.		
Signature of officer adm	ninisterir	ng oath Printed r	name of officer administering oath OR	Ti	tle of officer administering oath	
(2) Unsworn Declarat	ion					
My name is, and my date of birth is						
My address is		(-tut)	JJJJJ	, <i>_</i> _	(-i , -------------	
My address is,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, ,, ,, ,, ,, , , , , , , , , , , , , , , , , , , ,						
	Signature of Campaign Treasurer (Declarant)					

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Cor	nmission Filers)
19	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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$
5.	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPO ORGANIZATION	ORATION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR	RORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	tions)	
	Date	Full name of contributor Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor Out-of-state PAG	L (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	L;tions)
	Date	Full name of contributor Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	L ztions)
			1	
		ATTACH ADDITIONAL COPIES		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested info	mation is not applicable, DO NO	OT include this page in the repo	ort.
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т	he Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAM	ΛE	3 Filer ID (Ethics Commission Filers)				
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description			
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.			
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	FOR NON-JUDICIAL)(See Instructions)			
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description			
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.			
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)				
Contributor	's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributo	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi		-			

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The I	Instruction Guide explains how to complete this	1 Total pages Schedule B:			
2 FILER NAME			3 Filer ID (Ethics C	commission Filers)	
4 TOTAL OF	UNITEMIZED PLEDGES		\$		
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; Sta	ate; Zip Code	Check if travel outs	, . ide of Texas. Complete Schedule T.	
10 Principal occup	pation / Job title (See Instructions)	11 Employer (See	Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; St	ate; Zip Code	Check if travel outs	 . ide of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; St	ate; Zip Code	Check if travel outs	' ide of Texas. Complete Schedule T.	
Principal occup	ation / Job title (See Instructions)	Employer (See			
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State	; Zip Code	Check if travel outs	 ide of Texas. Complete Schedule T.	
Principal occupa	ation / Job title (See Instructions)	Employer (See	Instructions)		
lfc	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Inst		-	requirements.	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C1:
2 FILER NAM	ЛЕ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
	6 Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

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

SCHEDULE C2

	The Instruction Guide explains how to complete this form.	1	Total pages Schedu	le C2:	
2 FILER NAM	ИЕ	3	Filer ID (Ethics Com	mission Filers)	
4 Date	5 Corporation / Labor Organization name	7	Amount of Contribution \$ 	8 In-kind contribution description	
	6 Corporation / Labor Organization address; City; State; Zip Code				
			Check if travel outside	e of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name		Amount of Contribution \$ 	In-kind contribution description	
	Corporation / Labor Organization address; City; State; Zip Code				
			Check if travel outside	e of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name		Amount of Contribution \$	In-kind contribution description	
	Corporation / Labor Organization address; City; State; Zip Code				
			Check if travel outside	e of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name		Amount of Contribution \$ 	In-kind contribution description	
	Corporation / Labor Organization address; City; State; Zip Code				
			Check if travel outside	e of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name		Amount of Contribution \$ 	In-kind contribution description	
	Corporation / Labor Organization address; City; State; Zip Code				
			Check if travel outside	of Texas. Complete Schedule T.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **D**

If the requested	information is r	not applicable,	DO NOT	include th	is page ir	the report.
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	The Instruction Guide explains how to complete this form.	1 Total pages Schedu	ule D:		
2 FILEF	NAME	3 Filer ID (Ethics Con	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Corporation / Labor Organization name	7 Amount of Contribution \$	8 In-kind contribution description		
	6 Corporation / Labor Organization address; City; State; Zip Code		 		
		Check if travel outs	ide of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description		
	Corporation / Labor Organization address; City; State; Zip Code		 		
		Check if travel outs	ide of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description		
	Corporation / Labor Organization address; City; State; Zip Code		 		
		Check if travel outs	ide of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution		
	Corporation / Labor Organization address; City; State; Zip Code		 		
		Check if travel outs	ide of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description		
	Corporation / Labor Organization address; City; State; Zip Code		 		
		Check if travel outs	ide of Texas. Complete Schedule T.		
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED			

	LOANS							
	If the requested information is not applicable, DO NOT include this page in the report.							
	The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:				
2	FILER NAME			3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UN	IITEMIZED LOANS	\$					
5	Date of loan		e PAC (ID#:)	9 Loan Amount (\$)				
6	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate				
	Y N			11 Maturity date				
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)					
14	Description of Coll	ateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)				
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
	not applicable	18 Guarantor address; City;	State; Zip Code					
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)					
	Date of loan	Name of lender 🗌 out-of-stat	te PAC (ID#:)	Loan Amount (\$)				
	ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate				
	Y N			Maturity date				
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)					
	Description of Collateral		Check if personal fun account (See Instruc	ds were deposited into political tions)				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
		Guarantor address; City;	State; Zip Code					
	not applicable							
	Principal Occupati	on (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
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)

The Instruction Guide	explains how	to complete	this form.
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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 Categories 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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee 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 Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee 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 Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPENDIT	URE CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services		Office Over Polling Exp Printing Ex		Travel In Dist Travel Out Of	n Equipme rict f District	Expense nt & Related Expense not listed above)
		The Instruction	n Guide explains	s how to c	omplete this form.			
1 Total pages Schedule F2:	2 FILER	NAME				3 Filer ID (E	Ethics Cor	mmission Filers)
4 TOTAL OF UNITEN		PAID INCUR		GATION	S	\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;	St	ate;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories list	ed at the top of this s	schedule)	(b) Description			
	(c)	Check if travel outside o	of Texas. Complete Sc	hedule T.	Check if Aus	stin, TX, officehold	er living ex	pense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		didate / Officeho	lder name	0	ffice sought	0	ffice held	1
Date	Payee	name						
Amount (\$)	Payee	address;			City;	St	ate;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories list	ed at the top of this s	schedule)	Description			
		Check if travel outside	of Texas. Complete S	Schedule T.	Check if A	ustin, TX, officehol	der living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		didate / Officeho	lder name	C	ffice sought	0	ffice held	1
	ΑΤΤΑ	CH ADDITIONA	L COPIES O	F THIS S	CHEDULE AS NE	EDED		
Forms provided by Texas Ethio	cs Commissio	on	www.ethics.	state.tx.us			R	Revised 1/1/2024

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Tł	ne 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; Cit	ity; 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	ty; State; Zip Code	
	Description of investment		
	Amount of investment (\$)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED	

Forms provided by Texas Ethics Commission

	EXP	ENDITURE CAT	EGORIES	FOR BOX	10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mar Candidate/Officeholder/Po The Instructio	Event Exp Fees Food/Bev de By Gift/Award	ense erage Expense ds/Memorials Expense vices	Loan Rep Office Ov Polling E Printing B	payment/Reimb /erhead/Rental xpense Expense Wages/Contra	ursement Solicitatio Expense Transpor Travel In Travel O	District ut Of District nter a categor	ent & Related Expen
1 TOTAL PAGES	2 FILER NAME						Commission File
SCHEDULE F4:							
4 TOTAL OF UNITEMIZED EX	(PENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institu	tion			I		
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) C	redit Card Issuer Paid		
	\$						
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this sche	l dule)	(b) Descripti	on		
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, offic	eholder living	expense
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ure Charged	(c) Date(s) C	redit Card Issuer Paid		
PAYEE	(a) Payee name	-	(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	(a) Category (See Categories listed at the top of this schedule) (b) Description					
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, offic	ceholder living	expense
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) C	redit Card Issuer Paid		
	\$						
PAYEE	(a) Payee name	•	(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this scher	dule)	(b) Descripti	on		
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, of	ficeholder livir	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	

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

SCHEDULE H

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule H:	2 FILER NA	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business	name			ļ	
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description		
	(c) (heck if travel outside of Texas. Complete Sch	hedule T.	Check if Austin	, TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / 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 so	chedule)	Description		
	C	heck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / 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 so	chedule)	Description		
	c	heck if travel outside of Texas. Complete Sch	hedule T.	Check if Austin	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (OF THIS S	SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)		
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions rega	ding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type 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	e; Zip Code
7 Purpose for which amount is received Check if p	olitical contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State	e; Zip Code
Purpose for which amount is received Check if p	olitical contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State	e; Zip Code
Purpose for which amount is received Check if p	olitical contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State	e; Zip Code
Purpose for which amount is received Check if p	olitical contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED

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

SCHEDULE T

The Instruc	ction Guide	explains	how to complete	this form.	1 Total pages Sched	1 Total pages Schedule T:		
2 FILER NAME					3 Filer ID (Ethics (Commission Filers)		
4 Name of Contributor /	Corporation o	r Labor O	rganization / Pledgo	r / Payee	l			
5 Contribution / Expendit	Sched	on: dule B dule F4	Schedule B(J)	Schedule C	2 Schedule D	Schedule F1		
6 Dates of travel	7 Name of	person(s)	traveling					
	8 Departure	e city or na	ame of departure loc	ation				
	9 Destinatio	on city or r	name of destination	location				
10 Means of transportation	on ·	11 Purpo	se of travel (includin	g name of conferenc	e, seminar, or other even	t)		
Name of Contributor /	Corporation o	r Labor O	rganization / Pledgc	r / Payee				
Contribution / Expendi	ture reported	on:						
Schedule A2	Scheo	dule B	Schedule B(J)	Schedule C	2 Schedule D	Schedule F1		
Schedule F2	Schee	dule F4	Schedule G	Schedule H	Schedule CO			
Dates of travel	Name of	person(s)	traveling					
	Departure	e city or na	ame of departure loc	ation				
	Destinatio	on city or r	name of destination	location				
Means of transportation	on	Purpo	se of travel (includir	ng name of conference	ce, seminar, or other even	t)		
Name of Contributor /	Corporation o	r Labor O	rganization / Pledgc	r / Payee				
Contribution / Expendi	ture reported	on:						
Schedule A2	Schedule	e B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedul	e F4	Schedule G	Schedule H	Schedule COH-	UC Schedule B-SS		
Dates of travel	Name of	person(s)	traveling					
	Departure	e city or na	ame of departure loc	cation				
	Destinatio	on city or r	name of destination	location				
Means of transportatio	on	Purpo	se of travel (includir	ng name of conference	e, seminar, or other even	t)		
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
-	001111111111111111111111111111111111111

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 / SEALAB	OVE					
Sworn to and subscribed bef	ore me, by the said		, this the			
day of, 20_	, to certify which, witness	my hand and seal of office.				
Signature of officer administering	g oath Printed name of office	er administering oath	Title of officer administering oath			
	OR					
(2) Unsworn Declaration						
My name is		, and my date of birth is				
My address is	(street)	_,,,,,,	_,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, , , , , , , , , , , , , , , , , , , ,			
Executed in	_ County, State of, c	on the day of (month)	, 20 (year)			
		Signature of Campa	aign Treasurer (Declarant)			