CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Commission Filers	2 Total pages fi	led:
The C/OH Instruction G	uide explains how t	o complete this form.	T THEFT ID (Lands commission)		SH
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	МІ	OFFICE	USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		d or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount 5
TREASURER NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	NICKNAWE	<u></u>		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)			CYTENGION		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before	election		after campaign appointment ler Only)
	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Mont THROUGH	/ /	ar
11 ELECTION	ELECTION DA	Year Primary	Descriptio		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kn	nown)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTION THE CANDIDATE / OFFICE CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURI AND OFFICEHOLDERS ARE REQU	S ACCEPTED OR POLITICAL EXPENDITURE ES MAY HAVE BEEN MADE WITHOUT THE O UIRED TO REPORT THIS INFORMATION ONLY	S MADE BY POLITICAL CO CANDIDATE'S OR OFFICEHO (IF THEY RECEIVE NOTICE	DMMITTEES TO SUPPORT DLDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
		GO TC	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL (PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTR	EES OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS,	TIONS OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITU	JRES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAST	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F	LL OUTSTANDING LOANS AS OF PERIOD	THE \$
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that quired to be reported by me under Title 15, Elec	the accompanying report is true tion Code.	and correct and includes all informatio
		Signature of Can	didate or Officeholder
	Please comple	te either option below	:
(1) Affidavit			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by	this the _	day of
	which, witness my hand and seal of office.		
Signature of officer administe	ering oath Printed name of office	r administering oath	Title of officer administering oath
	(0	DR.	
(2) Unsworn Declarat			
My name is		, and my date of birth is	
	(street)	(city) (s	tate) (zip code) (country)
Executed in	County, State of	on theday of(month	, 20(year)
		Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Comm	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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.

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	
	6 Contributor address; City; State; Zip Code	
Principal occ	supation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor	
	Contributor address; City; State; Zip Code	
Principal occi	upation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	
	Contributor address; City; State; Zip Code	; ;
Principal occ	cupation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	4340000000 1
Principal occ	cupation / 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this forn	n.	1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of 9 In-kind contribution Contribution \$ description	
		11 Employe	Check if travel outside of Texas, Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
	upation / Job title (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	π of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	Eupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	ver (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fire	m of contributor's spouse (if any) (FOR JUDICIAL)	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	DULE AS NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule B
FILER NAM	ЛE	3 Filer ID (Ethics Commission Filers)
TOTAL C	OF UNITEMIZED PLEDGES	\$ -
Date	6 Full name of pledgor out-of-state PAC (ID#:	
	7 Pledgor address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule
) Principal o	ccupation / Job title (See Instructions) 11 Employer (See Instructions)	ee Instructions)
Date	Full name of pledgor out-of-state PAC (ID#:	Amount In-kind contribution of Pledge \$ description
	Pledgor address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule
Principal oc	ccupation / Job title (See Instructions) Employer (S	ee Instructions)
Date	Full name of pledgor	Amount of In-kind contribution description
	Pledgor address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule
Principal o	occupation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of pledgor	Amount of In-kind contribution Pledge \$ description
	Pledgor address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule
Principal of	ccupation / Job title (See Instructions) Employer (S	See Instructions)

LOANS SCHEDULE E

_				1 Total pages Schedule E:
	The	nstruction Guide explains how to comple	te this form.	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS		\$
5	Date of loan		AC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
12		on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	ateral	Check if personal fundaccount (See Instruction	ls were deposited into political ons)
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	PAC (ID#:)	Loan Amount (\$)
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution?			Maturity date
	Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
	none		· ·	Amount Guaranteed (\$)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (4)
	- act and inchi-	State; Zip Code		
	not applicable Principal Occupat	ion (See Instructions)	Employer (See Instructions)	h
	If i	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NE struction guide for additional re	EDED porting 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Political	Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a catego	ory not listed above)
redit Card Payment	The Instruction Guide explains how to o	complete this form.	r	O interpretation
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
Date	5 Payee name			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Schedule T.		tin, TX, officeholder living	
Complete ONLY 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	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE			stin, TX, officeholder livin	a ovnense
	Check if travel outside of Texas. Complete Schedule T.		Bun, 1X, diffice folder fivin	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		stin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NI	EEDED	
	ALL INCOMES TO SERVICE AND ADDRESS OF THE PARTY OF THE PA			Pavised 11/

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Political	Committee Legal Services Salaries/Wages/C The Instruction Guide explains how to comple	
50		3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F2;	2 FILER NAME	
4 TOTAL OF UNITEN	IIZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b)	Description
PURPOSE OF Expenditure		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Garrandare / Ginner	sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Odification 1 - 1 - 1 - 1	sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

			1	Total p	ages So	hedule F3	9	
		he Instruction Guide explains how to complete this form.	2	Filer IF	(Ethic	s Commissi	on Filers)	
2	FILER NAME		J	THE IL	, (Etillo			
4	Date	5 Name of person from whom investment is purchased						
		6 Address of person from whom investment is purchased; City		***********		State;	Zip Co	ode
		7 Description of investment						
		8 Amount of investment (\$)						A
	Date	Name of person from whom investment is purchased						
		Address of person from whom investment is purchased; City	; ;		**************************************	State;	Zip Co	ode
		Description of investment						
		Amount of investment (\$)						
-		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ΞΑ	S NE	EDED			
		was othics state ty us					Revi	sed 11/15/20

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) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date Zip Code State; City; 8 Payee address; 7 Amount (\$) Non-Political TYPE OF Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code City; Payee address; Amount (\$) Non-Political TYPE OF Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense
Cit/Awards/Memorials Fi Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made to Candidate/Officeholder/Politic Credit Card Payment	3y al Committee		Expense //Wages/Contract Labor complete this form.	Other (enter a category	
1 Total pages Schedule G	2 FILER N	AME		3 Filer ID (Ethics (Commission Filers)
4 Date	5 Payeen	ame			
6 Amount (\$)	7 Payee a	ddress;	City;	State;	Zip Code
political contributions intended	(a) Catalan	ry (See Categories listed at the top of this schedule)	(b) Description		
8 PURPOSE OF	(a) Catego	y (See Categories listed at the top of this schooling)	(2)		
EXPENDITURE	(c)	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		idate / Officeholder name	Office sought		Office held
Date	Payee n	ame			
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code
political contributions intended	Catego	ory (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE		1		, TX, officeholder living e:	vnense
		Check if travel outside of Texas. Complete Schedule T.			Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/		didate / Officeholder name	Office sought		
Date	Payeer	ame			
Amount (\$)	Payee	address;	City;	State;	Zip Code
Reimbursement from political contributions intended					
PURPOSE	Catego	ory (See Categories listed at the top of this schedule)	Description		
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholder name	Office sought		Office held
	AT	TACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	Davis and 44/45/2

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

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	<u> </u>	complete this form.	Other (enter a category	
Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
Date	5 Business name			
Amount (\$)	7 Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living exp	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought		Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Calegories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED	
				Paying 11/15/2

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

Total pages Schedule I:	2 FILER NAME	3	Filer ID (Ethics Co	mmission Filers)
			,	
Date	5 Payee name			
Amount (\$)	7 Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See inst	ructions regarding 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 ins	structions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required,)		
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regarding type	of information

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

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Sche		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 6 Address of person from whom amount is received; City; S	8 Amount (\$) tate; Zip Code		
	7 Purpose for which amount is received Check	if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City;	Amount (\$) State; Zip Code		
	Purpose for which amount is received Check	if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; S	State; Zip Code		
	Purpose for which amount is received Check	if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City;	State; Zip Code		
	Purpose for which amount is received Check	t 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

	1 Total pages Schedule T:				
The Instruction Guide explains how to complete this form.					
LER NAME 3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported on:					
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-SS					
6 Dates of travel 7 Name of person(s) traveling					
8 Departure city or name of departure location					
9 Destination city or name of destination location					
10 Means of transportation					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
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-SS					
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location	Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference,	seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Name of Continuator / Corporation of Labor Organization / Floager / System					
Contribution / Expenditure reported on:					
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-SS				
Dates of travel Name of person(s) traveling	Name of person(s) traveling				
Departure city or name of departure location					
Destination city or name of destination location	Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					