CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filor ID (Ethics Commission Field) 2 Total pages filed. OFFICEHOLDER NAME OFFICEHOLDER NAME OFFICEHOLDER MAILING STATE. 2P CODE OFFICEHOLDER MAILING STATE. 2P CODE OFFICEHOLDER MAILING STATE. 2P CODE OFFICEHOLDER MAILING ADDRESS I POROS. APT I SUITE #. GITY: STATE. 2P CODE OFFICEHOLDER MAILING ADDRESS I POROS. APT I SUITE #. GITY: STATE. 2P CODE OFFICEHOLDER MAILING TREASURER NAME OFFICEHOLDER PHONE OFFICEHOLDER PHONE OFFICEHOLDER PHONE OFFICEHOLDER PHONE OFFICEHOLDER NAME OFFICEHOLDER PHONE INSTITUTION OF DESPRICASE, APT I SUITE #. CITY: STATE. 2P CODE OFFICEHOLDER NAME OFFICEHOLDER PHONE OFFICEHOLDER PHONE OFFICEHOLDER PHONE OFFICEHOLDER PHONE OFFICEHOLDER PHONE OFFICEHOLDER PHONE INSTITUTION OF DESPRICASE, APT I SUITE #. CITY: STATE. 2P CODE OFFICEHOLDER PHONE OFFICE						
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OFFICEHOLDER PHONE OFFICE HOLDER OFFICE COMMITTEE NAME OGMITTEE ADDRESS OCMMITTEE ADDRESS OCMMITTER	OFFICEHOLDER MAILING ADDRESS	5403,	FARVIEW		RECEI	/ED OCT V 4 20
## STATE Date Processed	OFFICEHOLDER	AREA CODE	22 21.			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 July 15 Bit day before election Nonth Day Year THROUGH 10 PERIOD COVERED 11 ELECTION ELECTION DATE Month Day Year Jennori Primary Runori Primary Runori Primary Runori Runori Runori Reporting Limit Month Day Year THROUGH 12 OFFICE OFFICE OFFICE OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE TO SUPPORT THE CAMPAIGN TREASURED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE (S) General Specific COMMITTEE CAMPAIGN TREASURER NAME	TREASURER		DONAL	D		Amount 5
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8 CAMPAIGN TREASURER PHONE 1/3 545 9 REPORT TYPE January 15 30th day before election Runoff Isth day after campaign treasurer appointment (Office-bolder Orly) July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) 10 PERIOD Month Day Year Month Day Year THROUGH THE CAMPAIGN TREASURER MADE WITHOUT THE CAMPAIATES OF OFFICEINGLESS KNOWLEDGE OF POLITICAL COMMITTEES TO SUPPORT THE CAMPAIGN TREASURER NAME Additional Pages Specific COMMITTEE CAMPAIGN TREASURER NAME	TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	Springs	STATE:	ZIP CODE
July 15 Sth day before election Runoff Stream of the properties of Political Contents of Political Committee (officeholder Orly) July 15 Sth day before election Exceeded Modified Final Report (Attach C/OH - FR) Month Day Year Month Day Year Primary Runoff Other Description Content Content	8 CAMPAIGN TREASURER	AREA CODE (7/3)	PHONE NUMBER 545 34	EXTENSION L. 9		
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14 NOTICE FROM POLITICAL COMMITTEE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMSENT. CANDIDATES AND OFFICEHOLDER'S REREQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	11 ELECTION	Month Day	Year Primary General	Runoff Other Description	LLEN	I ISOMPD
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			COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	<u>=</u>				
15 C/OH NAME	ugles N	TAMES	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PO	LITICAL CONTRIBUTIONS (OTHER TH GUARANTEES OF LOANS, OR ELECTRONICALLY)	\$ O -		
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS , LOANS, OR GUARANTEES OF LOAN	\$3,649		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE.	\$3,900°		
×	4. TOTAL POLITICAL EXI	PENDITURES	\$3,00000		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE L	AST DAY \$ 64900		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	INT OF ALL OUTSTANDING LOANS AS PRTING PERIOD	OF THE \$		
	ewear, or affirm, under penalty of perj quired to be reported by me under Title		rue and correct and includes all information		
		Signature of 0	Candidate or Officeholder		
	Diagon	manada aithau atian bala			
	Flease CC	omplete either option belo	W:		
	KIM SCHALIR				
3 (%)	A C. HOTARY PUBLIC - STATE OF TEXAS				
(1) Affidavit	DI 7918391				
GOMM. EXP. 12-12-2021					
****	***************************************				
NOTARY STAMP/SEA	_				
	before me by Douglas	Names	, 4 ⁹ day of October		
Swom to and subscribed	before me by 1004 143	this the	day of OCOUS,		
20. d to certify	whigh, witness my hand and seal of offi	ice.			
Lin Sow	110	ha. h	VIORUCA .		
- PILITI OU W	w grins	J Camo	1101010		
Signature of officer administe	ring oath Printed name	of officer administering oath	Title of officer administering oath		
		OR			
400.44					
(2) Unsworn Declaration	on				
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 .		
		(mor			
			201700		
		Signature of Cano	lidate/Officeholder (Declarant)		
			(manufacturi)		

SCHEDULE A1

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

in 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 Sched					
2 FILER NAME	DONGLAS HI JAK	NES	3 Filer ID (Ethics Commission Filers)		
4 Date 10/3/21	5 Full name of contributor out-of-state PA	State; Zip Code	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date 16/2/21	Full name of contributor Out-of-state PAGE BUNES Contributor address; City;	State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 9/18/24	Full name of contributor	State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
111/2	Full name of contributor	State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES (

SCHEDULE A1

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

	in the requested into matter to not applicable, be the ritionade this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	Doughas H. JAN	NES	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$)			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date 9/16/21	Full name of contributor	State; Zip Code	Amount of contribution (\$) A / (07)			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date 9/12/11	Full name of contributor	State; Zip Code	Amount of contribution (\$)			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date 9/9/21	Full maine of contributor out-of-state PAC Contributor address; City;	State; Zip Code	Amount of contribution (\$)			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
	ATTACH ADDITIONAL COPIES	DE THIS SCHEDULE AS N	FEDED			
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED			

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

SCHEDULE A1

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 A1:
2 FILER NAME DOUGLAS N. TAMES	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full-nessee of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) ### Amount of contribution (\$) ### Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Em	ployer (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) X Zip Code Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Em	ployer (See Instructions)
Pate Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) Sp/6 00-
Principal occupation / Job title (See Instructions)	ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Em	ployer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS	

SCHEDULE A1

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 A1:
2 FILER NAME SOUGHAS NI JAMES	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID# DILL PAC (ID# DI	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employe	er (See Instructions)
Date Full name of contributor Mitchell Chocker Contributor address; City; State; Z	Amount of contribution (\$) #39
Principal occupation / Job title (See Instructions) Employe	r (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) PLO DE
Principal occupation / Job title (See Instructions) Employe	r (See Instructions)
Date Full name of contributor AUCE Contributor andress; City; State: Zig	Amount of contribution (\$) Description (\$)
Principal occupation / Job title (See Instructions) Employe	r (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see Instruction guide for	

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Revised 8/17/2020



SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	DOUGHAS N. JA	NES	3 Filer ID (Ethics Commission Filers)
4 Date,	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
5/20/21	Full name of contributor opt-of-state PAC Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$) A/O D
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)
13/2/	Eull-name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)
5/12/ ₂ /	Full name of contributor Full name of contributor Contributor address; City:	State: Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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



SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1;
2 FILER NAME	Doubtes N.	TAMES	3 Filer ID (Ethics Commission Filers)
11/2/	5 Foll name of contributor	State; Zip Code	7 Amount of contribution (\$) \$\frac{1}{2} \big \text{DO} \text{DO}
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date # 129/24	Full name of contributor out of state PA	State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	IC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tional
Principal occup	adon / 500 bile (See Instructions)	Employer (See Instruc	uons)
Date		C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		1	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		

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Revised 8/17/2020



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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarites/Mones/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orders expenses)

Candidate/Officeholder/Political Cradit Card Payment	Committee Legal Services Salaries	Expense //Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER WANTE MIGHAS NO	tomes	3 Filer ID (Ethics Commission Filers)
4 Date/	5 Paypename SOLANT	ONS	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 1,353 13	-	11	
8 4/	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,
PURPOSE		5.	
OF EXPENDITURE		SIGN	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name		
9/7/21	LOWES #501		
Amount (\$)	Payee address;	City;	State; Zip Code
212			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE		SPON.	STARES
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date / /	Payee peme	. 7111	
9/7/21	SELFAST PRI	MING	
Amount (\$)	Payee address;	City;	State, Zip Code
\$39260			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		1 SIGN	15
EXPENDITURE		000	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, 3	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CORRESCOTORS	COLLEGIA	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	EU

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con			ommission Filers)
21		ILE SUBTOTALS F SCHEDULE	I	SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$3,649
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		5_0-
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		2-0-
4.		SCHEDULE E: LOANS		\$/,000
5.		SCHEDULE F1; POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		5-0-
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	5-0-
8,		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		2000 a
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	510-
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	300
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	3/)
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	5.0-