		ICEHOLDER CE REPORT	TRO SONSOR	FORM C/OH COVER SHEET PG 1		
The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS U	ualie FIRST	MI	OFFICE USE ONLY		
_IMMEN	NICKNAME	Rikinton	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
Change of Address	Spring	· 1X77379				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) EN	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS	FIRST	МІ	Receipt # Amount \$		
-2/2/19	NICKNAME	MM	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE; ZIP CODE LOOS Day Ashford Rd#345 Howshin Day					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 978 0294					
9 REPORT TYPE	January 15 July 15	30th day before ele	ction Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
PERIOD COVERED	Month Day Year Month Day Year					
1 ELECTION	ELECTION DA	TE	ELECTION TYPE			
	Month Day	Year Primary General	Runoff Other Description	MADE VALUE WAS DELIVED.		
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	1)		
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE REEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		en cantinuação etrasente se l		
Additional Pages	GENERAL	COMMITTEE ADDRESS		A position of the second		
Legranes tox	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	a bales		
	in the State of the	GO TO I	PAGE 2			

CAMPAIGN	E / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$7177910
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2000 00
••••	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 1750
	Please complete either option below:	didate or Officeholder
1) Affidavit	JAIMEE MCINTYRE CHUMLEY NOTARY PUBLIC ID# 1056258477 State of Texas	
NOTARY STAMP/SEAL Sworn to and subscribed be	efore me by Matalle Pikinton this the enich, witness my hand and seal of office.	27 day of October.
ignature of officer administerin	g oath Printed name of officer administering oath	Title of officer administering oath
2) Unsworn Declaration	OR	
y name is	, and my date of birth is _	
y address is		
recuted in	(street) (city) (state of, on the day of(month)	ate) (zip code) (country), 20 (year)

. Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer ID (Ethics Co				
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	\$			
1.	SCHEDULE E: LOANS				
i.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
	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.

_ 10.00	The Instruction Guide explains how	w to complete this	s form.	1 Total pages Schedule A1:
FILER NA	ME			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
Principal o	occupation / Job title (See Instructions	CLOSE FOR HITCH	9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal o	ccupation / Job title (See Instructions)	(4) (4) (4) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5	Employer (See Instruc	
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
		City;	• • • • • • • • • • • • • • • • • • • •	anapa an
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruc	Letions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SOSTAITES

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

and the second state of the second	The Instruction Guide explains how to complete this fo	rm	1 Total pages Schedule A2:
2 FILER N	IAME		
			3 Filer ID (Ethics Commission Filers)
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS	\$ A THE CAMMETERS SO NATION
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		The second secon
	Guerratale PAC (ID#:		8 Amount of Gontribution \$ 9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	200 (200) (200
0 Principal o	Coupation / Joh title (FOR NOV.)		Check if travel outside of Texas. Complete Schedu
	occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
	r's principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions
4 Contributo	r's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIA
	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		resistantiations spouse (if any) (FOR JUDICIA
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State;	Zip Code	Amount of Contribution \$ In-kind contribution description
Principal oc	Cupation / Joh title (COD NOV WAY		Check if travel outside of Texas. Complete Schedu
· · · · · · · · · · · · · · · · · · ·	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
	The state of the s		tor's job title (FOR JUDICIAL) (See Instructions
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	the first (controlled in the first dedon's
	employer/law firm (FOR JUDICIAL)		of contributor's spouse (if any) (FOR JUDICIAL
Contributor's	tenkatoridant brigiring skipnig		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	
Contributor's	employer/law firm (FOR JUDICIAL) is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIA
Contributor's	employer/law firm (FOR JUDICIAL) is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIA
Contributor's	employer/law firm (FOR JUDICIAL) is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIA
Contributor's	employer/law firm (FOR JUDICIAL) is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIA
contributor's	employer/law firm (FOR JUDICIAL) is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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Ship to the probabilities of the space like the state of	The Instruction Guide explain	ns how to complete this	form.	1 Total pages Sche	dule B:
2 FILER NAI	ME	AND STREET, N	Manus and Company		SACTOR SALES
I TOTAL (3 Filer ID (Ethics of	Commission Filers)
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Date	6 Full name of pledgor out-of-state PAC (ID#:)			8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;	City; Star	ie; Zip Code		
Principal or	***			Check if travel out	I. side of Texas. Complete Schedule
r mcipai oc	ocupation / Job title (See Instru	ictions)	11 Employer (See I	nstructions)	state of Toxas. Complete Schedule
Date	Full name of pledgor		1.34		12 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	The state of the s	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address;		te; Zip Code		
				Check if travel ou	। . iside of Texas. Complete Schedul
Principal occ	upation / Job title (See Instruc	tions)	Employer (See I		
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of	la librata a su as
				Pledge \$	In-kind contribution description
	Pledgor address;	City; Stat	the second second second second second		
				Check if travel out	l tside of Texas. Complete Schedu
Principal occi	upation / Job title (See Instruc	etions)	Employer (See		
Date	Full name of pledgor	ut-of-state PAC (ID#:		Amount of	I In-kind contribution
		7.381	CHOUR HOUSE STA	Pledge \$	description
	Pledgor address;	City; State;	Zip Code		
				Check if travel ou	i Itside of Texas, Complete Sched
	pation / Job title (See Instruct	ions)	Employer (See		•

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ TOTAL OF UNITEMIZED LOANS Loan Amount (\$) out-of-state PAC (ID#: Date of loan State; Zip Code a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION Zip Code 18 Guarantor address; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) out-of-state PAC (ID#:_ Name of lender Date of loan Interest rate State; Zip Code City: Is lender a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION State; Zip Code City; Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions)

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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

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
Others (and a patenty not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	1000	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	W1	AND MAKE THE PARTY OF THE PARTY
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	MATERIAL STREET, STREE
	(c) Check if travel outside of Texas. Complete Schedule T.	- Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		ACRES DE LA COMPONICIONAL DE L L'ACRES DE LA COMPONICIONAL DE
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 Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	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	chi (chi qui ti
	Check if Iravel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
je se i seriantining	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		ECODIES TOD DOVICE				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITER	I MIZED UNPAID INCURRED OB	LIGATIONS	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political	toru principa 8			
10 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 Austin, TX, officeholder living expense					
11 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			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description	to interior			
	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/OH	Candidate / Officeholder name	Office sought	Office held			
	A STATE OF THE PARTY OF THE PAR					

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 Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE 10 (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. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Pavee address: City; State: Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH

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.

Т	he 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	y; 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	; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	
		Revised 8/17/2020

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense y 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 Expens Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	O TO A CREDIT CARD	\$
5 Date	6 Payee name	1000	2 40 EG \$ 180 twork o
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	ALD 49
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	is schedule) (b) Description	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(c) Check if travel outside of Texas. Complete	e Schedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Date	Payee name	Office sought	Office held
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	Payers Payers
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	is schedule) Description	(4) Sugar
	Check if travel outside of Texas, Complete	e Schedule T. Check If Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Christian Commence	The second of th	and the second second	MARCO CARROLL LACO CONTROLL CONTROL CO
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEE	

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fransportation Equipment & Related Expense Office Overhead/Hental Expense Food/Beverage Expense Oift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in District Travel Out Of District Contributions Donations Made By Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State: Zip Code Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete QNLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City State, Zip Code Reimbursement from political contributions intended Category (See Calegories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Chack if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete QNLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Mad Candidate/Officeholder/Poli Credit Card Payment	Fees Office Control of the Control o		Office Ove Polling Ex Printing E	coverhead/Rental Expense g Expense g Expense g Expense g Expense g Expense g Expense Ges/Wages/Contract Labor Travel In District Travel Out Of District Other (enter a category not listed		nent & Related Expense
		The Instruction Guide expla	ins how to d	complete this form.	But serve & 1998	
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	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 So	chedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/C		ate / 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 s	chedule)	Description		(5) 350-00
	c	neck if travel outside of Texas. Complete Sci	hedule T.	Check if Austin.	TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name	C	Office sought	C	Office held
Date	Business	name				ed sansara
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	See Calegories listed at the top of this so	chedule)	Description		
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Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name	C	Office sought	C	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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

		1 de la
	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission File
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 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 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 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 instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	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.

	Toquested information is not applicable, bo NOT IIICI	ude this page	in the report.		
The mediation during explains now to complete this form.		1 Total pages Sche	edule K:		
2 FILER	RNAME		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Name of person from whom amount is received	Ce solete M	a south a first	8 Amount (\$)	
	6 Address of person from whom amount is received;	City; Sta	ate; Zip Code	A series becoming	
	7 Purpose for which amount is received	Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received	hibutani) tayani to	requisiti	Amount (\$)	
	Address of person from whom amount is received;	City; St	ate; Zip Code	D) to verify a small	
	Purpose for which amount is received	Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received	enuscrate ksam		Amount (\$)	
	Address of person from whom amount is received;	City; Sta	ite; Zip Code		
	Purpose for which amount is received	Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received	the although		Amount (\$)	
	Address of person from whom amount is received;	City; Sta	ate; Zip Code		
	Purpose for which amount is received	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, bo Not include this page in the report.					
The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reporte	ed on:				
	nedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
	hedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of	of person(s) traveling	the state of the s			
8 Depart	ure city or name of departure location	the control of the second			
9 Destina	ation city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference,	seminar, or other event)			
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reporte	ed on:				
Schedule A2 Sch	nedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
	hedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling					
Depart	Departure city or name of departure location				
, Destina	ation city or name of destination location				
Means of transportation	Purpose of travel (including name of conference	, seminar, or other event)			
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reports	ed on:				
	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule AZ	dule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name	Dates of travel Name of person(s) traveling				
Departure city or name of departure 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 SCHEDU	LE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to comp				
		Complete only if "Report Type" on page 1 is m	narked "Final Report" ••			
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE				
	designa	expect any further political contributions or political expenditures in connuting a report as a final report terminates my campaign treasurer appointing contributions or make any campaign expenditures without a campaign	ment. I also understand that I may not accept any n treasurer appointment on file.			
			Signature of Candidate / Officeholder			
		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••				
	A	CAMPAIGN FUNDS				
	Chec	k only one:				
		I do not have unexpended contributions or unexpended interest or incor	me earned from political contributions.			
		I have unexpended contributions or unexpended interest or income earn may not convert unexpended political contributions or unexpended interest or income earned use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on filing this final report. Further, I understand that I must dispose of unexpended or income earned on political contributions in accordance with the	terest or income earned on political contributions to unexpended contributions and that I may not retain n political contributions longer than six years after expended political contributions and unexpended			
	В.	ASSETS				
	Chec	k only one:				
		I do not retain assets purchased with political contributions or interest or other income from political contributions.				
		I do retain assets purchased with political contributions or interest or off that I may not convert assets purchased with political contributions or in personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	nterest or other income from political contributions to			
			Signature of Candidate			
		EHOLDER uplete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended of an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	contributions if, after filing the last required report as om political contributions, or assets purchased with			
			Signature of Officeholder			