CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr Dr.	FIRST Darin	мı J	OFFICE USE ONLY			
NAME	NICKNAME	LAST Paine	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 4203 Egrem	c; APT / SUITE #; Cont Ct. College St	CITY; STATE; ZIP CODE ation TX 77845	RECEI OCT 0 4 Superintenden			
Change of Address		**	***************************************	lent 4			
5 CANDIDATE/ OFFICEHOLDER PHONE	(406)	224-5808	EXTENSION	Date Hand deliver of Date Fostmarked Receipt # Anount \$			
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Neceipt 4 Anoth 5			
TREASURER NAME	Mr.	Andrew	N	Date Processed			
	NICKNAME	LAST	SUFFIX	10-4-21 04			
		Robison		Date Imaged 9:05 AM V19			
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE			
TREASURER	807 Southe	ern Hills Ct.	College Station	TX 77845			
ADDRESS (Residence or Business)			oonogo otanon				
	ADEA CODE	BUONE NUMBER	EVEL NO.				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION				
PHONE	(979) 229-3183						
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment			
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD	Month	Day Year	Month	Day Year			
COVERED	07	/ 19 / 2021	тнкоидн 10	/ 2 / 2021			
11 ELECTION	ELECTION DA	_	ELECTION TYPE				
	Month Day	Year Primary	Runoff Other Description				
	11 / 2 /	2021	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know				
•			CSISD Trustee Pla	ce 1			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
` ,	COMMITTEE TYPE	COMMITTEE NAME Friends of Darin Paine					
	GENERAL	COMMITTEE ADDRESS					
Additional Pages	D GENERAL	4203 Egremont Ct.	College Station TX 77845				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME				
		COMMITTEE CAMPAIGN TRE 807 Southern Hills Ct. Colle					
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OR	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		
	2. TOTAL POLITICAL CO	DNTRIBUTIONS S, LOANS, OR GUARANTEES OF LOANS	\$ 3934.21	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	OLITICAL EXPENDITURE.	\$ 2158.28	
	4. TOTAL POLITICAL EX	(PENDITURES	\$ _{2158.28}	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIO	TRIBUTIONS MAINTAINED AS OF THE LA		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REP	UNT OF ALL OUTSTANDING LOANS AS C ORTING PERIOD	THE \$0	
	swear, or affirm, under penalty of pe quired to be reported by me under Titl		e and correct and includes all information	
		Darin	Pains	
		Signature of Ca	andidate or Officeholder	
	Please c	omplete either option belov	v:	
	1 10000	omprete entre. option boto.	••	
(1) Affidavit				
NOTARY STAMP/SEA	L			
		this the	day of,	
20, to certify	which, witness my hand and seal of of	ffice.		
Signature of officer administe	ring oath Printed nam	e of officer administering oath	Title of officer administering oath	
		OR		
(2) Unsworn Declaration	on .			
My name is Darin Pair		, and my date of birth is	January 13, 1979	
My address is 4203 Egi	remont Ct.		X , 77845 , USA .	
_	(street)		state) (zip code) (country)	
Executed in Brazos	County, State of Texas	, on the 3day of Octol		
		(moint Darin	Pains (year)	
		Signature of Candi	date/Officeholder (Declarant)	

SUBTOTALS - C/OH

19	19 FILER NAME 20 Filer ID (Ethics Con					
	Darin Paine					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3934.21				
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	^{\$} 2158.28				
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	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: See attached spreadsheet, note below.
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
Da	arin Paine				
4	Date	5 Full name of contributor [out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer			Employer (See Instruct	tions)	
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;		State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
			City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
	documents	ibutors, including their addres names, addresses (even thos tober 3, 2021.	ssess, are inc se who contr	cluded in the attached ibuted less than \$90)	d spreadsheet. The spreadsheet), and date of acceptance up

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

T	he Instruction Guide explains how to complete this forr	n.	1 Total pages Sched	ule A2:		
2 FILER NAM	E	Description of the second	3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$			
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code				
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	49 44 45 700 45 700 700 700 700 700 700 700 700 700 70				
Date	Full name of contributor)	Amount of Contribution \$	 In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsic	 de of Texas. Complete Schedule T.		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
		**************************************	The second residue to			
	ATTACH ADDITIONAL COPIES OF T			ı requirements		

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 Sched	dule B:			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF	UNITEMIZED PLEDGES	4	\$				
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description			
10) Principal occu	pation / Job title (See Instructions)	Check if travel outs	I I. side of Texas. Complete Schedule T				
L					Marinin and Control of the Control o			
	Date	Full name of pledgor)	Amount of Pledge \$	I In-kind contribution description			
			ate; Zip Code		[[[
				Check if travel outs	i . iide of Texas. Complete Schedule T.			
	Principal occup	eation / Job title (See Instructions)	Employer (See	Instructions)				
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description			
		Pledgor address; City; St	ate; Zip Code	Check if travel outs	I - - - ide of Texas. Complete Schedule T.			
	Principal occur	pation / Job title (See Instructions)	Employer (See		To di Tokaci Complete Concadio 1.			
		,		,				
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	I In-kind contribution description			
		Pledgor address; City; State	; Zip Code		 			
******				Check if travel outs	ide of Texas. Complete Schedule T.			
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)				
	A Commission of the Commission							
	16 .	ATTACH ADDITIONAL COPIES			roquiromente			

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

LOANS

SCHEDULE E

		W		
	The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER N	IAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL	OF UN	NITEMIZED LOANS		\$
5 Date of I	loan	7 Name of lender ☐ out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financia Institution	al	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
ΥN				
12 Principal	occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral Inone 15 Check if personal ful account (See Instru			15 Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARAN INFORM	NTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
□ not a	applicable	18 Guarantor address; City;	State; Zip Code	
	ipplicable			
20 Principal	I Occupat	iion (See Instructions)	21 Employer (See Instructions)	
Date of lo	oan	Name of lender ☐ out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financia Institution	al	Lender address; City;	State; Zip Code	Interest rate
ΥN				Maturity date
	occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description	on of Colla	ateral	Check if personal fund	ds were deposited into political
☐ none	·		account (See Instructi	
GUARAN INFORM		Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	applicable			
Principal	Occupation	on (See Instructions)	Employer (See Instructions)	
		ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	:DED
	If le	nder is out-of-state PAC, please see In		

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 Other (enter a category not listed above)

Oledit Odia i ayment	The Instruction Guide explains how to o	complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Darin Paine		3 Filer ID (Ethics Commiss	sion Filers)			
4 Date Sep. 6, 2021	5 Payee name Blue Sky Consulting	**************************************	TO STATE OF THE WANT OF THE STATE OF THE STA				
6 Amount (\$) 1158.28	7 Payee address; 4309 Hadleigh Ln	city; College Station	State; Zip Co n TX 7784				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Yard signs to pro	romote candidacy.	ndidacy.			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office he	eld			
Date	Payee name		The second of th				
Sep. 10, 2021	Bryan Broadcasting						
Amount (\$) 1000.00	Payee address; PO Box 3248	city; College Station	State; Zip Co TX 77805				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Purchased local radio advertisments to promote candidacy.					
	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 hel	id			
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Co	ode			
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,	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he	∍ld			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE!	DED				

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica		Wages/Contract Labor	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	MIZED UNPAID INCURRED OBLIGATION	vs	\$		
5 Date	6 Payee name	The state of the s			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political Non-P	'olitical			
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 Aus	stin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political Non-P	olitical			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.		istin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
		Topod Miles in the			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:				
2 FILER NAME		3	Filer ID	(Ethics Cor	nmission	Filers)	
4 Date	5 Name of person from whom investment is purchased	1				REPARAMENTAL ALLAS	
	6 Address of person from whom investment is purchased; City	 у;	• • • • • •	State	 e;	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			N. (1994)			
	Amount of investment (\$)			at (1 - 100 + 100	1,4,0	PROPERTY AND ASSESSMENT OF THE SECOND OF THE	

	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica			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	1100 000 0000	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date	6 Payee name	And the second s	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	is schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete	e Schedule T. Check if Au	stin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF Expenditure	Category (See Categories listed at the top of thi	is schedule) Description	
	Check if travel outside of Texas. Complete	e Schedule T. Check if Au	istin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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 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

Candidate/Officeholder/Politic Credit Card Payment	tical Committee Legal Services Salaries/Wages/Contract Labor			:Labor	Other (enter a category not listed above)			
Great Card aymen.		The Instruction Guide explains	is how to con	nplete this	form.			
1 Total pages Schedule G:	2 FILER NA	AME	PAR 10-11-11-11-11-11-11-11-11-11-11-11-11-1			3 Filer ID (Et	hics C	Commission Filers)
4 Date	5 Payee nar	me				***************************************		
6 Amount (\$)	7 Payee add	idress;		(City;	Stat	.e;	Zip Code
Reimbursement from political contributions intended								
8 PURPOSE OF EXPENDITURE	(a) Category	y (See Categories listed at the top of this sch	chedule) (k	b) Descrip	otion			
	(c)	Check if travel outside of Texas. Complete Sche	nedule T.	Che	eck if Austin, T	TX, officeholder livi	ng exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name	Of	ffice sough	ht			office held
Date	Payee nar	ne				THE RESIDENCE OF THE PARTY OF T		
Amount (\$)	Payee add	dress;		(City;	State	e;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this sch	chedule)	Descrip	otion			
		Check if travel outside of Texas. Complete Sche	nedule T.	Che	eck if Austin, T	TX, officeholder livi	ing exp	ense
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name	Off	ffice sough	nt		0	ffice held
Date	Payee nan	ne			, P Le 2000.			
Amount (\$)	Payee add	dress;		City	y;	State;		Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this sch	hedule)	Descript	tion			
	<u></u>	Check if travel outside of Texas. Complete Scher				X, officeholder livir	ng expe	inse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	late / Officeholder name	Off	fice sough	nt		O ₁	ffice held
	ATTA	ACH ADDITIONAL COPIES OF	THIS SCH	EDULE A	S NEEDEI	D		

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

SCHEDULE H

Solicitation/Fundraising Expense

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

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense ense Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explai	ins how to c	omplete this form.	, J	,
1 Total pages Schedule H:	2 FILER N	AME	***************************************	The state of the s	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name			THE RESIDENCE OF THE PERSON OF	
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	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			Affice and the first section of the	
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
	c	heck if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name	C	Office sought	C	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		
	c	heck if travel outside of Texas. Complete Sc	: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	(Office held
	ATTA	ACH ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NEED	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				satisfactor. Acc.
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.)	instructions regardi	ing type of	ínformation
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	Instructions regardi	ing type of	information
Date	Payee name				7.00
Amount (\$)	Payee address;	City	, 1,1,1	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regardi	ng type of	information
Date	Payee name	O TOWN STORY OF STORY		100100000000000000000000000000000000000	
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regardi	ng type of	Information
VALUE AND	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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

SCHEDULE K

The	e 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; Stat	ate; Zip Code	
	7 Purpose for which amount is received Check if p	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; Star	ate; Zip Code	
	Purpose for which amount is received Check if p	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	ute; Zip Code	
	Purpose for which amount is received Check if p	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; Stat	ate; Zip Code	
	Purpose for which amount is received Check if p	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

The Instr	uction Guide	e explains	how to complete	this form.	1 Total pages Schedule T:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 Name of Contributor	/ Corporation	or Labor O	rganization / Pledg	or / Payee	
5 Contribution / Expend	diture reported	d on:			
Schedule A2		edule B	Schedule B(J) Schedule C2	Colored to Ed
					Schedule D Schedule F1
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name o				
	8 Departu	re city or na	ame of departure lo	ocation	
	9 Destinat	tion city or r	name of destination	location	
10 Means of transportat	ion	11 Purpos	se of travel (includi	ng name of conference,	seminar, or other event)
Name of Contributor	/ Corporation	or Labor O	rganization / Pledg	or / Payee	
Contribution / Expend	diture reported	d on:			
Schedule A2	☐ Schr	edule B	Schedule B(J	J) Schedule C2	Schedule D Schedule Et
			[]	_	
Schedule F2	∐ Scne	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Dates of travel Name of person(s) traveling				
	Departu	re city or na	ame of departure lo	cation	
	Destinat	ion city or r	name of destination	location	
Means of transportat	ion	Purpo	se of travel (includi	ng name of conference,	seminar, or other event)
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgo	or / Payee	
Contribution / Expend	liture reported	d on:			
Schedule A2	Schedu	ule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	ıle F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of	f person(s)	traveling	· · · · · · · · · · · · · · · · · · ·	
	Departui	re city or na	ame of departure lo	cation	
	Destinati	ion city or r	name of destination	location	
Means of transportat	ion	Purpos	se of travel (includi	ng name of conference,	seminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for							
		 Complete only if "Report Type" on page 1 is marked "Final 	al Report" ••						
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)						
3	SIGNA	TURE							
	l do not	expect any further political contributions or political expenditures in connection with m	y candidacy. I understand that						
	designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.								
		Signatur	re of Candidate / Officeholder						
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Chec	conly one:							
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.						
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.								
	В.	ASSETS							
	Checl	only one:							
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.						
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to						
		S	ignature of Candidate						
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••	Paragraph and the second secon						
		I am aware that I remain subject to filing requirements applicable to an officeholder who defile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as						
		Sig	gnature of Officeholder						

Name	Address	Amount
Darin Paine	4203 Egremont Ct. College Station TX 77845	\$200.00
Darin Paine	4203 Egremont Ct. College Station TX 77845	\$5.00
Jason Birch	2905 White Salmon St West Linn OR 97068	\$50.00
Cody Peak	4963 Ireland Ln. West Linn OR 97068	\$100.00
Doug Klof	16459 W Ellsworth DrGolden CO 80401	\$25.00
Marc Hansen	5 Centerpointe Dr Ste 400Lake Oswego, OR 97035	\$50.00
Josh Edwards	10012 NE 22nd St. Bellevue WA 98004	\$20.00
Justin Lake	18158 Martingale Ct. College Station TX 77845	\$200.00
Jared Jensen	15714 Buffalo Creek LoopCollege Station, TX 77845	\$100.00
Andrew Haeffele	4 Park Plz Ste 1100Irvine, CA 92614	\$50.00
Caitlin Parsley	123 W William Joel Bryan Pkwy, Bryan, TX 77803	\$500.00
Jarrek Hartsell	5396 Stirrup DrCollege Station, TX 77845	\$100.00
Mark Humphrey	5532 Straub Rd. College Staiton TX 77845	\$500.00
Pete Stirling	960 9th StLake Oswego, OR 97034	\$50.00
Bryan McMurray	6100 Rain Meadow College Station TX 77845	\$250.00
Joey Rychetsky	4204 Egremont CtCollege Station, TX 77845	\$100.00
Jennifer Harbison	14715 River Forest DrHouston, TX 77079	\$200.00
Laura Osina	4706 Nantucket Dr College Station, TX 77845	\$100.00
Matt Lochmann	4375 Turk Ranch RdCollege Station, TX 77845	\$200.00
Paul Bellavance	6214 Watford DrLeague City, TX 77573	\$40.00
Diego Rico	1601 Broadway Unit 336San Diego, CA 92101	\$20.00
True Brown	17829 Saddle Creek DrCollege Station, TX 77845	\$50.00
Jay Allen	2109 Enchanted Lake DrLeague City, TX 77573	\$20.00
Cody Peak	4963 Ireland Ln. West Linn OR 97068	\$100.00
Andrew Haeffele	4 Park Plz Ste 1100Irvine, CA 92614	\$100.00
Matt Trimble	4009 Silver Brook CtCollege Station, TX 77845	\$100.00
Nathaniel Gjesdal	1808 Bee Creek DrCollege Station, TX 77840	\$20.00
Todd Huebner	823 Plum Hollow DrCollege Station, TX 77845	\$100.00
Lara Lewis	4106 Shady Brook PassCollege Station, TX 77845	\$100.00
Trish McLeary	15555 Arhopulos RdCollege Station, TX 77845	\$50.00
Jennifer Harbison	14715 River Forest DrHouston, TX 77079	\$100.00
Rick Bennett	18041 Latigo CtCollege Station, TX 77845	\$200.00
Stephanie Leatherwood	4618 Midsummer LnCollege Station, TX 77845	\$200.00

TOTAL REVENUE	\$3,800.00
TOTAL EXPENSE	
TOTAL BALANCE	

Less Fees	Date accepted		Payments	Vendor	Amount
\$200.00	8/17/2021	Check		Blue Sky Consulting	\$1,158.28
\$4.81	8/22/2021	Venmo		Bryan Broadcasting	\$1,000.00
\$48.95	8/22/2021	Venmo			
\$98.00	8/22/2021	Venmo			
\$24.43	8/22/2021	Venmo		TOTAL	\$2,158.28
\$48.95	8/22/2021	Venmo			
\$19.52	8/22/2021	Venmo			
\$196.10	8/23/2021	Venmo			
\$98.00	8/24/2021	Venmo			
\$48.95	8/24/2021	Venmo			
\$490.40	8/25/2021	Venmo			
\$98.00	8/27/2021	Venmo			
\$500.00	8/27/2021	Check			
\$48.95	8/28/2021	Venmo			
\$245.15	8/31/2021	Venmo			
\$98.00	9/1/2021	Venmo			
\$196.10	9/1/2021	Venmo			
\$98.00	9/1/2021	Venmo			
\$196.10	9/1/2021	Venmo			
\$39.14	9/1/2021	Venmo			
\$19.52	9/1/2021	Venmo			
\$48.95	9/1/2021	Venmo			
\$19.52	9/10/2021	Venmo			
\$98.00	9/10/2021	Venmo			
\$98.00	9/10/2021	Venmo			
\$98.00	9/15/2021	Venmo			
\$19.52	9/15/2021	Venmo			
\$98.00	9/15/2021	Venmo			
\$98.00	9/15/2021	Venmo			
\$48.95	9/17/2021	Venmo			
\$98.00	9/17/2021	Venmo			
\$196.10	9/23/2021	Venmo			
\$196.10	9/24/2021	Venmo			

\$3,934.21 \$2,158.28 \$1,775.93 Date Purpose 9/6/2021 Yard Signs 9/10/2021 Radio Ads

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Dr.	FIRST Darin	мі J	OFFICE USE ONLY
NAME	NICKNAME	Paine	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 4203 Egremont		city; state; zip code ation TX 77845	REGE OCT 2 Superintend
Change of Address 5 CANDIDATE/	AREA CODE PI	HONE NUMBER	EXTENSION	0 1100
OFFICEHOLDER PHONE	()	224-5808	EATENSION	Date Hand-temered or Date Pos marked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount S
TREASURER NAME	Mr.	Andrew	N	Date Processed 8:29 AW
	NICKNAME	Robison	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO			STATE; ZIP CODE
TREASURER ADDRESS	807 Southern F	lills Ct.	College Station	TX 77845
(Residence or Business)		11020	***************************************	
8 CAMPAIGN TREASURER	AREA CODE PH	HONE NUMBER	EXTENSION	
PHONE	(979) 22	29-3183		
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Day Year	Month	Day Year
	07 / 19	9 / 2021	THROUGH 10 /	2 / 2021
11 ELECTION	ELECTION DATE		ELECTION TYPE	
		Year Primary	Runoff Other Description	
	11 / 2 / 20	O21 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known))
			CSISD Trustee Plac	e 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLD	ER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEL(C)		MITTEE NAME nds of Darin Paine		
Additional Pages	I MIGENERAL I	MITTEE ADDRESS 03 Egremont Ct.	College Station TX 77845	
		MITTEE CAMPAIGN TREA	ASURER NAME	
	- Accessor	MITTEE CAMPAIGN TRE Southern Hills Ct. Colle		
- Company of the Comp		GO TO I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELEC		\$4,625.22
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS	\$4,625.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	L EXPENDITURE.	\$3,996.27
	4. TOTAL POLITICAL EXPENDI	TURES	\$3,996.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS O	F THE \$0
	swear, or affirm, under penalty of perjury, the quired to be reported by me under Title 15, El		e and correct and includes all information
		Darin	Pains
		Signature of Ca	andidate or Officeholder
	Please compl	ete either option belov	v :
(1) Affidavit			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by	this the	day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of office	er administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is Darin Pair	ne	, and my date of birth is	January 13, 1979
My address is 4203 Eg			X 77845 USA
Executed in Brazos	(street)County, State of Texas	,	etate) (zip code) (country) Der , 20 21 (year)
		Darin	
		Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Cor	mmission Filers)
	Darin Paine	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	^{\$} 4,625.22
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	^{\$} 3,996.27
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

		<u></u>	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: See attached spreadsheet, note below.
2 FILER NAME Darin Paine			3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	_	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
documents	ibutors, including their addressess, are inc names, addresses (even those who contri tober 24, 2021.	sluded in the attached ibuted less than \$90)	d spreadsheet. The spreadsheet), and date of acceptance up
	ATTACH ADDITIONAL COPIES OF		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ТІ	he Instruction Guide explains how to complete this form	m.	1	1 Total pages Schedule A2:		
2 FILER NAM	E	STATE OF THE STATE	3	Filer ID (Ethics Co.	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	3 \$	5	Total Control	
5 Date	6 Full name of contributor		_) 8	3 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	···	 	 	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Empl	oyer		de of Texas. Complete Schedule T. AL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contr	ributo	or's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law 1	firm o	of contributor's spous	se (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor			Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code		I 	de of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emple	oyer	(FOR NON-JUDICIA	AL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contr	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law f	firm o	of contributor's spous	se (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

1	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction				requirements.	

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 Scheo	lule B:
2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
5 Date	6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description	
		ate; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T
10 Principal occu	upation / 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; Si	ate; Zip Code		
			Check if travel outs	l. ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Si	atë; Zip Code		
			Check if travel outs	। ide of Texas. Complete Schedule T.
Principal occu	pation / 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; State	; Zip Code		
			Check if travel outsi	l I ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
		- PARTICIPATION OF THE PARTICI		
1.5	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	

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

LOANS SCHEDULE E

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME		TALL THE WHITE AMARKA AND A	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
Y N		ı	11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	I
14 Description of Coll	iateral	15 Check if personal fund account (See Instruction	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	ttion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN			Maturity date
Principal occupation	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal func	ds were deposited into political
none		account (See Instruction	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	4
If le	ATTACH ADDITIONAL COPII ender is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NEE struction guide for additional rep	

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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 2 (two F1 pages)	2 FILER NAME Darin Paine		3 Filer ID (Ethics Commission Filers)		
4 Date Sep. 6, 2021	5 Payee name Blue Sky Consulting				
6 Amount (\$) 1158.28	7 Payee address; 4309 Hadleigh Ln	city; College Station	State; Zip Code n TX 77845		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Yard signs to promote candidacy.			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name	March 100 100 100 100 100 100 100 100 100 10	Wilder Control of the		
Sep. 10, 2021	Bryan Broadcasting				
Amount (\$) 1000.00	Payee address; PO Box 3248	City; College Station	State; Zip Code n TX 77805		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Purchased local r candidacy.	radio advertisments to promote		
	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	THE STATE OF THE S	**************************************		
Oct. 6, 2021	M&M Apparel				
Amount (\$)	Payee address;	City;	State; Zip Code		
	1810 Welsh Ave.	College Station	n TX 77840		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Large yard s	igns to promote candidacy.		
	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/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica		nting Expense laries/Wages/Contract Labor w to complete this form.	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	MIZED UNPAID INCURRED OBLIGAT	TONS	\$
5 Date	6 Payee name		J
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political N	on-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Aus	stin, 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 N	lon-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description	
Complete ONLY if direct	Check if travel outside of Texas. Complete Schedu		istin, 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 TH	IS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pag	ges Schedule F3:		
2 FILER NAME		3 Filer ID	(Ethics Commission	n 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	A CAMPAGNA AND AND AND AND AND AND AND AND AND A			
	Amount of investment (\$)	·			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

		EXPENDITUR	RE CATEG	ORIES F	OR BO	X 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Palaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)		ment & Related Expens			
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME						3 Filer	ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CH	IARGED	TOACR	EDIT (CARD	\$	TO MANAGEMENT	
5 Date	6 Payee	name	2000 1000 1000 1000				_		1-7-10-10-10-10-10-10-10-10-10-10-10-10-10-
7 Amount (\$)	8 Payee	address;				City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical				100 m at 100
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at	the top of this	schedule)	(b) De	escription			
	(c)	Check if travel outside of Te	xas. Complete S	Schedule T.		Check if A	ustin, TX, off	ficeholder living	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder	name	Of	ffice sou	ght		Office h	eld
Date	Payee	name					- 179-11	B-1. III. III. III. III. III. III. III. I	
Amount (\$)	Payee	address;				City;		State;	Zip Code
TYPE OF EXPENDITURE	F	Political		Non-Po	litical				······································
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed al	t the top of this	schedule)	De	escription			
		Check if travel outside of Te	xas. Complete S	Schedule T.		Check if A	ustin, TX, of	ficeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder	name	Of	fice sou	ght		Office h	eld

	ATTAC	H ADDITIONAL C	OPIES O	F THIS SO	CHEDII	IFASNE	EDED		

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 Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	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)	
1 Total pages Schedule G:	2 FILER NAI	ME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nam	е		Ĭ		
6 Amount (\$) Reimbursement from political contributions	7 Payee add	ress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the top of this sch	hedule)	(b) Description		
	(c) C	heck if travel outside of Texas. Complete Sche	edule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ite / Officeholder name	(Office sought		Office held
Date	Payee nam	е				
Amount (\$) Reimbursement from political contributions intended	Payee add	ress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	hedule)	Description		
	c	heck if travel outside of Texas. Complete Sche	edule T.	Check if Austin	, TX, officeholder living ex	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name	(Office sought		Office held
Date	Payee nam	е				
Amount (\$) Reimbursement from political contributions intended	Payee add	ress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	nedule)	Description		
	cı	neck if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name	(Office sought	ı	Office held
	ATTAC	CH ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEED	ED	

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 Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Polit Credit Card Payment		ries/Wages/Contract Labor v to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		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		
	(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/C	Candidate / Officeholder name OH	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 schedule)	Description	
	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	Candidate / Officeholder name H	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 schedule)	Description	The second secon
	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	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

MANAGE AND	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.)	instructions regar	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.)	instructions regar	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.)	instructions regard	ding type of	information		
Date	Payee name						
Ámount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding type of	information		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEF	EDED				

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; Sta	ute; 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	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			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; Stat	te; Zip Code			
	Purpose for which amount is received Check if p	political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if p	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

			······································				
The Instr	uction Guide	explains	how to complete t	his form.	1 Total pages Schedule T:		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor	/ Corporation	or Labor Or	ganization / Pledgor	/ Payee			
5 Contribution / Expend	diture reported	l on:					
_ `					_		
Schedule A2	A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	ule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling						
	8 Departu	re city or na	me of departure loca	ation			
	9 Destinat	on city or n	ame of destination l	ocation			
10 Means of transportat	tion	11 Purpos	e of travel (including	g name of conference, se	eminar, or other event)		
Name of Contributor	/ Corporation	or Labor Or	ganization / Pledgor	· / Payee			
Contribution / Expend	diture reported	l on:					
Schedule A2	☐ Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name o	person(s) t	traveling				
	Departu	re city or na	me of departure loca	ation			
	Destinat	ion city or n	ame of destination l	ocation			
Means of transportat	tion	Purpos	e of travel (including	g name of conference, so	eminar, or other event)		
Name of Contributor	/ Corporation	or Labor Or	ganization / Pledgor	/ Payee			
Contribution / Expend	diture reported	on:					
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of	person(s) t	raveling				
	Departu	e city or na	me of departure loca	ation			
	Destinat	on city or n	ame of destination l	ocation			
Means of transportat	ion	Purpos	e of travel (including	g name of conference, se	eminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		MATERIAL CONTROL OF THE PROPERTY OF THE PROPER						
		The Instruction Guide explains how to complete this form	m.					
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	JAME	2 Filer ID (Ethics Commission Filers)					
3	SIGNA	ATURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
		Signature	e of Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER splete 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 income earned from	m political contributions.					
		I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	ne earned on political contributions to ontributions and that I may not retain ibutions longer than six years after al contributions and unexpended					
	B.	ASSETS						
	Check	k only one:						
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.					
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to					
		Si	gnature of Candidate					
5		EHOLDER						
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, a an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as					
		Sig	nature of Officeholder					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed	l:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICEU	SE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	C; APT / SUITE #; C	CITY; STATE; ZIP CODE		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	UITE#; CITY;	STATE;	ZIP CODE
(Residence or Business)					and the comment of th
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
THORE	()				
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after treasurer appo (Officeholder C	pintment
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit		Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	/	/ /	THROUGH		
11 ELECTION	ELECTION DA	Year Primary General	Runoff Other Description Special		***************************************
12 OFFICE	OFFICE HELD (if any)	I	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CANE RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLDE	R'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS	7		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		CONTROL OF THE PARTY OF THE PAR
THE PERSON ASSESSMENT OF A STATE OF THE PERSON ASSESSMENT OF THE PERSON		GO TO I	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	R THAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF L	OANS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TOTAL POLITICAL CONTRIBUTIONS	THE LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	s as of the \$
	wear, or affirm, under penalty of perjury, that the accompanying reportuired to be reported by me under Title 15, Election Code.	t is true and correct and includes all information
	Signature	e of Candidate or Officeholder
	Please complete either option b	pelow:
(1) Affidavit		
NOTARY STAMP/SEAL	-	
Sworn to and subscribed	before me byth	is the,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of	birth is
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of _	(month) , 20 (year)
		Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Com	nmission 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 Instruction	Guide explains how to	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 5 Full na	me of contributor	out-of-state PAC	(iD#:	7 Amount of contribution (\$)
	outor address;	City;	State; Zip Code	
8 Principal occupation / Job	title (See Instructions)		9 Employer (See Instru	uctions)
Date Full na	me of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Contrik	outor address;	City;	State; Zip Code	
Principal occupation / Job	title (See Instructions)		Employer (See Instru	ctions)
Date Full na	me of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Contrib	utor address;	City;	State; Zip Code	
Principal occupation / Job	title (See Instructions)		Employer (See Instru	ctions)
Date Full na	me of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Contrib	outor address;	City;	State; Zip Code	
Principal occupation / Job	title (See Instructions)		Employer (See Instru	ctions)
	ATTACH ADDITIO	NAL COPIES O	F 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.

TI	ne Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)		
4 TOTAL 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			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule Terror (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor'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 contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ı	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instructi				

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 Sched	lule B:
2 FILER N	AME	3 Filer ID (Ethics C	Commission Filers)
4 TOTAL	OF UNITEMIZED PLEDGES	\$. 10.01.00.000.000.000
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; State; Zip Code	•	
		Check if travel outs	I. ide of Texas. Complete Schedule T.
10 Principal	occupation / Job title (See Instructions) 11 Employer (See	Instructions)	TO A STATE OF THE
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	•	
		Check if travel outs	ide of Texas. Complete Schedule T.
Principal o	ccupation / Job title (See Instructions) Employer (See	: Instructions)	The state of the s
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	•	
		Check if travel outs	l ide of Texas. Complete Schedule T.
Principal	occupation / Job title (See Instructions) Employer (See	e Instructions)	
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	l de of Texas. Complete Schedule T.
Principal o	occupation / Job title (See Instructions) Employer (See	Instructions)	
		PARTICIPATION OF THE STATE OF T	
	ATTAQUA DOMINIO MALA CANTO CAN	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see Instruction guide for		requirements.

Forms provided by Texas Ethics Commission

LOANS SCHEDULE E

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:		
2 FILER NAME		to a set to our annual annual	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	NITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender ☐ out-of-state I	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
Y N			11 Maturity date		
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	lateral	Check if personal fundaccount (See Instruct	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 Occupa	Lion (See Instructions)	21 Employer (See Instructions)	<u> </u>		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution? Y N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	ateral		ds were deposited into political		
none		☐ □ account (See Instructi	T		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	ion (See Instructions)	Employer (See Instructions)			
If le	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

Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Solicitation/Fundralsing Expense

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	ł		3 Filer ID (Ethics Commission Filers)	
2	Darin Paine			
4 Date	5 Payee name			
Oct. 12, 2021	Advertising Mail Corp., Inc.			
6 Amount (\$) 492.56	7 Payee address; 427 Dellwood St.	City;	State; Zip Code TX 77845	
102.00	TET Deliwood Ot.	Bryan	17 11043	
	200		POST PROMOBEL POST AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATIO	
8	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description	stcards, postage.	
PURPOSE OF	Advertising Expense	Direct mail pos	sicarus, postage.	
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Oct. 13, 2021	Bryan Broadcasting			
000. 10, 2021	,			
Amount (\$)	Payee address;	City;	State; Zip Code	
500.00	PO Box 3248	College Sta	ation TX 77805	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	candidacy.	radio advertisments to promote	
OF EXPENDITURE		ourial addy.		
	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	Office held	
expenditure to benefit C/OH				
Date	Payee name			
	• • • • • • • • • • • • • • • • • • • •			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description	9-201-00-00-0	
PURPOSE				
OF EXPENDITURE		<u> </u>		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	_
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH		emee eegm	- Moo Mola	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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/Donatio

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica		of District S/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Politica	1
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 ONLY if direct expenditure to benefit C/OF	1	e sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Politica	1
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, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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	A CONTROL OF CHARMACHAN
	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	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		ials Expense Printing E		Travel In District Travel Out Of District Other (enter a category not listed above)		
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES (CHARGED TO A CI	REDIT CARD	\$		
5 Date	6 Payee name			Annual Control of the		
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-P	olitical	,		
10	(a) Category (See Categories lister	d at the top of this schedule)	(b) Description			
PURPOSE OF Expenditure						
	(c) Check if travel outside o	of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der name (Office sought	Office he	eld	
Date	Payee name	The second secon				
Amount (\$)	Payee address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-F	olitical of the second of the			
PURPOSE OF Expenditure	Category (See Categories liste	d at the top of this schedule)	Description			
	Check if travel outside of	of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	der name (Office sought	Office he	eld	
				Marie Company		
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS NE	EDED		

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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Candidate/Officeholder/Politiceholde	cal Committee Legal Services	Salaries/Wages/Contract Labor ins how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s (c) Check if travel outside of Texas. Complete Sc		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	, TX, officeholder living expense Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	schedule) Description	
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin,	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule) Description	
	Check if travel outside of Texas. Complete Sch	nedule 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
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED!	≣D

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
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Printing Expense Balaries/Wages/Contract Labor now to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	AND TO THE WAS AND THE STATE OF	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	**************************************	1
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	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 schedul	ule) Description	
_	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	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 schedul	ule) Description	
	Check if travel outside of Texas. Complete Schedule	∍T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	THIS 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	ommission 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.)	instructions regar	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.)	instructions regar	ding type of	information
Date	Payee name		AND PROPERTY OF A STATE OF A STAT		
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding type of	information
Date	Payee name			We see that the second	
Amount (\$)	Payee address;	City	Mary characteristics (1)	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	marust especial	

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:			
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)			
4 Date	5 Name of person from whom amount is received	7.,	8 Amount (\$)			
	6 Address of person from whom amount is received; City; Stat	e; 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		Amount (\$)			
	Address of person from whom amount is received; City; Sta	te; Zip Code				
	Purpose for which amount is received Check if p	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Stat	e; Zip Code				
	Purpose for which amount is received Check if p	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Stat	te; Zip Code				
	Purpose for which amount is received Check if p	political contribution	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER 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 COH-UC Schedule B-SS Schedule G Schedule H 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination 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 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 Means of transportation Purpose of travel (including name of conference, seminar, or other event) 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 Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. ••	,			
	A.	CAMPAIGN FUNDS	Ī			
	Chec	k only one:				
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that may not convert unexpended political contributions or unexpended interest or income earned on political contributions personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retar unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.	to			
	B.	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 other income from political contributions. I understart that I may not convert assets purchased with political contributions or interest or other income from political contributions personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.	to			
		Signature of Candidate				
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.	- 1			
		Signature of Officeholder	~			

Name	Address	Amount
Darin Paine	4203 Egremont Ct. College Station TX 77845	\$200.00
Darin Paine	4203 Egremont Ct. College Station TX 77845	\$5.00
Jason Birch	2905 White Salmon St West Linn OR 97068	\$50.00
Cody Peak	4963 Ireland Ln. West Linn OR 97068	\$100.00
Doug Klof	16459 W Ellsworth DrGolden CO 80401	\$25.00
Marc Hansen	5 Centerpointe Dr Ste 400Lake Oswego, OR 97035	\$50.00
Josh Edwards	10012 NE 22nd St. Bellevue WA 98004	\$20.00
Justin Lake	18158 Martingale Ct. College Station TX 77845	\$200.00
Jared Jensen	15714 Buffalo Creek LoopCollege Station, TX 77845	\$100.00
Andrew Haeffele	4 Park Plz Ste 1100Irvine, CA 92614	\$50.00
Caitlin Parsley	123 W William Joel Bryan Pkwy, Bryan, TX 77803	\$500.00
Jarrek Hartsell	5396 Stirrup DrCollege Station, TX 77845	\$100.00
Mark Humphrey	5532 Straub Rd. College Staiton TX 77845	\$500.00
Pete Stirling	960 9th StLake Oswego, OR 97034	\$50.00
Bryan McMurray	6100 Rain Meadow College Station TX 77845	\$250.00
Joey Rychetsky	4204 Egremont CtCollege Station, TX 77845	\$100.00
Jennifer Harbison	14715 River Forest DrHouston, TX 77079	\$200.00
Laura Osina	4706 Nantucket Dr College Station, TX 77845	\$100.00
Matt Lochmann	4375 Turk Ranch RdCollege Station, TX 77845	\$200.00
Paul Bellavance	6214 Watford DrLeague City, TX 77573	\$40.00
Diego Rico	1601 Broadway Unit 336San Diego, CA 92101	\$20.00
True Brown	17829 Saddle Creek DrCollege Station, TX 77845	\$50.00
Jay Allen	2109 Enchanted Lake DrLeague City, TX 77573	\$20.00
Cody Peak	4963 Ireland Ln. West Linn OR 97068	\$100.00
Andrew Haeffele	4 Park Plz Ste 1100Irvine, CA 92614	\$100.00
Matt Trimble	4009 Silver Brook CtCollege Station, TX 77845	\$100.00
Nathaniel Gjesdal	1808 Bee Creek DrCollege Station, TX 77840	\$20.00
Todd Huebner	823 Plum Hollow DrCollege Station, TX 77845	\$100.00
Lara Lewis	4106 Shady Brook PassCollege Station, TX 77845	\$100.00
Trish McLeary	15555 Arhopulos RdCollege Station, TX 77845	\$50.00
Jennifer Harbison	14715 River Forest DrHouston, TX 77079	\$100.00
Rick Bennett	18041 Latigo CtCollege Station, TX 77845	\$200.00
Stephanie Leatherwood	4618 Midsummer LnCollege Station, TX 77845	\$200.00
Lauren Hindes	5056 Vintage Oaks Ct. College Station TX 77845	\$50.00
Hughes Simpson	4412 Norwich Dr College Station TX 77845	\$75.00
Courtney Jasper	18106 Martingale Ct College Station TX 77845	\$300.00
Justin Lake	18158 Martingale Ct. College Station TX 77845	\$200.00
Eric Wivaag	18108 Wigeon Trail College Station TX 77845	\$50.00
Tasha Homann	17295 Baquito Cove College Station TX 77845	\$30.00
TOTAL REVENUE		\$4,705.00
TOTAL EXPENSE		
TOTAL DALANIOE		

Less Fees	Date accepted		Payments	Vendor	Amount
\$200.00	8/17/2021	Check		Blue Sky Consulting	\$1,158.28
\$4.81	8/22/2021	Venmo		Bryan Broadcasting	\$1,000.00
\$48.95	8/22/2021	Venmo		M&M Apparel	\$845.43
\$98.00	8/22/2021	Venmo		Admail	\$492.56
\$24.43	8/22/2021	Venmo		Bryan Broadcasting	\$500.00
\$48.95	8/22/2021	Venmo		•	
\$19.52	8/22/2021	Venmo			
\$196.10	8/23/2021	Venmo		TOTAL	\$3,996.27
\$98.00	8/24/2021	Venmo			The property and the second
\$48.95	8/24/2021	Venmo			
\$490.40	8/25/2021	Venmo			
\$98.00	8/27/2021	Venmo			
\$500.00	8/27/2021	Check			
\$48.95	8/28/2021	Venmo			
\$245.15	8/31/2021	Venmo			
\$98.00	9/1/2021	Venmo			
\$196.10	9/1/2021	Venmo			
\$98.00	9/1/2021	Venmo			
\$196.10	9/1/2021	Venmo			
\$39.14	9/1/2021	Venmo			
\$19.52	9/1/2021	Venmo			
\$48.95	9/1/2021	Venmo			
\$19.52	9/10/2021	Venmo			
\$98.00	9/10/2021	Venmo			
\$98.00	9/10/2021	Venmo			
\$98.00	9/15/2021	Venmo			
\$19.52	9/15/2021	Venmo			
\$98.00	9/15/2021	Venmo			
\$98.00	9/15/2021	Venmo			
\$48.95	9/17/2021	Venmo			
\$98.00	9/17/2021	Venmo			
\$196.10	9/23/2021	Venmo			
\$196.10	9/24/2021	Venmo			
\$48.95	9/24/2021	Venmo			
\$73.48	10/9/2021	Venmo			
\$294.20	10/11/2021	Venmo			
\$196.10	10/14/2021	Venmo			
\$48.95	10/18/2021	Venmo			
\$29.33	10/21/2021	Venmo			
\$4,625.22					
\$3,996.27					

\$628.95

Date Purpose 9/6/2021 Yard Signs

9/10/2021 Radio Ads

10/6/2021 Yard Signs

10/12/2021 Mailer

10/13/2021 Radio Ads

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction C	Suide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	d:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Dr.	FIRST Darin	МІ	OFFICE	JSE ONLY	
NAME	NICKNAME					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 4203 Egrem	APT / SUITE #; CONTROL OF CONTROL				
Change of Address						
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered c	or Date Postmarked	
PHONE	(406)	224-5808		Receipt #	Amount \$	
6 CAMPAIGN TREASURER	Ms/MRs/MR Mr.	FIRST Andrew	MI N	Date Processed		
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
		Robison		Date Imaged	***************************************	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS	807 Southe	ern Hills Ct.	College Station	TX	77845	
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION			
PHONE	PHONE (979) 229-3183					
9 REPORT TYPE	January 15	January 15 30th day before election Runoff				
	July 15	8th day before elec	etion Exceeded Modified Reporting Limit	(Officeholder (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Year		
COVERED	07	/ 19 / 2021	THROUGH 12	/ 15 / 202 ⁻	1	
11 ELECTION	ELECTION DA		ELECTION TYPE			
	Month Day	Year Primary	Runoff Other Description			
	11 / 2 /	2021	Special	The species	Michael Company and Company an	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
			CSISD Trustee Plac			
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES .	CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CAND. ED TO REPORT THIS INFORMATION ONLY IF TH	IDATE'S OR OFFICEHOLDE	P'S KNOW! EDGE OF	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME Friends of Darin Paine				
	 GENERAL	COMMITTEE ADDRESS				
Additional Pages	V CENTER OF	4203 Egremont Ct.	College Station TX 77845			
	SPECIFIC	COMMITTEE CAMPAIGN TREA Andrew Robison	SURER NAME			
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
807 Southern Hills Ct. College Station TX 77845						
		GO TO F	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GU/ CONTRIBUTIONS MADE EL		\$ 4,625.22
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF LOANS)	\$ _{4,625.22}
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.	\$ _{4,416.27}
	4. TOTAL POLITICAL EXPE	NDITURES	\$4,416.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LAS	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS OF ING PERIOD	
	wear, or affirm, under penalty of perjury uired to be reported by me under Title 15		and correct and includes all information
		Darin 1	Pains
		Signature of Car	ndidate or Officeholder
	Please com	plete either option below	
			-
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by	this the	day of,
	vhich, witness my hand and seal of office.		
, , , , , , , , , , , , , , , , ,	many managemy name and estay or office.		
Signature of officer administer	ing oath Printed name of o	officer administering oath	Title of officer administering oath
	1999	OR	
(2) Unawann Daglanetia			
(2) Unsworn Declaration	VII		
My name is Darin Pain	е	, and my date of birth is	January 13, 1979
My address is 4203 Egr		College Station TX	77845 USA
	(street)		ate) (zip code) (country)
Executed in Brazos		, on the 15day of Decen	, , , , , , , , , , , , , , , , , , , ,
	Ounty, Otate of	(month)	(year)
		Darin,	The Association of the Control of th
		Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20	Filer ID (Ethics Commission Filers)				
	Darin Paine					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$4,625.22				
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 CONTI	*4,416.27				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$				
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 BU	SINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	S RETURNED \$				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

•					100011
The	Instruction Guide explains how	/ to complete this	s form.		1 Total pages Schedule A1: See attached spreadsheet, note below.
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Darin Paine			****		
4 Date	5 Full name of contributor	out-of-state PAC	-		7 Amount of contribution (\$)
	6 Contributor address;	City;		p Code	
8 Principal occu	Ipation / Job title (See Instructions)		9 Employer	r (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	> (ID#:)	Amount of contribution (\$)
	Contributor address;	City;		p Code	
Principal occup	nation / Job title (See Instructions)		Employer	r (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC			Amount of contribution (\$)
	Contributor address;	City;	State; Zip	Code	
Principal occup	pation / Job title (See Instructions)		Employer	(See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:		Amount of contribution (\$)
	Contributor address;	City;	State; Zip	Code	
Principal occup	pation / Job title (See Instructions)		Employer	(See Instruct	ions)
documents	ibutors, including their addr names, addresses (even th vember, 3 2021.	esses, are inc	luded in the ributed less	e attached s than \$90)	spreadsheet. The spreadsheet), and date of acceptance up

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

		, , ,		
	The Instruction Guide explains how to complete this for	m.	1 Total pages Sched	dule A2:
2 FILER	NAME		3 Filer ID (Ethics Co	ommission Filers)
4 TOTA	AL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outs	I ide of Texas, Complete Schedule T.
10 Principa	al occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI.	AL)(See Instructions)
12 Contrib	utor's principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contrib	utor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contri	ibutor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description I I I I I I I I I I I I I
Principa	al occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contribu	utor's principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contribu	utor's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
if contrii	butor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
MPA 1			78-00-00-00-00-00-00-00-00-00-00-00-00-00	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED	requirements

PLEDGED CONTRIBUTIONS

SCHEDULE B

	MAN AND AND AND AND AND AND AND AND AND A				
Th	e Instruction Guide explai	ns how to complete thi	is form.	1 Total pages Sched	tule B:
2 FILER NAME	Ξ	Parish data		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	F UNITEMIZED PLED)GES		\$	
5 Date		out-of-state PAC (ID#:_	•••••	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;	City; St	tate; Zip Code	The state of the s	!
10 Principal occ	cupation / Job title (See Instru	uctions)	11 Employer (See		side of Texas. Complete Schedule T
Date	Full name of pledgor	☐ out-of-state PAC (ID#:_		Amount of Pledge \$	I In-kind contribution description
	Pledgor address;	City; St	tate; Zip Code		
				Check if travel outsi	I. ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instruc	ctions)	Employer (See		
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address;		tate; Zip Code	· · · · · · · · · · · · · · · · · · ·	
				Check if travel outsi	l ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instru	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	Out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	e; Zip Code		
				Check if travel outside	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	tions)	Employer (See	<u> </u>	
			4		
lf	ATTACH contributor is out-of-state	ADDITIONAL COPIES (PAC, please see Insti			requirements.

LOANS

SCHEDULE E

The	Instruction Guide explains how t	o complete this form.	1 Total pages Schedule E;
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UI	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	t-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; Ci	ity; State; Zip Code	10 Interest rate
ΥN			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	Check if personal fu	unds were deposited into political actions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; Cit	ty; State; Zip Code	•••
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	r-of-state PAC (ID#;)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; Cit	ty; State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fu	nds were deposited into political
none		account (See Instruc	ctions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; Cit		
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
15 1-		L COPIES OF THIS SCHEDULE AS NE	
it le	nder is out-of-state PAC, please s	see Instruction guide for additional re	eporting 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 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/Politic Credit Card Payment	cal Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:		· · · · · · · · · · · · · · · · · · ·	
2 (three F1 pages)	1	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
Sep. 6, 2021	Blue Sky Consulting		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
1158.28	4309 Hadleigh Ln	College Station TX 77845	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Printing Expense	Yard signs to promote candidacy.	
OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Sep. 10, 2021	Bryan Broadcasting		
	Diyan bloadcasting		
Amount (\$)	Payee address;	City; State; Zip Code	
1000.00	PO Box 3248	College Station TX 77805	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE Advertising Expense Purchased local radio advertisments to pron			
OF EXPENDITURE		candidacy.	
	Charlest and of Town Complete Colonies	ļ	
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 name		
	1		
Oct. 6, 2021	M&M Apparel		
Amount (\$)	Payee address;	City; State; Zip Code	
	1810 Welsh Ave.	College Station TX 77840	
	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Large yard signs to promote candidacy.	
OF EXPENDITURE		·	
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	- Control - Cont	
expenditure to benefit C/OH		Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By	y Gift/Awards/Memorials Expense	Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica	•	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	MIZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name		L
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			
EVLEMBILOUF			
	(c) Check if travel outside of Texas. Complete So	chedule T Check if Aust	tin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas, Complete S	Schodula T Charle if Aug	
Complete ONLY if direct			stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Washington and the state of the	A 100	
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		The state of the s
-	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	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **EXPENDITURE** Political 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 Office held 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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services 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

Credit Card Payment	The Instruction Guide explains how to	s/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	The state of the s	
6 Amount (\$) Reimbursement from political contributions	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (c) Check if travel outside of Texas, Complete Schedule T.	(b) Description	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	, TX, officeholder living expense Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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,	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	ED .

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		Travel In District Travel Out Of Dist	rict gory not listed above)
ordan dynicin		The Instruction Guide explain	ns how to	complete this form.		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so		(b) Description		
	(c) c	heck if travel outside of Texas. Complete Sch	redule T.	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O		ite / Officeholder name	1	Office sought		Office held
Date	Business	name				7.76
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	hedule)	Description	TWO III	
	CI	neck if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		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 sch	nedule)	Description		
	Ch	eck if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name	C	Office sought		Office held
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			9000 000 000 000 000 000 000 000 000 00
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 regarding type	of information
Date	Payee name		- Annual Control of the Control of t	
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	a instructions 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 required.)	instructions 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 i	instructions regarding type	of information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:		
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)		
4 Date	5 Name of person from whom amount is received	141	8 Amount (\$)		
	6 Address of person from whom amount is received; City; Stat	te; 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		Amount (\$)		
	Address of person from whom amount is received; City; Sta	te; Zip Code			
	Purpose for which amount is received Check if p	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	e; Zip Code			
	Purpose for which amount is received Check if p	political contribution i	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Stat	e; Zip Code			
	Purpose for which amount is received Check if p	olitical contribution r	eturned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule COH-UC Schedule B-SS Schedule H 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 11 Purpose of travel (including name of conference, seminar, or other event) 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 Means of transportation Purpose of travel (including name of conference, seminar, or other event) 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 COH-UC Schedule B-SS Schedule H 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 SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete t	his form.
	•• Complete only if "Report Type" on page 1 is marked	
1 C/0	H NAME	2 Filer ID (Ethics Commission Filers)
3 SIC	NATURE	
des	not expect any further political contributions or political expenditures in connection gnating a report as a final report terminates my campaign treasurer appointment. I paign contributions or make any campaign expenditures without a campaign treasurer.	also understand that I may not accept any
		graduo or Caraladato, Cinicolicido
	ER WHO IS NOT AN OFFICEHOLDER complete A & B below <i>only</i> if you are not an officeholder. ••	7.7.4.4.4.4
A.	CAMPAIGN FUNDS	
C	neck only one:	
	I do not have unexpended contributions or unexpended interest or income ear	ned from political contributions.
	I have unexpended contributions or unexpended interest or income earned fro may not convert unexpended political contributions or unexpended interest of personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political filling this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the requ	or income earned on political contributions to inded contributions and that I may not retain all contributions longer than six years after I political contributions and unexpended
В.	ASSETS	
С	eck only one:	
С] 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 other inco that I may not convert assets purchased with political contributions or interest of personal use. I also understand that I must dispose of assets purchased with personal use. I also understand that I must dispose of assets purchased with personal use. I also understand that I must dispose of assets purchased with personal use. I also understand that I must dispose of assets purchased with personal use.	or other income from political contributions to
	***************************************	Signature of Candidate
	ICEHOLDER omplete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeholder file. I am also aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ons if, after filing the last required report as
		Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE	USEONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	X; APT / SUITE #; (CITY; STATE; ZIP CODE		
Change of Address				i	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	MONTAINE	LAGI	SUFFIX	Date Imaged	444
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	UITE #; CITY;	STATE;	ZIP CODE

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	/ /				
9 REPORT TYPE	January 15	30th day before el	election Runoff	15th day at treasurer a	
	July 15	8th day before elec	ection Exceeded Modified Reporting Limit	,	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	•
****	/	/ /	THROUGH		
11 ELECTION	ELECTION DA	(TE	ELECTION TYPE		
!	Month Day	Year Primary	Runoff Other Description		
		General	Special		- 15 FE S M
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	l	
14 NOTICE FROM POLITICAL	I THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MANY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF THE	IDATE'S OD DEELCEUOL	DEDIG KNOW! COCE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		THE STATE OF THE S	
Additional Pages	GENERAL	COMMITTEE ADDRESS		7777 11.	N
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		***************************************
1		COTOI	DAGE	94444	
		GO TO F	PAGE Z		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	1000000				16 File	er ID (Ethics C	ommission Filers)
17 CONTRIBUTION	1. то	TAL UNITEMIZED POL	ITICAL CONTRIB	LITIONS (OTHER TH			4,4170
TOTALS	PLE	EDGES, LOANS, OR GINTRIBUTIONS MADE	UARANTEES OF	LOANS, OR		\$	
		FAL POLITICAL CON HER THAN PLEDGES,		RANTEES OF LOAN	S)	\$	
EXPENDITURE TOTALS	3. тот	AL UNITEMIZED POLI	TICAL EXPENDIT	URE,		\$	
	4. тот	TAL POLITICAL EXPI	ENDITURES			\$	
CONTRIBUTION BALANCE		AL POLITICAL CONTR REPORTING PERIOD	IBUTIONS MAINT	AINED AS OF THE L	AST DAY	\$	
OUTSTANDING LOAN TOTALS		AL PRINCIPAL AMOUN T DAY OF THE REPOR		ANDING LOANS AS	OF THE	\$	100000
		under penalty of perju			rue and c	orrect and incl	udes all information
100	uned to be reput	ted by the under the	ro, Election Code				
				Signature of (Candidate	or Officehold	
				-			
		Diagram					
		Please col	mpiete eitne	er option belo	w:		
(1) Affidavit							
NOTARY STAMP/SEAL							
Sworn to and subscribed	before me by _	***************************************		this the)	_ day of	
20, to certify v	which, witness my	y hand and seal of office	e.				
Signature of officer administer	ing oath	Printed name o	f officer administer	ing oath		Title of officer	administering oath
			OR				
(2) Unsworn Declaratio	n						
My name is			, aı	nd my date of birth i	s		
My address is							•
	(5	street)		(city)			
Executed in	County	, State of	, on the	day of (mon	th)	, 20 (year)	
				Signature of Cand		····	***************************************
				orginature of Cano	idate/OIIIC	andiner (Decis	nani)

SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Co		mmission Filers)
	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.	4. SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL O	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

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.	Total pages Schedule A1: Filer ID (Ethics Commission Filers)
LER NAME	3 Filer ID (Ethics Commission Filers)
ate 5 Full name of contributor	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	
rincipal occupation / Job title (See Instructions) 9 Employer (See Instructions)	uctions)
ate Full name of contributor out-of-state PAC (ID#:	, another contribution (t)
Contributor address; City; State; Zip Code	
ncipal occupation / Job title (See Instructions) Employer (See Instru	uctions)
ate Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
ncipal occupation / Job title (See Instructions) Employer (See Instru	ıctions)
te Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
ncipal occupation / Job title (See Instructions) Employer (See Instru	uctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	

Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

			•	
7	The Instruction Guide explains how to complete this form	m.	1 Total pages Sched	lule A2:
2 FILER NAM	AE .		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	 - ide of Texas, Complete Schedule T.
10 Principal oc	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	
	's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			***************************************
Date	Full name of contributor	Zip Code	Amount of Contribution \$	I In-kind contribution I description I
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outsider (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	ıtor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF TI			requirements.

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The Instruction Guide explains how to complete this form	1 Total pages S	chedule B:
2 FILER NA	·ME	3 Filer ID (Ethi	ics Commission Filers)
4 TOTAL	OF UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor) 8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State;	Zip Code	!
		Check if travel	l. outside of Texas. Complete Schedule T.
10 Principal o	occupation / Job title (See Instructions) 11 En	mployer (See Instructions)	
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	l. outside of Texas. Complete Schedule T.
Principal oc	ccupation / Job title (See Instructions)	mployer (See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code	
			I I outside of Texas. Complete Schedule T.
Principal o	eccupation / Job title (See Instructions)	mployer (See Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip	o Code	
Market de la company agrapa.			Under the control outside of Texas, Complete Schedule T.
Principal oc	ccupation / Job title (See Instructions) Er	mployer (See Instructions)	
MANAGEMENT .		Will the Control of t	

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

LOANS SCHEDULE E

The	Instruction Guide explains how t	o complete this form.		1 Total pages Schedule E:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender			9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; Ci	ity; Sta	ate; 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 Ch	heck if personal funds	ds were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; Ci	ity; Stat		
20 Principal Occupat	ion (See Instructions)	21 Employer	(See Instructions)	
Date of loan	Name of lender out	t-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; Cit	ity; Stat	ite; Zip Code	Interest rate
Y N				Maturity date
Principal occupatio	I on / Job title (See Instructions)	Employer ((See Instructions)	
Description of Colla	ateral	— Ch	each if personal funds	s were deposited into political
none		acc	count (See Instruction	s were deposited into political ins)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address; Cit	ty; Stat	te; Zip Code	
not applicable				
Principal Occupation	on (See Instructions)	Employer ((See Instructions)	
	1 - 20 100 100 100 100 100 100 100 100 100			

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/Waces/Contract Labor

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to e	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Darin Paine		3 Filer ID (Ethic	s Commission Filers)
Dec. 15, 2021	5 Payee name Prosperity Bank		**************************************	
6 Amount (\$) \$20	12995 FM 2154	city; College Stat	State; ion TX	Zip Code 77845
8 PURPOSE OF EXPENDITURE	Campaign Account Banking Expense Co Check if travel outside of Texas. Complete Schedule T.			a. mo.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	TX, officeholder living	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		The state of the s
	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	1	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 Austin, T	X, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor	I ransportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expl	ains how to complete this form.	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F2:	2 FILER NAME	***************************************	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL	_IGATIONS	\$
5 Date	6 Payee name		<u> </u>
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political [Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete	e Schedule T. Check if Aus	stin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	nis schedule) Description	
	Check if travel outside of Texas. Complete	te Schedule T. Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The 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				
	C Address of warpen from whom investment is surely and				
	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 (\$)				
Mariana and	I				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **EXPENDITURE** Political 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 Office held 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
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (oncompany port listed place)

Candidate/Officeholder/Politi Credit Card Payment	- Christian	ng Expense es/Wages/ContractLabor to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	I	
6 Amount (\$) Reimbursement from political contributions intended	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 Austin,	TX, officeholder living expense
9 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
Reimbursement from political contributions intended		-	
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,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	D

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

SCHEDULE H

Solicitation/Fundraising Expense

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

Event Expense Fees

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex		Travel In District Travel Out Of Di	
Credit Card Payment		The Instruction Guide explain	s how to c	omplete this form.		
1 Total pages Schedule H:	2 FILER NA	AME			3 Filer ID (E	thics Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	address;		City;	State	e; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this sch	hedule)	(b) Description		
	(c) c	heck if travel outside of Texas. Complete Sche	adule T.	Check if Austin,	TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ite / Officeholder name	C	Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State	e; Zip Code
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this sch	edule)	Description		
	Cı	neck if travel outside of Texas. Complete Sche	dule T.	Check if Austin,	TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name	0	ffice 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 scho	edule)	Description		
	Cr	eck if travel outside of Texas. Complete Scheo	dule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name	0	ffice sought		Office held
	ATTA	CH ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEED	ED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics C	commission Filers)
4 Date	5 Payee name			West
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 regarding type of	f information
Date	Payee name		0.00 0.	
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	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 required.)	a instructions regarding type of	information
Date	Payee name			The second secon
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i	instructions regarding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEF	EDED	7-170

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

SCHEDULE K

			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2 FILER NAME		3 Filer ID (Ethics	s 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	ite; Zip Code	
	7 Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	ate; Zip Code	
	Purpose for which amount is received Check if p	political contribution r	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	political contribution r	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	te; Zip Code	
	Purpose for which amount is received Check if po	political contribution re	eturned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER 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 11 Purpose of travel (including name of conference, seminar, or other event) 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 COH-UC Schedule B-SS Schedule H 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) 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 COH-UC Schedule B-SS Schedule H 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)

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_		
		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH N	IAME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TUDE
3	SIGNA	IUKE
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any on contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	conly one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	В.	ASSETS
	Checi	conly 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 other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
;		HOLDER  Dete this section only if you are an officeholder ••
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

The C/OH Instruction	Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages t	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE	E USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	X; APT / SUITE #; (	CITY; STATE; ZIP CODE		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	SUITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)			1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 19		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	/ /				
9 REPORT TYPE	January 15	30th day before el	election Runoff		fter campaign ppointment er Only)
	July 15	8th day before elec	ection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Yea	r
OUVEILED	,	<u>/ /                                  </u>	THROUGH	/ /	
11 ELECTION	ELECTION DA	\TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	///	General	Special		
12 OFFICE	OFFICE HELD (if any)	I	13 OFFICE SOUGHT (if known	)	
14 NOTICE FROM POLITICAL	I THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M.  MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF TI	NDATE'S OD OEEICEUOI	DEDIC KNOW! EDGE OF
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			***************************************
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	7496844	
		GO TO F	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	1900-1		16 Filer ID (Ethics Commission File	ers)
17 CONTRIBUTION TOTALS		DLITICAL CONTRIBUTIONS (OTHER THE GUARANTEES OF LOANS, OR EELECTRONICALLY)	HAN \$	4
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS S, LOANS, OR GUARANTEES OF LOAN	NS) \$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EX	PENDITURES	\$	- TO VE
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE I	LAST DAY \$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	JNT OF ALL OUTSTANDING LOANS AS DRTING PERIOD	S OF THE \$	
	wear, or affirm, under penalty of per uired to be reported by me under Title		true and correct and includes all infor	mation
		Signature of	Candidate or Officeholder	<del></del>
	Please co	omplete either option belo	ow:	
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed I	pefore me by	this th	ne day of	
20, to certify v	vhich, witness my hand and seal of offi	ice.		
Signature of officer administeri	ing oath Printed name	of officer administering oath	Title of officer administering	oath
		OR		
(2) Unsworn Declaratio	n			
My name is		, and my date of birth	is	
				·
	(street)		(state) (zip code) (country)	
Executed in	County, State of	, on theday of (mor	nth) , 20 (year)	
		Signature of Cand	didate/Officeholder (Declarant)	

## **SUBTOTALS - C/OH**

19	FILER NAME	20 Filer ID (Ethics Co	nmission Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
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 CON	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	IONS RETURNED	\$		

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

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

6 Contributor address; City;  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state Full name of contributor City;  Contributor address; City;	State; Zip Code  9 Employer (See Instructions)  PAC (ID#:) Amount of contribution (\$)  State; Zip Code  Employer (See Instructions)  PAC (ID#:) Amount of contribution (\$)
6 Contributor address; City;  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state F  Contributor address; City;  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state P	State; Zip Code  9 Employer (See Instructions)  PAC (ID#:) Amount of contribution (\$)  State; Zip Code  Employer (See Instructions)  PAC (ID#:) Amount of contribution (\$)
G Contributor address; City;  Principal occupation / Job title (See Instructions)  Date Full name of contributorout-of-state F  Contributor address; City;  Principal occupation / Job title (See Instructions)  Date Full name of contributorout-of-state P	State; Zip Code  9 Employer (See Instructions)  PAC (ID#:) Amount of contribution (\$)  State; Zip Code  Employer (See Instructions)  PAC (ID#:) Amount of contribution (\$)
Date Full name of contributor out-of-state Full name of contributor address; City;  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state Page 1	PAC (ID#:) Amount of contribution (\$)  State; Zip Code  Employer (See Instructions)  PAC (ID#:) Amount of contribution (\$)
Contributor address; City;  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state P.	State; Zip Code  Employer (See Instructions)  PAC (ID#:)  Amount of contribution (\$)
Contributor address; City;  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state P	State; Zip Code  Employer (See Instructions)  PAC (ID#:) Amount of contribution (\$)
Date Full name of contributor ☐ out-of-state P.	PAC (ID#:) Amount of contribution (\$)
	Amount of contribution (\$)
4	I
i	State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor ☐ out-of-state P/	AC (ID#:) Amount of contribution (\$)
Contributor address; City;	State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

L						
	Tł	ne Instruction Guide explains how to complete this for	n.		1 Total pages Sched	ule A2:
2	FILER NAM	E			3 Filer ID (Ethics Co	mmission Filers)
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	3UT	IONS	\$	
5	Date	6 Full name of contributor		)	8 Amount of Contribution \$	9 In-kind contribution description
		7 Contributor address; City; State;	Zip (	Code	Check if travel outsi	      de of Texas. Complete Schedule T.
10	Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11	Employe	er (FOR NON-JUDICIA	
12	Contributor's	principal occupation (FOR JUDICIAL)	13	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14	Contributor's	employer/law firm (FOR JUDICIAL)	15	Law firm	n of contributor's spous	se (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 Contribution \$	In-kind contribution description
		Contributor address; City; State;	Zip	Code	Check if travel outsic	le of Texas. Complete Schedule T.
	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
	Contributor's	principal occupation (FOR JUDICIAL)		Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
	Contributor's	employer/law firm (FOR JUDICIAL)		Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
					111111111111111111111111111111111111111	
	I	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction				requirements.

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

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

	The	Instruction Guide explains how to complete th	is form.	1 Total pages Sched	ule B:
2	FILER NAME		-	3 Filer ID (Ethics C	ommission 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
l	l	7 Pledgor address; City; S	State; Zip Code		 
					l de of Texas. Complete Schedule T.
10	Principal occu	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code	 	 
_			1	Check if travel outsi	l . de of Texas, Complete Schedule T.
_	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		
				Check if travel outside	de of Texas. Complete Schedule T.
	Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
-	Date	Full name of pledgor		Amount of I	In-kind contribution description
		Pledgor address; City; State	te; Zip Code		
				Check if travel outsic	de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
		ATT-OUADDITIONAL CODIES			
	If c	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Inst			requirements.

Forms provided by Texas Ethics Commission

## LOANS SCHEDULE E

		I W	•
The	Instruction Guide explains how to comp	olete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
ΥN			11 Maturity date
12 Principal occupation	ion / Job title (See Instructions)	13 Employer (See Instructions)	1
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	nds were deposited into political titions)
16 GUARANTOR INFORMATION	17 Name of guarantor	I	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 (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
ΥN			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instructi	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	
•		ampiose (act many)	
	ATTACH ADDITIONAL CODE	IES OF THIS SCHEDULE AS NEE	
If le	nder is out-of-state PAC, please see ins		

# 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

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Darin Paine		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name		L			
Oct. 12, 2021	Advertising Mail Corp., Inc.					
6 Amount (\$) 492.56	7 Payee address; 427 Dellwood St.	city; B <b>ryan</b>	State; Zip Code TX 77845			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Direct mail pos	stcards, postage.			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held			
Date	Payee name					
Oct. 13, 2021	Bryan Broadcasting					
Amount (\$) 500.00	Payee address; PO Box 3248	city; College Sta	State; Zip Code ation TX 77805			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Purchased local r candidacy.	radio advertisments to promote			
	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					
Oct. 27, 2021	Bryan Broadcasting					
Amount (\$)	Payee address; PO Box 3428	City;	State; Zip Code			
\$400.00		College Station	TX 77805			
	Category (See Categories listed at the top of this schedule)	Description	4774			
PURPOSE OF EXPENDITURE	Advertising Expense	Purchased local candidacy.	radio advertisements to promote			
	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			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		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 explain	ns how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	GATIONS	\$
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	7 - 1127-7
PURPOSE OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Aus	tin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF Expenditure	Category (See Categories listed at the top of this	schedule) Description	
	Check if travel outside of Texas, Complete S	Schedule T. Check if Au	stin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEI	EDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.		<b>1</b> To	tal pages	Schedule F	3:	
2 FILER NAME			er ID (Et	hics Commiss	sion Filers)	
4 Date	5 Name of person from whom investment is purchased			A TOTAL CONTRACTOR OF THE PARTY		•
	6 Address of person from whom investment is purchased; Cit	y;	••••••	State;	Zip Code	•••••
	7 Description of investment		- 31 M2 1-81			
	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 (\$)	V 100 E L1				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **EXPENDITURE** Political 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 Office held 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Accounting/Banking Fe Consulting Expense Fc Contributions/Donations Made By Gi Candidate/Officeholder/Political Committee Le Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	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)			
Credit Cald Payment		The Instruction Guide explains	s how to c	omplete	this form.			
1 Total pages Schedule G:	2 FILER N	AME				3 Filer ID	(Ethics (	Commission Filers)
4 Date	5 Payee na	ame			· · · · · · · · · · · · · · · · · · ·	I		
6 Amount (\$)	7 Payee address; City;			City;		State;	Zip Code	
Reimbursement from political contributions intended								
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this sch	edule)	(b) Des	scription			
	(c)	Check if travel outside of Texas. Complete Sched	dule T.		Check if Austin	, TX, officehold	er living exp	ense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candi	date / Officeholder name		Office s	ought		C	Office held
Date	Payee na	nme						17.5
Amount (\$)	Payee ad	ldress;	100		City;		State;	Zip Code
Reimbursement from political contributions intended	75.7.0150							
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this scho	edule)	Des	scription			
		Check if travel outside of Texas. Complete Scheo	dule T.		Check if Austin	, TX, officehold	er living exp	ense
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name		Office s	ought		C	office held
Date	Payee na	me				1117		
Amount (\$)	Payee ac	ldress;			City;	Sta	ate;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this sche	edule)	Des	eription			
		Check if travel outside of Texas. Complete Sched	tule T.		Check if Austin,	TX, officeholde	r living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office so	ought		0	ffice held
forms provided by Tayes Est		ACH ADDITIONAL COPIES OF 1		HEDUL	E AS NEEDI	ΞD		

### 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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Gift/Awards/Memorials Expense Legal Services		kpense /ages/Contra		Travel Out	Of District	y not listed above)
1 Total pages Schedule H:	The Instruction Guide explains how to complete this form.  1: 2 FILER NAME			3 Filer ID	(Ethics	Commission Filers)		
4 Date	5 Business	s name	TWO CONTRACTOR OF THE CONTRACT				P-18-18-18-18-18-18-18-18-18-18-18-18-18-	
6 Amount (\$)	7 Business	s address;	₩	***************************************	City;		State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so		(b) Desc				
Complete ONLY if direct expenditure to benefit C/O	Candid	Check if travel outside of Texas. Complete Sci ate / Officeholder name		Office sou	Check if Austin,	TX, officeholds		Office held
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Amount (\$)	Business	address;	B160-7144	**************************************	City;		State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Descr	iption			
MAINTENANT OF THE		Check if travel outside of Texas. Complete Sch	hedule T.	c	Check if Austin,	TX, officeholde	ır living exp	ense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	C	Office sought Office held			Office held	
Date	Business	name						
Amount (\$)	Business	address;			City;	S	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Descri	iption	- Property Co.	-	
	c	Check if travel outside of Texas, Complete Sch	nedule T.	c	heck if Austin,	TX, officeholde	r living exp	ense
Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name	0	office soug	jht .		0	Office held
	ATT/	ACH ADDITIONAL COPIES O	OF THIS SC	HEDULI	E AS NEED	ED		And the second s

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILERNAME		3 Filer ID (Ethics C	Commission 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 regarding type o	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	e instructions 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 required.)	instructions regarding type of	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 required.)	instructions regarding type of	information			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	1175			

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

### SCHEDULE K

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedul		
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; Stat	te; Zip Code	
	7 Purpose for which amount is received Check if p	political contribution r	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Star	ute; Zip Code	
	Purpose for which amount is received Check if p	political contribution r	eturned 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	political contribution re	eturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	te; Zip Code	
	Purpose for which amount is received Check if po	olitical contribution re	eturned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule COH-UC Schedule B-SS Schedule H 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 11 Purpose of travel (including name of conference, seminar, or other event) 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 Means of transportation Purpose of travel (including name of conference, seminar, or other event) 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 Means of transportation Purpose of travel (including name of conference, seminar, or other event)

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.					
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH!	C/OH NAME  2 Filer ID (Ethics Commission Filers)					
3	SIGNA	NTURE					
	designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that attached atting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder					
4		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 income earned from political contributions.					
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254,204.					
	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 other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
		Signature of Candidate					
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Signature of Officeholder					