


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)		<b>2 Total pages filed:</b>																			
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">MS / MRS / MR <b>MR.</b></td> <td style="width:33%; border-bottom: 1px solid black;">FIRST <b>MARQUIS</b></td> <td style="width:33%; border-bottom: 1px solid black;">MI <b>L</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST <b>HAWKINS</b></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>			MS / MRS / MR <b>MR.</b>	FIRST <b>MARQUIS</b>	MI <b>L</b>	NICKNAME	LAST <b>HAWKINS</b>	SUFFIX	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b> </div> <div style="border: 1px solid black; padding: 5px;"> Date Received   </div>													
	MS / MRS / MR <b>MR.</b>	FIRST <b>MARQUIS</b>	MI <b>L</b>																				
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<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">AREA CODE</td> <td style="width:33%;">PHONE NUMBER</td> <td style="width:33%;">EXTENSION</td> </tr> <tr> <td>(469 )</td> <td>730-4749</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(469 )	730-4749		Date Hand-delivered or Date Postmarked													
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(469 )	730-4749																						
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<b>8 CAMPAIGN TREASURER PHONE</b>																							
<b>9 REPORT TYPE</b>	<table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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<b>10 PERIOD COVERED</b>	<table style="width:100%;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">26</td> <td style="text-align: center;">18</td> <td style="text-align: center;">01</td> <td style="text-align: center;">15</td> <td style="text-align: center;">19</td> </tr> <tr> <td colspan="3" style="text-align: center;">THROUGH</td> <td colspan="3"></td> </tr> </table>					Month	Day	Year	Month	Day	Year	07	26	18	01	15	19	THROUGH					
Month	Day	Year	Month	Day	Year																		
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<b>11 ELECTION</b>	<table style="width:100%;"> <tr> <td style="width:40%;"> ELECTION DATE  Month      Day      Year  05      04      19             </td> <td style="width:60%;"> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special             </td> </tr> </table>					ELECTION DATE Month      Day      Year 05      04      19	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																
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<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b>  DALLAS ISD SCHOOL BOARD TRUSTEE, DISTRICT 5																				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12,116.23

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1390.93

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

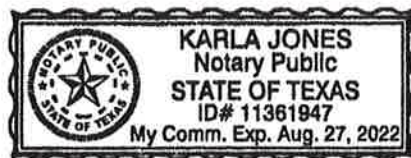
\$ 10,725.30

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Marquis Hawkins*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marquis Hawkins, this the 15<sup>th</sup>  
day of January, 20 19, to certify which, witness my hand and seal of office.

*Karla Jones*  
Signature of officer administering oath

Karla Jones  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

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 occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

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Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# Monetary Political Contributions

Date	Amount	First Name	Last Name	Home Address	City	State	Zip
7/17/2018	\$ 50.00	Antoine	Joyce	2323 N. Field St.	Dallas	TX	75201
7/26/2018	\$ 100.00	Wilton	Hollins	4512 Atlanta Drive	Plano	TX	75093
7/26/2018	\$ 50.00	Symone	Redwine	4044 Buena vista #202	Dallas	TX	75204
8/8/2018	\$ 20.19	Alejandra	Aguirre	10320 Trail Avenue	Dallas	TX	75217
8/8/2018	\$ 20.19	Jon	Killen	2050 Chevella Dr	Dallas	TX	75232
8/13/2018	\$ 350.00	Amponsah	Nkansah	3169 Hawthorne Drive Northeast	Washington	DC	20017
9/7/2018	\$ 500.00	Ricky	Johnson	3333 Allen Parkway	Houston	TX	77019
9/12/2018	\$ 75.00	Jermaine	House	4223 Clay Street NE	Washington	DC	20019
10/13/2018	\$ 100.00	Leandre	Johns	2120 Olive st	Dallas	TX	75201
10/16/2018	\$ 20.19	Corina	Richards	3117 Lela St	Irving	TX	75061
11/25/2018	\$ 500.00	Andre	Boykin	8220 Fallen Maple Drive	Chattanooga	TN	37421
12/1/2018	\$ 250.00	William	Wakaye	2000 Bagby Street Unit 7423	Houston	TX	77002
12/9/2018	\$ 500.00	Hunter	Gradie	222 East 95th	New York City	NY	10128
12/9/2018	\$ 500.00	Melissa	Gradie	222 East 95th	New York City	NY	10128
12/9/2018	\$ 250.00	Alexander	Gnaedlig	8401 n. New braunfels ave	San Antonio	TX	78209
12/9/2018	\$ 20.19	Kevin	Malonson	5507 Tremont St.	Dallas	TX	75214
12/9/2018	\$ 150.00	Craig	Robinson	54 Brook Street	Bay Shore	NY	11706
12/9/2018	\$ 250.00	Toniqua	Hay	3320 Ethan Allen Dr	College Park	GA	30349
12/9/2018	\$ 250.00	Courtney	Washington	2828 Lemmon Ave.	Dallas	TX	75204
12/9/2018	\$ 20.19	Dubary	Brea	281 East 153rd Street Apt 1H	Bronx	NY	10451
12/10/2018	\$ 500.00	Carl	Woodward	5111 Citrus Boulevard, Apt. 316	River Ridge	LA	70123
12/11/2018	\$ 500.00	Jesse	Wolfson	1340 S. Michigan Ave	Chicago	IL	60605
12/17/2018	\$ 1,000.00	Tre	Black	2426 W. Tenth Street.	Dallas	TX	75211
12/18/2018	\$ 1,000.00	Esteban	Garces	2415 Jamie Cir	Orlando	FL	32803
12/18/2018	\$ 500.00	Connie	Hawkins	2029 Kickapoo Trail	Heartland	TX	75126
12/19/2018	\$ 500.00	Lewis	Joyner	7729 Castle Rock Drive	Clinton	MD	20735
1/2/2019	\$ 50.00	Matthew	Thompson	1017 Rivers Creek Lane	Little Elm	TX	75068
1/2/2019	\$ 20.19	Shartajeye	Wright	1789 Westerham Dr	Dallas	TX	75232
1/3/2019	\$ 1,000.00	Michael	Nance	2605 Frederick Douglas Blv	New York	NY	10030
1/3/2019	\$ 1,000.00	Brandon	Chiazza	93 Halsey St. APT E1	New York	NY	10128
1/8/2019	\$ 150.00	Carolyn	Strauss	101 Westpoint Harbor Drive	Redwood City	CA	94063
1/8/2019	\$ 500.00	Marian	James White	1410 Gregory Ave.	Dallas	TX	75232
1/9/2019	\$ 1,000.00	Lisette	Duran	2605 Frederick Douglass Blvd Apt 4B	New York	NY	10030
1/10/2019	\$ 150.00	Charles	Glover	10021 Gateway Ln	Dallas	TX	75218
1/10/2019	\$ 250.00	Gary	Briggs	500 Wall Blvd #235	Gretna	LA	70056
1/11/2019	\$ 20.19	Don	Settles	2003 Thyring Ct.	District Heights	MD	20747
<b>Total</b>	<b>\$ 12,116.33</b>						

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,116.23
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1390.93
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
	Office sought	
	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**Political Expenditures Made From Political Contributions**

<b>Filer Name</b>	<b>Date</b>	<b>Payee Name</b>	<b>Amount</b>	<b>Payee Address</b>	<b>Purpose of Expense</b>
Marquis Hawkins	7/31/2018	Piryn	\$ 16.70	995 Market Street 2nd Floor San Francisco, CA 94103	Fees
	8/1/2018	Wells Fargo	\$ 12.00	P. O. Box 6995 Portland, OR 97228-6995	Fees
	8/4/2018	4degrees Inc	\$ 300.00	8980 W. Tennessee Ave Lakewood, CO 80226	Advertising Expense
	8/31/2018	Piryn	\$ 6.87	995 Market Street 2nd Floor San Francisco, CA 94103	Fees
	9/1/2018	Wells Fargo	\$ 12.00	P. O. Box 6995 Portland, OR 97228-6995	Fees
	9/30/2018	Piryn	\$ 6.33	995 Market Street 2nd Floor San Francisco, CA 94103	Fees
	9/30/18	StimulatedConcepts LLC	\$ 600.00	1707 N. Hall St. Dallas, TX 75204	Advertising Expense
	10/1/2018	Wells Fargo	\$ 12.00	P. O. Box 6995 Portland, OR 97228-6995	Fees
	10/31/2018	Piryn	\$ 10.10	995 Market Street 2nd Floor San Francisco, CA 94103	Fees
	11/1/2018	Wells Fargo	\$ 12.00	P. O. Box 6995 Portland, OR 97228-6995	Fees
	12/1/2018	Wells Fargo	\$ 12.00	P. O. Box 6995 Portland, OR 97228-6995	Fees
	12/31/2018	Piryn	\$ 173.48	995 Market Street 2nd Floor San Francisco, CA 94103	Fees
	1/1/2019	Wells Fargo	\$ 12.00	P. O. Box 6995 Portland, OR 97228-6995	Fees
	1/11/2019	Custom Printing DFW	\$ 93.50	806 S Saint Paul St, Dallas, Texas 75201	Printing Expense
	1/14/2019	Piryn	\$ 111.95	995 Market Street 2nd Floor San Francisco, CA 94103	Fees
<b>Total</b>			<b>\$ 1,390.93</b>		

## SCHEDULE A2

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Forms provided by Texas Ethics Commission      [www.ethics.state.tx.us](http://www.ethics.state.tx.us)      Revised 9/8/2015



# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / 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; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y    N	<b>8</b> Lender address;                      City;    State;    Zip Code .....	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral  <input type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address;                      City;    State;    Zip Code .....	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address;                      City;    State;    Zip Code .....	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;                      City;    State;    Zip Code .....	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
---	----

5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
---------------	--

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
--	-------------------------------	---------------	-------------

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

9 TYPE OF EXPENDITURE

☐

Political

☐

Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐

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/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 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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> 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	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; 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; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE T

The Instruction Guide 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 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 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 NAME

2 Filer ID (Ethics Commission Filers)

## 3 SIGNATURE

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 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

### A. CAMPAIGN FUNDS

Check 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.

### B. ASSETS

Check 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 OFFICEHOLDER

.. Complete 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