	TE / OFFICEHOLDER N FINANCE REPORT	(	FORM C/OH COVER SHEET PG 1				
The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Etnics Commission Filers)	2 Total pages filled:				
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MRS. AUDREY S.	MI	OFFICE USE ONLY	1			
NAME	NICKNAME LAST PINKERTON	SUFFIX	Oate Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #. CO PO BOX 225553 DALLAS, TEXAS 75208	DITY: STATE; ZIP CODE	S18 17	OARD SE			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 972 ) 885-7154	EXTENSION	Date Hand-delivered or Date Post@arked	ENVICES PAICES			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. JEROME  NICKNAME LAST  GARZA	Mł SUPFIX	Receipt # Amount Date Processed  Oate Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE  710 N. EDGEFIELD DALLAS, TEXAS 75208						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 214 ) 536-7380						
9 REPORT TYPE	X January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 6 /16 THROUGH 12 / 31 / 16						
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	ELECTION TYPE Aunoil Other Description Special					
12 OFFICE	OFFICE HELD (d any) TRUSTEE, DISTRICT 7 DALLAS ISD	13 OFFICE SOUGHT (II known	)				
The second secon	GO TO	PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME MRS. AUDREY	S. PINKERTON		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'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						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION		The state of the s					
TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI					
	2. TOTAL	POLITICAL CONTRIBUTIONS					
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0				
EXPENDITURE	3. TOTAL F	OUTION EVENDITURES OF \$100 OF LESS					
TOTALS	TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ 110.98						
	4. TOTAL POLITICAL EXPENDITURES \$ 343.23						
CONTRIBUTION							
BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0F REPORTING PERIOD \$ 6642.71						
OUTSTANDING	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE						
LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$						
18 AFFIDAVIT							
		I swear, or affirm, under penalty of	perjury, that the accompanying report is				
		true and correct and includes all inf	formation required to be reported by me				
		under Title 15, Election Code.	_				
$\sqrt{1}$							
Augiran intertain							
		Signature of Car	rdidate or Officeholder				
AFFIX NOTARY STAME	P/SEALABOVE						
Sworn to and subscr	ihad hafara ma b	who said Audion Pinkerto	w this the 17				
day of TGN	107		this the 1				
day of July	2	o certify which, witness my hand and seal of office					
Xandas	AND STABLE	-DAND ) TAVER	VP.				
Signature to efficient	priblic istate of T	Printed name of officer administering cath	Title of officer administering oath				
1 · X · ) N	commission Expir	Inner athing state by us	Forderd Marine				
Unitie Diverge Control of the XXXX Eff	IICS COITUUES MAN	www.ethics.state.tx.us	Revised 9/8/2015				

## **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

	COVER S	SHEET PG 3				
19	19 FILER NAME  MRS. AUDREY S. PINKERTON  20 Filer ID (Ethics Co					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$				
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	5 X SCHEOULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	\$					
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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MRS. AUDREY S. PINKERTON 4 Date 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: City; State; Zip Code Contributor address; 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.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MRS, AUDREY S, PINKERTON 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 8 Amount of 9 In-kind contribution 6 Full name of contributor □ out-of-state PAC (ID#) Contribution \$ ... 7 Contributor address; City; State; Zip Code Check if travel outside of Texas: Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of In-kind contribution Full name of contributor | | out-of-state PAC (ID#:\_ Date Contribution \$ description City; State; Zip Code Contributor address; Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL)(See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor'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) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	8 Amount 9 In-kind contribution of Pledge \$ 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 In-kind contribution of Pledge \$ 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 In-kind contribution Pledge \$ 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 In-kind contribution Pledge \$ description
Pledgor address; City; State; Zip Code	8
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (See	
3997	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is cut-of-state PAC, please see instruction guide for a	

LOANS			SCHEDULE <b>E</b>		
Th	e Instruction Guide explains how to compl	ete this form,	1 Total pages Schedule E:		
2 FILER NAME	1		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF U	NITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial institution?	8 Lander address; City; 5	State; Zip Code	10 Interest rate		
Y N			11 Maturity date		
12 Principal occupa	tion / Job title (See Instructions)	13 Employer (See Instructions)	<del></del>		
14 Description of Co	bilateral	15 Check if personal funds were account (See Instructions)	deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
18 Guarantor address; City; State; Zip Code					
Zu Principal Occup	ation (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender out-ot-state	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution?			Maturity date		
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions)			
Description of Co	oliateral	Check if personal funds were account (See Instructions)	deposited into political		
GUARANTOR INFORMATION	Name of guarantor	L	Amount Guaranteed (\$)		
not applicabl	Guarantor address; City; State; Zip Code				
**************************************	Lition (See Instructions)	Employer (See Instructions)	1		
н	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NI struction guide for additional re			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

Event Expenso
Fees
Food/Beverage Expense
Glft/Awards/Memonals Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mense/Contract Lebor

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder:Politica Credit Card Payment	al Committee Legal Services Sala	ing Expense Travel Out Of District rises/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME MRS. AUDREY S. PINKERTON	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	
12/31/16	BOOKER INDUSTRIES	
Amount (\$)	7 Payee address; City; State; Zip Cod	de
232.25	2344 Farrington, Dallas, TX 7520	7
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description
		Check if travel outside of Texas. Complete Schedule T.
PURPOSE	DDINETING EVDENCE	Check if Austin, TX, officeholder living expense
EXPENDITURE	PRINTING EXPENSE	Charlet in Auditor, 114, difficultural first by Saparize
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 Coo	de
	Category (See Calegories listed at the top of this schedule	e) Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Coo	de
many a live to the	Cotton of the Co	
	Category (See Categories listed at the top of this schodule	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		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 T	HIS SCHEDULE AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fess

Luan Repayment/Reinburgement Office Verhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting expense Contributions/Donations Made By Candidate/Officeholder/Political		Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/		Travel In District Travel Out Of District Other (enter a categor	y not listed above)		
The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics C	commission Filers)		
4	TOTAL OF UNITEM	IIZED UN	PAID INCURRED OBLIC	GATIONS		\$			
5	Date	6 Payee	name						
7	Amount (\$)	8 Payee	8 Payee address; City; State; Zip Code						
9	TYPE OF EXPENDITURE		Political	Non-Political					
10		(a) Catego	ory (See Categories fisted at the top of thi	is schedule)	(b) Descriptio	n			
	PURPOSE OF				Check if I	travel outside of Texas, Compi	lete Schedule T.		
	EXPENDITURE				Check if	l Austin, TX, officeholder li	ving expense		
11	11 Complete ONLY if direct								
	Date	Payee	name						
	Amount (\$)	Payee	address; City; State;	Zip Code					
	TYPE OF EXPENDITURE		olitical	Non-Political					
		Catego	ry (See Categories listed at the top of thi	is schedule)	Description	ın			
	PURPOSE				Check if	travel outside of Texas, Compl	lete Schedule T.		
	OF EXPENDITURE				Check it	l Austin, TX, officeholder li	iving expense		
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
			The control of the co	100000					
		ATTAC	H ADDITIONAL COPIES O	F THIS SCHE	DULE AS NE	EDED			

# 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	
	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
9	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 Focs Food/Beverage Expense Gift/Awards/Mamorials Expense Lenal Services Loan Repayment/Reimbursament Office Overhead/Rental Expense Polling Expense Printing Expense Satisfies/Manas/Contract Labor

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

Contributions/Donations Made E Candidate/Officeholder/Politic		, , ,			
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARI	D <b>\$</b>			
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) Determine the control of the schedule of	scription  Check if travel outside of Texas. Complete Schedule T  Check II Austin, TX, officeholder living expanse			
11 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				
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  De	scription   Check il travel outside of Texas. Complete Schedula T.   Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought H	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Foot/Beverage Expense
Gitt/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 Travei In District Travei Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Polit Credit Card Payment	lcal Committee	Legal Services The Instruction	Guide expie	Salaries	complete this form.	Other (anter a categor	
1 Total pages Schedule G:	2 FILER NA	ME				3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Payee nar	ne			Control of the Contro		
6 Amount (\$)  Reimbursament from political contributions intended	7 Payee add	dress; City	y; State; Z	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed a	it the top of this a	schedule)		de of Texas. Complete Schel FX, officeholder living exp	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder	name		Office sought		Office held
Date	Payee nar	ne					
Amount (\$)  Reimbursement from political contributions intended	Payee ade	dress; City	y; State; 2	Zip Code			
PURPOSE OF EXPENDITURE	Category	Sae Categories listed a	it the top of this s	schedule)		de of Texas, Complete Scher TX, officeholder living exp	
Complete ONLY if direct expenditure to benefit C/		ale / Officeholder	name		Office sought		Office held
Date	Payee nar	ne					
Amount (\$)  Reimbursement from political contributions intended	Payee add	dress; City	/; State; Z	Zip Code			
PURPOSE OF EXPENDITURE	Category	See Calegories listed a	l fhe lop of this s	schedule)		de of Texas, Complete Sched	
Complete <u>ONLY</u> if direct expanditure to benefit C/0		ate / 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 Consuting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Ored Card Payment

Event Expense
Fees
Food/Beverage Expense
Gitt/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
Charlester of extensions reflected above.

Contributions/Donations Made Candidate/Office/holder/Politik Credit Card Payment		nting Expense aries/Wages/Contract Labor w to complete this form.	Travel Out Of District Other (onter 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 Co	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if travel outside of	Texas, Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; Slate; Zip Co	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Check if travel outside of	Texas. Complete Schadule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	ode	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedul	Check if travel outside of	lTaxas.Completa Schodule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	)ED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

	The Instruction Gulde explains how to comp	plete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics 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 instructions regarding type of information required )			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payes name	7000 700 700 700 700 700 700 700 700 70			
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# 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 (Ethlos Commission Filers)		
4 Date	5 Name of person from whom amount is received 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 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 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 D Schedule B(J) Schedule C2 Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel 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 G Schedule H Schedule F2 Schedule F4 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	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.			
		Signatur	e 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 fro	m 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.			
	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. (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.			
		S	ignature of Candidate	
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.			
		Sig	gnature of Officeholder	