CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this fo	orm.	iler ID (Ethics Com	mission Filers)	2 Total pag	ges filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST Just n	1		MI	OF	FICE USE ONL	Υ.
NAME	NICKNAME	LAST Henry	• • • • • • • • • • • • • • •		SUFFIX	Date Receive	100 4	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; P.O. Box 1510	APT / SUITE 697 Dallas, Te			Z P CODE			
Change of Address							155	- J. /H
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	The second of		livered or Date Pos	<u>.</u>
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Glorias			MI	Receipt #	Amount \$	
NAME	NICKNAME	LAST			SUFFIX			
	NICKNAME	Dixon			30111A	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS		no po box please); / Street, Dalla		75215		STA	TE; ZPCODE	
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	i			
9 REPORT TYPE	January 15	30th day	y before election	Runoff	F	treas	day after campaign surer appointment ceholder Only)	Mandanan
	July 15	8th day	before election		ded Modified ing Limit	Fina	Report (Attach C/OH	- FR)
10 PERIOD	Month	Day Year			Month	Day	Year	
COVERED	1 /	/ 15 / 23		THROUGH	7	/ 15 /	23	
11 ELECTION	ELECTION DA	TE		E	LECTION TYPE			
	Month Day	Year	Primary General	Runoff Special	Other Description			
12 OFFICE	OFFICE HELD (if any) DISD Truste	ee District	9	13 OFFICE SOI	UGHT (if knowr	1)		philiphian and an annual a
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTR EHOLDER. THESE EXPE AND OFFICEHOLDERS A	ENDITURES MAY H	AVE BEEN MADE WIT	HOUT THE CAN	DIDATE'S OR OFF	ICEHOLDER'S KNOW	LEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME						AP-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Additional Pages	GENERAL	COMMITTEE ADDRE	ESS				· · · · · · · · · · · · · · · · · · ·	
	SPECIFIC	COMMITTEE CAMPA	AIGN TREASURE	R NAME		بيه مديد		
		COMMITTEE CAMP	AIGN TREASUR	ER ADDRESS				
	1	G	O TO PAG	SE 2				Jerring Political Annual Control of the Control of

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ O
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 4,708.80
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true a juired to be reported by me under Title 15, Election Code.	and correct and includes all information
		ida a Official de
	Signature of Cand	idate or Officeholder
	Please complete either option below:	
	r lease complete citaler option below.	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscrbed	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 officer administering oath	Title of officer administering oath
	OR HE A THE STATE OF	
(2) Unsworn Declarati	on	
My name is Ustin	-lenry, and my date of birth is _	
My address is		
Executed in	(street) (city) (state of 10x4), on the 15° day of (month)	te) (zip code) (country) , 20 <u>1J</u>
	Curt Her	
	Signature o Candidad	e/Officeholder (Declarant)
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0
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 CO.	NTRIBUTIONS	\$0.00
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 FUR	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT 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.	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 occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occup	ation / 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	vation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contr bution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

T	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	le A2:
2 FILER NAM	E		3 Filer ID (Ethics Cor	nmission Filers)
4 TOTAL C	F 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		
40		44 5	1	le of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	L)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUI	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spous	e (if any) (FOR JUDICIAL)
16 If contributo	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	Check if beaut subs	lo of Tayan Complete Cebedule T
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA	le of Texas. Complete Schedule T. AL)(See Instructions)
Contributor'	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spous	se (if any) (FOR JUDICIAL)
If contribute	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct			requirements.

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAMI			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#: 7 Pledgor address; City; Sta		8 Amount of Pledge \$	9 In-kind contribution description
			Check if travel outsi	. ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See		-
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
				ide of Texas. Complete Schedule T.
Principal occ	upation / 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		
				ide of Texas. Complete Schedule T.
Principal occ	cupation / 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	e; Zip Code		
		¥	Check if travel outs	ide of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES f contributor is out-of-state PAC, please see Inst			ı requirements.

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LOANS SCHEDULE E

If the requested	If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	IITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender out-of-state i	PAC (D#:)	9 Loan Amount (\$)			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
YN			11 Maturity date			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
not applicable	18 Guarantor address; City;	State; Zip Code				
20 Principal Occupat	lion (See Instructions)	21 Employer (See Instructions)				
			1			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
Y N			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Coll	ateral		ds were deposited into political			
none	T-11-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	account (See Instruct				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable	J					
Principal Occupati	ion (See Instructions)	Employer (See Instructions)				
If Id	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE struction guide for additional re				
		-	· ·			

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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 Consul ing 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 c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p 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	n, TX, officeholder living expen	se
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p 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 Austii	n, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic	e held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accoun ing/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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)
	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	s schedule) (b) Description	
PURPOSE OF Expenditure			
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	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	s schedule) Description	
	Check if travel outside of Texas. Complete	e Schedule T. Check if A	uslin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
`	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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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	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
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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 Accoun ing/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made By Candidate/Officeholder/Politica		Prin ing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGE	O 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	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
PURPOSE OF Expenditure			
	(c) Check if travel outside of Texas. Complete	e Schedule T. Check if Ai	ustin, 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 the	nis schedule) Description	
	Check if travel outside of Texas. Comple	ete Schedule T. Check if A	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 N	EEDED

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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

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

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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 O her (enter a category not listed above)

The Instruction Guide explains how to complete this form

Total pages Schedule G: Date	2 FILER NAME		3 Filer ID (Ethics (Commission Filers)
Date				
	5 Payee name			
Reimbursement from political contributions	7 Payee address;	City;	State;	Zip Code
intended				
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 Aust	in, TX, officeholder living ex	pense
omplete <u>ONLY</u> if direct xpenditure 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 exp			pense
Complete ONLY if direct expenditure to benefit C/C	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 Aus	tin, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	,	Office held

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

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

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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
O her (enter a category not listed above)

The Instruction Guide explains how to complete this form.

		•		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	nse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Of	fice 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	nse	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Of	fice 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		
EN ENDITONE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Of	ffice held
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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 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.)	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 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 required.)	escription (See instructions regarding type of information quired.)		
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.)			
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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; Sta	ate; 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 (\$)	
			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; Sta	ate; Zip Code	
		Purpose for which amount is received Check if	political contribution returned to filer	Name of Persons
	Date	Name of person from whom amount is received	Amount (\$)	
		Address of person from whom amount is received; City; St	tate; Zip Code	
		Purpose for which amount is received Check if	political contribution returned to filer	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED	rentificación
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

		(-)	1 -3-	•
The Instru	uction 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 / P	ayee	
5 Contribution / Expend	diture reported	Lon:		
parties .			Sahadula Co	Schodulo D. Cabadula Ed
Schedule A2	,	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name of person(s) traveling			
	8 Departu	re city or name of departure locatio	n	
	9 Destinat	ion city or name of destination loca	ition	
10 Means of transportat	tion	11 Purpose of travel (including na	ame of conference, s	seminar, or other event)
Name of Contributor	/ Corporation	or Labor Organization / Pledgor / F	Payee	
Contribution / Expend	diture reported	ion:		
Schedule A2	Sch	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sch	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	f person(s) traveling		
	Departu	re city or name of departure location	on .	
	Destina	tion city or name of destination loca	ation	
Means of transporta	tion	Purpose of travel (including n	ame of conference,	seminar, or other event)
Name of Contributor	/ Corporation	or Labor Organization / Pledgor / F	Payee	
Contribution / Expend	diture reporte	d on:		
Schedule A2	Sched	ule B Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sched	ule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	f person(s) traveling		1
	Departu	re city or name of departure location	on	
	Destina	tion city or name of destination loc	ation	
Means of transporta	tion	Purpose of travel (including n	ame of conference,	seminar, or other event)
	Α.	TTACH ADDITIONAL COPIES C	E THIS SCHEDIII	E AS NEEDED
			Y To Spark (P)	
Forms provided by Texas	Ethics Com	Reset Form cs	s Reset	Page Revised 8/17/2020

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" ••			
	C/OH N	AME 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			
L	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.				
	A.	CAMPAIGN FUNDS			
	Check	conly one:			
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.			
	<u> </u>	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	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 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			