# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	-
The C/OH Instruction G	uide explains how to complete this form.	Filer ID (Etnics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Mr. Justin	-		4
INAIVIE	NICKNAME LAST	SUFFIX	Date Received	
	Henry		Trans	Q.
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE		, Ç
OFFICEHOLDER	P.O. Box 151697	,		
MAILING	Dallas, Texas 75315		ं ं	
ADDRESS	,			ŝ'n.
Change of Address			T = 7	54
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	d' 🦳
PHONE	( )	Š.	de et vinne (Phone	141
6 CAMPAIGN	MS / MRS / MR FIRST	MI ~	Receipt # Amount \$	
TREASURER	Glorias			-
NAME		SUFFIX	Date Processed	
		SUFFIX	Date Imaged	$\neg$
	Dixon			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S		STATE; ZIP CODE	
TREASURER ADDRESS	1509 Lenway Street Dallas, Te	xas /5215		
(Residence or Business)				
	AREA CODE PHONE NUMBER	EXTENSION		-
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		- 1
PHONE	(214) 729-0847			
9 REPORT TYPE	January 15 30th day before of	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	01 / 15 / 22	THROUGH 06	/ 15 / 22	
	<u> </u>			
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	General	Special		_
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)	
	Dallas ISD School Board Truste	ee		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE	OR
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME			
	GENERAL COMMITTEE ADDRESS			
Additional Pages				
	SPECIFIC COMMITTEE CAMPAIGN TRI	EASURER NAME		
	COMMITTEE CAMPAIGN TR	REASURER ADDRESS	<del></del>	1
				_
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# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Justin HEnry	1	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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,000.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 4,708.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	
	Signature of Can	didate o Officeholder
		V
	Please complete either option below:	:
	·	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the _	day of,
	which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR OR OTHER DESIGNATION OF THE PROPERTY OF THE	
(2) Unsworn Declarat	on	
My name is <u>Justiv</u>	1 Henry and my date of birth is	
My address is		
Executed in	(city) (st County, State of <u>lexas</u> , on the <u>and day of Ausur</u> (month)	
	Signature of Candida	ate/Officeholder (Declarant)
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# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	19 FILER NAME  20 Filer ID (Ethics Commission Filers)			n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		_	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			1,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

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# **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:
	FILER NAME ustin Henry	/ (Please see attachments)		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	ions)
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
		ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instr		

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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 Sched	1 Total pages Schedule A2:		
2 FILER NAM	Е		3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Charle if traval outside	      de of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	·		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	    de of Texas. Complete Schedule T.		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JL	IDICIAL) (See Instructions)		
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
		·				
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.		

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# **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

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

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no reque	sted information is not a	pplicable, <b>50 NOT I</b>	iolade tino page	in the report.	
	The	Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	tule B:
2 FILI	ER NAME				3 Filer ID (Ethics C	Commission Filers)
4 TC	TAL OF	UNITEMIZED PLED	GES		\$	
5 Date	е	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
:		7 Pledgor address;	City; St	ate; Zip Code		  -  -
					Check if travel outs	I. side of Texas, Complete Schedule T.
<b>10</b> Pri	ncipal occu	pation / Job title (See Instru	uctions)	11 Employer (See	Instructions)	
Dat	е	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;		ate; Zip Code		 
					Check if travel outs	I . side of Texas. Complete Schedule T.
Prin	cipal occup	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
Dat	e	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code	:	 
					Check if travel outs	I. side of Texas. Complete Schedule T.
Prir	ncipal occu	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
Dat	e	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	e; Zip Code	1	1 
					Check if travel outs	l side of Texas. Complete Schedule T.
Prin	cipal occup	Dation / Job title (See Instru	ctions)	Employer (See	Instructions)	
	16	ATTACH contributor is out-of-stat	ADDITIONAL COPIES			n requirements
I	IT	Continuator is out-of-stal	e rac, piease see ins	uucuon guiae tor	auditional reporting	g raquiraments.

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## **LOANS**

# SCHEDULE E

	If the requested	information is not applicable, DO NO	OT include this page in the re	port.
	The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UNITEMIZED LOANS			\$
5	Date of loan	7 Name of lender  ut-of-state	9 PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date
	YN			13 Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		18 Guarantor address; City;	State; Zip Code	
	not applicable			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Γ	Institution?			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
-	Description of Colla	ateral		ds were deposited into political
	none		account (See Instruct	tions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable	,		
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	If le	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NEI	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

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

Event Expense 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 Justin Henry (please see attachments	3)	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	****	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g 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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#### 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 Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 8 Payee address; Zip Code 7 Amount (\$) City; State: TYPE OF **Political** Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

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

т	he Instruction Guide explains how to complete this form.	1 Total page	es Schedule F3:	
2 FILER NAME		3 Filer ID (	Ethics Commission	r Filers)
4 Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased; Cit	у;	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 (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDE	D	
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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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED 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	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF Expenditure			
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	s schedule) Description	
PURPOSE			
OF Expenditure			
	Check if travel outside of Texas, Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Canada o o moonda o name	Cinos sough	
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS N	EEDED

# 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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics (	Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name	***		
Amount (\$)  Reimbursement from	Payee address;	City;	State;	Zip Code
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	n, TX, officeholder living ex	pense
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 NEED	DED	

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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
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.

	The instruction duide explains now to	complete tins form.	
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	arding type of	information
Date	Payee name		, , , , , , , , , , , , , , , , , , , ,		
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	arding type o	f information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

#### SCHEDULE K

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

The Instruction Guide explains how to complete this form.				dule K:	
2 FILE	R NAME			3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of pers	on from whom amount is received			8 Amount (\$)
	6 Address of pe	rson from whom amount is received;		ate; Zip Code	
	7 Purpose for w	hich amount is received	Check if	political contribution	returned to filer
Date	Name of pers	on from whom amount is received			Amount (\$)
	Address of pe	rson from whom amount is received;	City; St	ate; Zip Code	
	Purpose for w	hich amount is received	Check if	political contribution	returned to filer
Date	Name of pers	on from whom amount is received			Amount (\$)
	Address of pe	rson from whom amount is received;		ate; Zip Code	
	Purpose for w	hich amount is received	Check if	political contribution	returned to filer
Date	Name of pers	on from whom amount is received			Amount (\$)
	Address of pe	rson from whom amount is received;		ate; Zip Code	
	Purpose for w	hich amount is received	Check if	political contribution	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

## SCHEDULE T

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

The Instr	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	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expend	liture 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	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 transporta	ion 11 Purpose of travel (including name of conference, se	eminar, or other event)			
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expen	diture reported on:				
	Schedule B Schedule B(J) Schedule C2				
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	Dates of travel Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transporta	tion Purpose of travel (including name of conference, s	eminar, or other event)			
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expen	diture 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 transporta	tion Purpose of travel (including name of conference, s	eminar, or other event)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED			
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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" ••					
1	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.					
		Signatul	re of Candidate / Officeholder			
4	FILER WHO IS NOT AN OFFICEHOLDER  •• Complete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS				
	Chec	conly one:				
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B.	ASSETS				
	Chec	conly one:				
	Manager's to	I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to			
		S	Signature of Candidate			
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as			
		Si	gnature of Officeholder			