# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

			24			
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commissio	n Filers) 2	Total pages file	<sup>d:</sup> 32
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST  David	MI L		OFFICE (	JSE ONLY
NAME	NICKNAME Lance	LAST Currie	SUFFI		ate Received	2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 4468 Twin P	APT / SUITE #; CO	CITY; STATE; ZIP CO 75244	ODE		APR 26 I
Change of Address	AREA CODE	DUONE WHADED	EVTENOLON			P 60
5 CANDIDATE/ OFFICEHOLDER PHONE	(214 )	729-6495	EXTENSION			or Date Ostmaried
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST  Calvert	МІ		eceipt #	Amount \$
NAME	NICKNAME	LAST	SUFFI		ate Processed	
	THOM WILL	Collins-Bratton			ate Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / SI		10.8	STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	( 214 )	886-9354	20.2000			
9 REPORT TYPE	January 15	30th day before e	Runoff		15th day afte treasurer ap (Officeholder	pointment
	July 15	8th day before ele	ection Exceeded Mo Reporting Lin		Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month 3	Day Year  / 26 / 24	THROUGH	Month 4	Day Year 24	
11 ELECTION	ELECTION DA  Month Day  5 4	Year Primary	Runoff Other	ON TYPE er cription		
	5 / 4 /	24				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT Dallas ISD, I	-	1	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDI S MAY HAVE BEEN MADE WITHOUT RED TO REPORT THIS INFORMATION	THE CANDIDAT	TE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				W.A. = -
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
	)((a) (a) (a) (a) (a) (a) (a) (a) (a) (a	GO ТО	PAGE 2			

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Fifer ID (Ethics Commission Filers) **David Lance Currie** 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** \$ 145,700.26 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. \$ TOTALS \$ 30,385.73 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 76,054.54 ß. **LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 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. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by \_\_\_\_\_\_ \_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is David Lance Currie , and my date of birth is **Dallas** 75244 My address is 4468 Twin Post Rd US (street) (zip code) (country) (city) (state) , on the 26th day of April 20\_24 Executed in Dallas \_\_\_ County, State of Texas (year) Signature of Candidate/Officeholder (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics C			nmiss	ion Filers)
Dav	id Lance Currie			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	55,732.63
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	-	\$	89,967.63
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	1,15	\$	D
4.	4. SCHEDULE E: LOANS			- I
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	30,385.73
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	3
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	
10.	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	TIONS RETURNED	\$	
	100000000000000000000000000000000000000			

# 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 David Lanc	e Currie	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
03/26/2024	6 Contributor address; City; State; Zip C 4948 Briarwood Place, Dallas, TX 75	1,000.00	
8 Principal occu	· · · · · · · · · · · · · · · · · · ·	ee Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
03/27/2024	Contributor address; City; State; Zip C	200.00	
Principal occup	ation / Job title (See Instructions) Employer (S	ee Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
04/01/2024	Sara Madsen Miller  Contributor address; City; State; Zip	207.01	
Principal occup	· · · · · · · · · · · · · · · · · · ·	ee Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
04/02/2024	Contributor address; City; State; Zip Co	300.00	
Principal occup	· · · · · · · · · · · · · · · · · · ·	ee Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED	

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

# SCHEDULE A1

The	Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
FILER NAME David Lanc	e Currie	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:_ Stephen Love	
4/03/2008	6 Contributor address; City; Sta 3920 Sleepy Ln., Dallas, TX	75229 50.00
Principal occu	pation / Job title (See Instructions)  9 E	mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:_	Amount of contribution (\$)
4/06/2024		te; Zip Code d, TX 75028
Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
4/06/2024	Kristen Sherwin  Contributor address; City; Sta  10415 Vinemont St. Dallas,	100.00 TX 75218
Principal occup	ation / Job title (See Instructions)	imployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:_	Amount of contribution (\$)
04/08/2024		te; Zip Code s. TX 75205
Principal occup		Employer (See Instructions)

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

# 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 David Lanc	e Currie		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	
04/09/2008	6 Contributor address; City; State 3727 Princess Ln., Dallas, TX	te; Zip Code	103.48	
8 Principal occu		mployer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:_  Matthew Domiteaux & Jiaze Zhang		Amount of contribution (\$)	
04/08/2024		te; Zip Code	200.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
04/08/2024	Kristen Sherwin  Contributor address; City; Stat  10415 Vinemont St. Dallas,	te; Zip Code	100.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
04/08/2024	Roger Gault  Contributor address; City; Sta  8235 Douglas Ave., Ste 350	te; Zip Code	75.00	
Principal occup	eation / Job title (See Instructions)	mployer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	EEDED	

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

ii tile reques	ted information is not applicable, DO NOT inc	nude this page in the	тероп.
The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME David Lanc	e Currie		3 Filer ID (Ethics Commission Filers)
4 Date	<b>5</b> Full name of contributor out-of-state PAC James A. Moyers	(ID#:)	7 Amount of contribution (\$)
04/08/2024	6 Contributor address; City; 2808 Throckmorton St., Apt. 103, [	State; Zip Code Dallas, TX 75219	25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	cions)
Date	Full name of contributor out-of-state PAC Rodolfo Rodriguez	(ID#:)	Amount of contribution (\$)
04/09/2024	Contributor address; City; 4647 Hallmark Drive Dalla	State; Zip Code	103.48
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC  Mark Melton	(ID#:)	Amount of contribution (\$)
04/09/2024	2921 Leeshire Drive, Dallas, TX 75228		1,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor out-of-state PAC  Gwen Echols	(ID#:)	Amount of contribution (\$)
04/10/2024	Contributor address; City; 6314 Stefani Dr., Dallas,	State; Zip Code	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru		

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 David Lanc	e Currie		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Marguerite Murchison	(ID#:)	7 Amount of contribution (\$)		
04/11/2024	6 Contributor address; City; 5430 Lyndon B Johnson Fwy 1450, I	State; Zip Code Dallas, TX 75240	1,030.26		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC  Darwin Deason	(ID#:)	Amount of contribution (\$)		
04/12/2024	Contributor address; City;	State; Zip Code	4,000.00		
	3953 Maple Ave, Ste 150				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date		(ID#:)	Amount of contribution (\$)		
04/12/2024	Douglas R. Deason	State: 7:- Code	2,000.00		
	Contributor address; City; 10134 Waller Dr, Dallas,	State; Zip Code TX 75229	2,000.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		(ID#:)	Amount of contribution (\$)		
04/11/2024	Robert Axley  Contributor address; City;	State; Zip Code	2,500.00		
	2 Glenncreek Crossing, Dall	as, TX 75230	,		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	31 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:	
2 FILER NAME David Lanc	e Currie		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#: Dan Meader		7 Amount of contribution (\$)	
04/14/2024	6 Contributor address; City; s 400 Overlook Dr., Colleyville	itate; Zip Code	1,030.26	
	· · · · · · · · · · · · · · · · · · ·	·		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	
04/14/2024		State; Zip Code	50.00	
	10325 Carry Back Circle, Dallas	s, TX 75229		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		:	Amount of contribution (\$)	
04/15/2024	Shannon Callewart		257.94	
	6250 Rex Dr., Dallas, TX 7	State; Zip Code	237.94	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	
04/16/2024	Contributor address; City; S	State; Zip Code	1,000.00	
	1722 Routh St #770, Dallas	, TX 75201		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
. up t <del>e la</del>	71	***************************************		
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If the reques	ted information is not applicable, DO NOT i	nclude this page in the	report.
The	Instruction Guide explains how to complete th	ls form.	1 Total pages Schedule A1:
2 FILER NAME David Lanc	e Currie		3 Filer ID (Ethics Commission Filers)
4 Date	Gary Kelly	AC (ID#:)	7 Amount of contribution (\$)
04/16/2024	6 Contributor address; City; 5609 Cradlerock Cir., Pla	State; Zip Code	1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ions)
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)
04/18/2024	Contributor address; City; 6138 Velasco Ave, Dalla	State; Zip Code AS, TX 75214	500.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
04/19/2024	Contributor address; City; 3815 Royal Ln, Dallas,	State; Zip Code	154.97
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
04/20/2024	Emily Kaczmarczyk  Contributor address; city;  209 S Windomere Ave Da	State; Zip Code	103.48
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES		

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME David Lanc	e Currie		3 Filer ID (Ethics Commission Filers)
Date	Full name of contributor out-of-state PAC (ID#:)  Michael Considine		7 Amount of contribution (\$)
4/20/2024	6 Contributor address; City; 6520 Crestpoint Drive, Dall	State; Zip Code as, TX 75254	257.94
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/21/2024	Contributor address; city; 4906 Shadywood Lane, Dal	State; Zip Code	2,574.90
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Thomas J. Stutz	C (ID#:)	Amount of contribution (\$)
4/22/2024	Contributor address; City; 12530 Planters Glen Dr., Dal	State; Zip Code	100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	c (ID#:)	Amount of contribution (\$)
4/23/2024	Contributor address; City;	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

### SCHEDULE A1

Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
e Currie	3 Filer ID (Ethics Commission Filers)
Ann Margolin	7 Amount of contribution (\$)
6 Contributor address; City; State	7X 75219 257.94
pation / Job title (See Instructions)  9 E	nployer (See Instructions)
	Amount of contribution (\$)
Contributor address; City; Sta	2,000.00
	nployer (See Instructions)
	Amount of contribution (\$)
Contributor address; City; Stat	500.00 TX 75230
ation / Job title (See Instructions)	nployer (See Instructions)
Full name of contributor out-of-state PAC (ID#:_	Amount of contribution (\$)
Contributor address; City; Sta	e; Zip Code 1,000.00
ation / Job title (See Instructions)	mployer (See Instructions)
	Ann Margolin  6 Contributor address; City; State 3535 Gillespie St 702, Dallas, Pation / Job title (See Instructions)  Full name of contributor  William & Lydia Addy  Contributor address; City; State 3805 Normandy Ave, Dallas, Pation / Job title (See Instructions)  Full name of contributor  Carl & Linda Bell  Contributor address; City; State 20 Ryddington Place, Dallas, Pation / Job title (See Instructions)  Full name of contributor  Carl & Linda Bell  Contributor address; City; State  PAC (ID#:

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

The	Instruction Guide explains how to complete this for	m	1 Total pages Schedule A1:
	mistraction Guide explains now to complete this loc		
FILER NAME David Land	e Currie		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) For Our Kids PAC		7 Amount of contribution (\$)
04/09/2024	6 Contributor address; City; S	State; Zip Code	30,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID	<u>*</u> )	Amount of contribution (\$)
	Contributor address; City; 5	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; S	State; Zip Code	
Principal occup	eation / 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)
<del>- x&gt;+</del>			
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruction		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

	Avoid work to		, - JII		
Th	e instruction Guide explains how to complete this form	1.	1 Total pages Sched	ıle A2:	
2 FILER NAME	<b></b>		3 Filer ID (Ethics Co	mmission Filers)	
David Lance	Currie				
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:) For Our Kids PAC 04/03/2024 7 Contributor address; City; State; Zip Code 306 W 8th St, Dallas, TX 75208			89,967.63	9 In-kind contribution description   Mailers and Door Hangers	
40 Daine in at a	· · · · · · · · · · · · · · · · · · ·	44 Empleys		de of Texas. Complete Schedule T.	
TU Principal occi	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	ne)(Obb instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		22.2		
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description	
			Check if travel outsi	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ontributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1		IN EACHERDED		
	if contributor is out-of-state PAC, please see instruct			g requirements.	

# **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

i.	The	Instruction Guide explain	s how to complete this	form.	1 Total pages Sched	ule B:	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF	UNITEMIZED PLED	GES		\$		
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; Sta	ate; Zip Code			
					Check if travel outsi	ide of Texas. Complete Schedule T.	
10	Principal occu	pation / Job title (See Instru	ctions)	11 Employer (See	Instructions)	-	
23	Date	Full name of pledgor	Out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address;		ate; Zip Code		 	
					Check if travel outsi	ide of Texas. Complete Schedule T.	
	Principal occup	pation / Job title (See Instruc	itions)	Employer (See	Instructions)		
Ö	Date	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	l ide of Texas. Complete Schedule T.	
	Principal occu	pation / Job title (See Instru	ctions)	Employer (See	Instructions)		
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
		Pledgor address;	City; State	; Zip Code	100	 	
					Check if travel outs	ide of Texas. Complete Schedule T.	
	Principal occup	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)		
		- 10 10.	*	W- 10-			
	lf	ATTACH	ADDITIONAL COPIES PAC, please see Inst			requirements.	

# LOANS SCHEDULE E

ii tiic iequesteu	information is not applicable, <b>bo no</b>	- molade and page in the re	port.		
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	ITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date		
YN					
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Colla	ateral	15 Check if personal fun-	ds were deposited into political tions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
(9)	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat	20 Principal Occupation (See Instructions)  21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
YN			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	1		
Description of Colla	ateral	Check if personal fun account (See Instruct	ds were deposited into political		
none	N	<u> </u>	1 4		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable		4	1		
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

#### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) David Lance Currie 6 5 Payee name 4 Date 03/28/2024 Linda Rogers City; 7 Payee address; 6 Amount (\$) Zip Code State: 3,000.00 11008 Rosser Rd, Dallas, TX 75229 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Consulting Expense Consulting EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expanse Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Linda Rogers 03/28/2024 Amount (\$) City: State; Zip Code Payee address; 3,000.00 11008 Rosser Rd, Dallas, TX 75229 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Consulting Expense Consulting **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/01/2024 Google Amount (\$) City; Payee address; State: Zip Code 1600 Amphitheatre Parkway, Mountain View, CA, 94043 7.68 Category (See Categories listed at the top of this schedule) Description **PURPOSE Fees EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/FundralsIng 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 F1:			3 Filer ID (Ethic	s Commission Filers)
6	David Lance Currie			
4 Date	5 Payee name			
04/08/2024	Glazed Kolache & Donuts			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
55.73	5620 LBJ Fwy, Dallas, TX 75230			lee-2
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Food/Bev Expense			
OF EXPENDITURE	1 God/Bov Exponde			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	\$-a	Office held
Date	Payee name	**************************************		
04/08/2024	Starbucks			
Amount (\$)	Payee address;	City;	State;	Zip Code
23.65	12262 Inwood Rd, Dallas, TX 75244			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Bev Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		-	
04/08/2024	Trinity Public Affairs			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,400.00	P.O. Box 226163, Dallas, TX 75222			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Text Messagin	g	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	***************************************

#### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursament Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
TransportationEquipment & Related Expense
Travel In District
Travel Out Of District
Other (out of District

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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **David Lance Currie** 4 Date 5 Payee name 04/09/2024 In Texas Trad 6 Amount (\$) 7 Payee address; City: Zip Code State: 1,171.82 6934 Mistletoe Dr, Dallas, TX 75223 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE Printing Expense** Signs OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expanse Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name **Ecanvasser** 04/15/2024 Zip Code Amount (\$) City; State; Payee address; 599.00 Suite 10568, 26/27 Upper Pembroke St, Dublin, Republic of Ireland Category (Sae Categories listed at the top of this schedule) Description **PURPOSE Fees EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/15/2024 Glazed Kolache & Donuts Payee address: Amount (\$) Zip Code City; State: 5620 LBJ Fwy, Dallas, TX 75230 65.25 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Expense OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

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

The Instruction Gulde explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David Lance Currie		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04/15/2024	Starbucks		
4		014	Otata: Zin Onda
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
23.65	12262 Inwood Rd, Dallas, TX 75244		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Food/Bev Expense		
OF	1 Ood/Dev Expense		
EXPENDITURE			· · · · · · · · · · · · · · · · · · ·
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/17/2024	Stat Team, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
2,008.89	4447 N Central Expwy ste 110-275, D	Oallas, TX 7520	05
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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	-5::	
04/17/2024	Stat Team, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
1,176.00	4447 N Central Expwy ste 110-275, D	allas, TX 7520	05
	Category (See Categories listed at the top of this schedule)	Description	<u> </u>
PURPOSE OF EXPENDITURE	Contract Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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 NE	EDED

#### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
TransportationEquipment & 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **David Lance Currie** 5 Payee name 4 Date 04/22/2024 **Jolt Social Media** 6 Amount (\$) City: 7 Payee address; Zip Code State: 8,000.00 1811 Greenville Ave, Dallas, TX 75206 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Advertising Expense OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Stat Team, Inc. 04/22/2024 Payee address: Amount (\$) City: State: Zip Code 4,490.92 4447 N Central Expwy ste 110-275, Dallas, TX 75205 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Labor EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/22/2024 Install Connect Amount (\$) Payee address; City; State: Zip Code 505 W State St, Garland TX 75040 800.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Contract Labor OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

The instruction Guide expisins how to complete this form.

	the instruction duide expisins now to co	ompiete tilis form.		
1 Total pages Schedule F1:	2 FILER NAME David Lance Currie		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payeename			
04/23/2024	Linda Rogers			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
	rayee address,	Oity,	Olulo,	Zip Codo
781.19	11008 Rosser Rd, Dallas, TX 75229			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Reimburseme	ent for On the	Border event
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	-		
04/24/2024	Trinity Public Affairs			
Amount (\$)	Payee address;	City;	State;	Zip Code
3,384.16	P.O. Box 226163			
	Category (See Categories listed et the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Text message	es	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	DAVIN		
04/24/2024	PayPal			
Amount (\$)	Payee address;	City;	State;	Zip Code
397.79	2211 N 1st St, San Jose, California 9	5131		
	Category (See Categories listed et the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# **UNPAID INCURRED OBLIGATIONS**

# SCHEDULE F2

	EXPENDITURE C	ATEGORIES F	OR BOX 10(a)	***	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Office Over Polling Exp nse Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out Of District Other (enter a category)	nt & Related Expense
2	ino manaonon Ganao		mpioto tino torini		
1 Total pages Schedule F2:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED (	DBLIGATION	5	\$	
5 Date	6 Payee name	-			
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description		7
	(c) Check if travel outside of Texas. Co	omplete Schedule T.	Check if Aus	tin, TX, officeholder living ex	pense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nar	me O	ffice sought	Office held	1
Date	Payee name			TANK.	
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the t	op of this schedule)	Description		
	Check if travel outside of Texas. (	Complete Schedule T.	Check if Au	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nar H	me C	ffice sought	Office hel	d
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F3

T	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; City	ty; State; Zip Code			
	D Address of person from whom investment is purchased,	y, State, Zip Gode			
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased	1			
	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	E AS NEEDED			

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

SCHEDULE F4

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

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic			rage Expense a/Memorials Expense ices	Polling E: Printing E Salaries/		Travel In District Travel Out Of District Other (enter a categor		
The Instruction	Guide explains	how to co	mplete this form.		USE A NEW PAGE FOR	EACH CREDIT CARI	SUER	
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME					3 FILER ID (Ethics	Commission Filers)	
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHAF	RGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of finance	cial instituti	ion			- 37		
6 PAYMENT	(a) Amount Cha	rged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Issu	uer Paid	*	
7 PAYEE	(a) Payee name	, tank 9		(b) Payee add	dress; Ci	ity, State,	Zip Code	
8 PURPOSE OF EXPENDITURE Political	(a) Category (se	e Categories lis	ted at the top of this sched	dule)	(b) Description			
Non-Political	(c) Check	if travel out	side of Texas. Complete	e Schedule T.	Check if Aust	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder r	name	Offi	ce Sought	Office Held		
PAYMENT	(a) Amount Cha	rged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Issu	uer Paid		
	\$				,		170.00	
PAYEE	(a) Payee name		5.L	(b) Payee add	dress; C	ity, State,	Zip Code	
PURPOSE OF EXPENDITURE Political	(a) Category (se	e Categories lis	sted at the top of this sched	dule)	(b) Description		1	
Non-Political	(c) Checi	k if travel out	side of Texas. Complet	e Schedule T.	dule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder r	name	Off	ice Sought	Office Held	ı	
PAYMENT	(a) Amount Cha	rged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Issu	uer Paid		
PAYEE	(a) Payee name			(b) Payee add	dress; C	City, State,	Zip Code	
PURPOSE OF EXPENDITURE Political	(a) Category (se	e Categories lis	sted at the top of this sche	dule)	(b) Description	V	37.74	
Non-Political	(c) Checl	k if travel out	side of Texas. Complet	e Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder i	name	Off	ice Sought	Office Hel	3	
	АПАС	H ADDIT	TIONAL COPIE	S OF THIS	SCHEDULE AS NEE	EDED		

Forms provided by Texas Ethics Com

**Reset Form** 

ics.s **Reset Page**  Revised 1/1/2024

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

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

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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.

		Complete time forms	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this 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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	3.0	
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 expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	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 expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE!	DED

# 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

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

Transportation Equipment & Related Expense
Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Printing Expense
Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule H: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 5 Business name 6 Amount (\$) 7 Business address; City; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date **Business** name Business address; Amount (\$) City: Zip Code State: Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Rusiness name Amount (\$) Business address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE I

	The instruction Guide explains how to cor	nplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Fiter 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.)	e 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 (Secreption (Secreption)	e 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 (Serequired.)	e 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 (Se required.)	e instructions rega	rding type of	Information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

#### SCHEDULE K

The	The Instruction Guide explains how to complete this form.					
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	te; Zip Code				
	7 Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	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 (\$)			
25	Address of person from whom amount is received; City; Sta	te; 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; St	ate; 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

	ii tile requested ii	iioiiiiddioii i	o not applicable, be ite i include this page i						
	The Instru	uction Guide	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 / Expend	diture reported	on:						
	Schedule A2		edule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
	Schedule F2		edule F4 Schedule G Schedule H						
	Scriedule F2	3011	Scriedule d Scriedule H	Schedule COH-UC   Schedule B-SS					
6	Dates of travel	7 Name o	person(s) traveling						
8 Departu		8 Departu	re city or name of departure location						
9 Destinati		9 Destinat	ion city or name of destination location						
10	Means of transportat	ion	11 Purpose of travel (including name of conference, s	eminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
	Contribution / Expend	diture reported	on:						
	Schedule A2	Sche	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 Nam			person(s) traveling						
		Departu	ure city or name of departure location						
		Destination city or name of destination location							
	Means of transportat	tion	Purpose of travel (including name of conference, s	seminar, or other event)					
	Name of Contributor	/ Corporation	or Labor Organization / Pledgor / Payee						
	Contribution / Expend	diture reported	I on:						
	Schedule A2	Sched	lle 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						
		Departu	re city or name of departure location						
		Destina	ion city or name of destination location						
Ī	Means of transporta	tion	Purpose of travel (including name of conference, s	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" ••							
		- Complete only it Report type on page 1 is marked 1 interreport							
1	C/OH N	2 Filer ID (Ethics Commission Filers)							
3	SIGNA	TURE							
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that atting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
		Signature of Candidate / Officeholder							
4		ERWHOISNOTANOFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Chec	k only one:							
	0	I do not have unexpended contributions or unexpended interest or income earned from political contributions.							
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that may not convert unexpended political contributions or unexpended interest or income earned on political contributions personal use. I also understand that I must file an annual report of unexpended contributions and that I may not reunexpended 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	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							
	•• Соп	nplete this section <i>only</i> if you are an officeholder ••							
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.							
		Signature of Officeholder							



# **AFFIDAVIT FOR**

	CANDIDATE OR ELECTRONIC FII					
eginning on Janua	An exemption affidavit must b	Dale Hand-delivered or Dale Postmarked				
32,810 in political	contributions or made more than or must file all subsequent reports	Receipt #	Amount \$			
		Date Processed				
iler name		Filer ID #		Date Imaged		
Lewear or affir	m that I have not accepted n	nore than \$32 810 i	n political con	tributions or	made	

- affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the report due on I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

#### Please complete either option below:

(1) Affidavit

Signature of Filer NOTARY STAMP/SEAL \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_\_ Swom to and subscribed before me by \_\_\_\_\_\_ 20 \_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration \_\_\_\_\_\_, and my date of birth is \_\_\_\_\_ My name is My address is \_\_\_\_ (street) (zip code) Executed in \_\_\_\_\_\_ county, State of \_\_\_\_\_\_, on the \_\_\_\_\_ day of \_ (year) Signature of Filer (Declarant)

> FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Received